REVSTAT
REVIEW STATUS (not abstracted)
0. Abstraction has not begun
1. Abstraction in progress
2. Abstraction completed w/o errors
3. TVG failure (exclusion)
4. Record contains missing required answers (error record)
5. Administrative exclusion from all measures

APROCODE   (Validation)
Enter the ICD-9-CM principal diagnosis code

DCDATE (Validation)
Enter the date of discharge. (received on pull list and
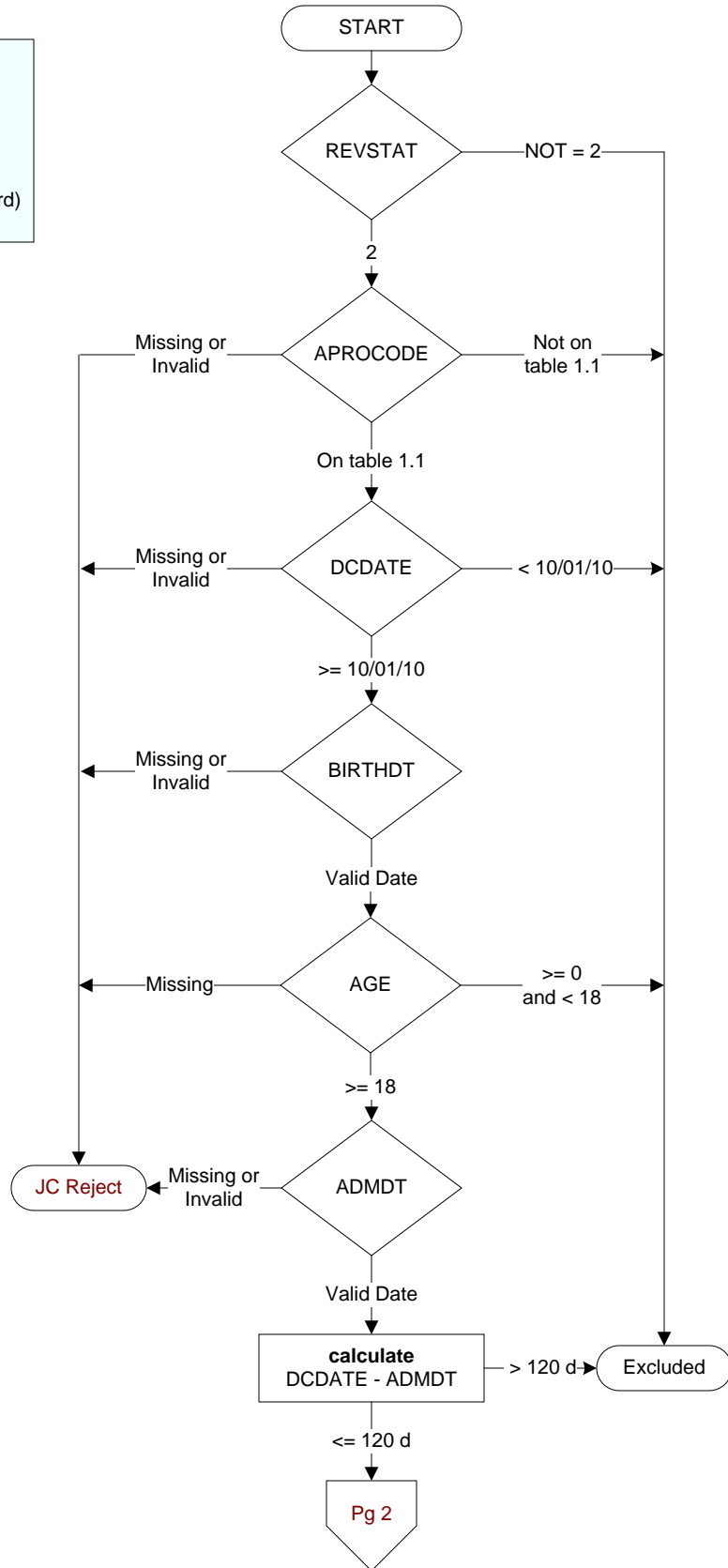may not be modified)

ADMDT (Validation)
Enter the date the patient was formally admitted to
inpatient status at this VAMC.

BIRTHDT (rcvd on pull list)
Patients date of birth.

AGE
calculated field: ADMDT - BIRTHDT

START

REVSTAT —— NOT = 2 ——

2

APROCODE

Missing or Invalid ←—— APROCODE ——→ Not on table 1.1

On table 1.1

DCDATE

Missing or Invalid ←—— DCDATE ——→ < 10/01/10

>= 10/01/10

BIRTHDT

Missing or Invalid ←—— BIRTHDT

Valid Date

AGE

Missing ←—— AGE ——→ >= 0 and < 18

>= 18

ADMDT

JC Reject ←—— Missing or Invalid —— ADMDT

Valid Date

calculate
DCDATE - ADMDT —— > 120 d → Excluded

<= 120 d

Pg 2

CLNTRIAL (Validation)
During this hospital stay, was the patient enrolled in a clinical trial in which patients with acute myocardial infarction (AMI) were being studied?
1 = Yes
2 = No

TRANSIN2 (Validation)
Was the patient received as a transfer from inpatient, outpatient or emergency/observation department of another hospital OR from an ambulatory surgery center?
1. Patient received as a transfer from an inpatient department of another hospital
2. Patient received as a transfer from an outpatient department of another hospital (excludes emergency/observation departments)
3. Patient received as a transfer from the emergency/observation department of another hospital
4. Patient received as a transfer from an ambulatory surgery center
99. None of the above or unable to determine from medical record documentation.

COMM1TX (Validation)
Did the patient present initially to a community hospital where he/she received all or part of the first 24 hours of care for ACS?
1. yes
2. no

COMMINPT (Validation)
Was the patient a transfer from a community hospital where he/she was an inpatient for ACS care?
1. yes
2. no

INPTACS (Validation)
Was the veteran already a VAMC inpatient when ACS occurred?
1. yes
2. no
95. not applicable
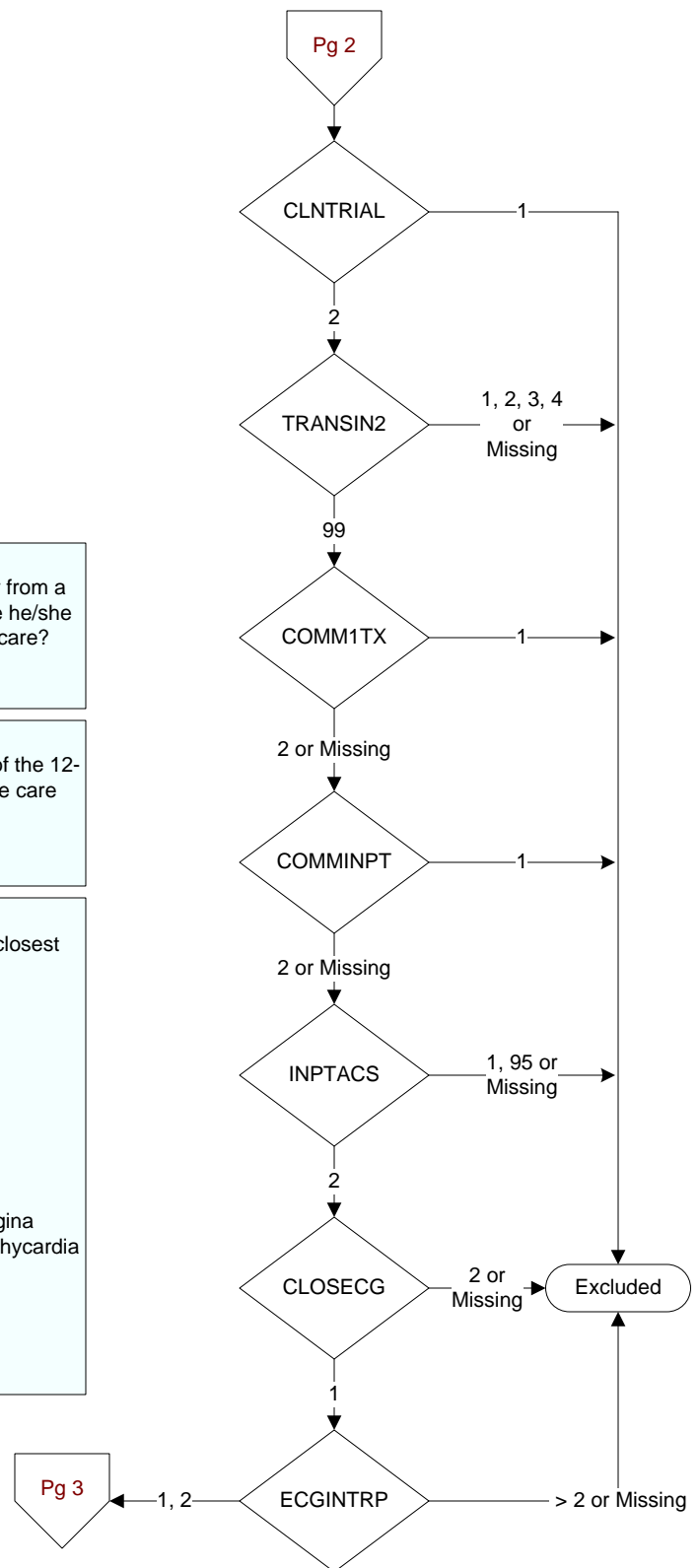
CLOSECG (At presentation)
Is there documented interpretation of the 12-lead ECG performed closest to acute care hospital arrival?
1 = Yes
2 = No

ECGINTRP (At presentation)
What were the specific findings from interpretation of the ECG performed closest to hospital arrival or a subsequent ECG if the first was non-diagnostic?
1. ST-segment elevation
2. Left bundle branch block (LBBB) (new or not known to be old)
3. LBBB described as old or chronic
4. ST-segment depression, old and/or unchanged
5. T wave inversion
6. Non-specific ST-segment and T wave changes
7. Normal ECG
8. Q waves
9. Right bundle branch block
10. Transient or dynamic ST-segment changes in association with rest angina
11. Sustained ventricular tachycardia runs and/or sustained ventricular tachycardia with hypotension
12. ST-segment depression, new or not known to be old
13. Documented NSTEMI, non ST-elevation MI
95. Not applicable
99. Interpretation not consistent with above terminology

Pg 2

CLNTRIAL → 1
↓ 2

TRANSIN2 → 1, 2, 3, 4 or Missing
↓ 99

COMM1TX → 1
↓ 2 or Missing

COMMINPT → 1
↓ 2 or Missing

INPTACS → 1, 95 or Missing
↓ 2

CLOSECG → 2 or Missing → Excluded
↓ 1

ECGINTRP → 1, 2 → Pg 3
ECGINTRP → > 2 or Missing

Pg 3

THTHGVN (revasc)
Was primary fibrinolytic therapy received during this episode of care?
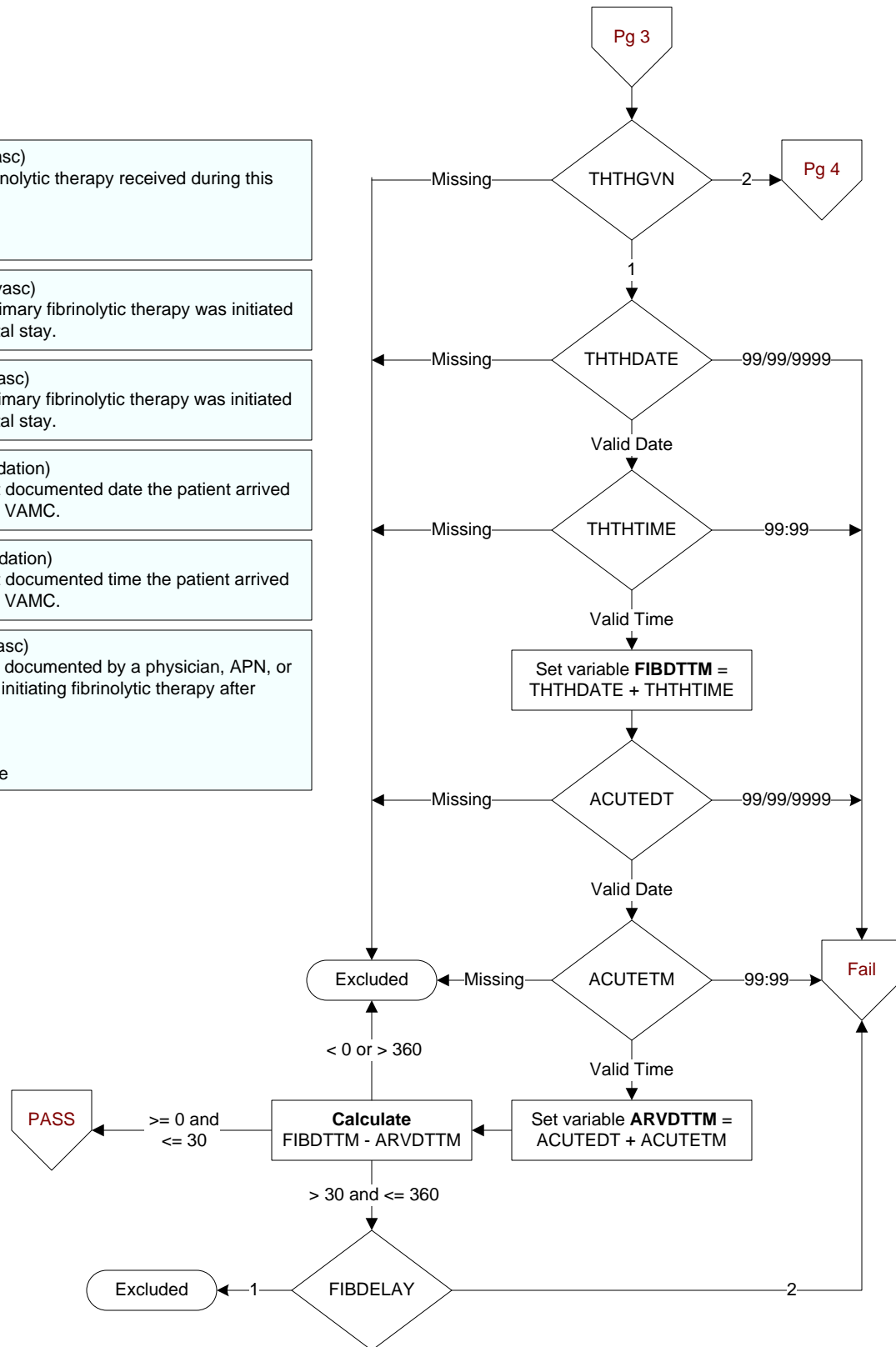1 = Yes
2 = No

THTHDATE (revasc)
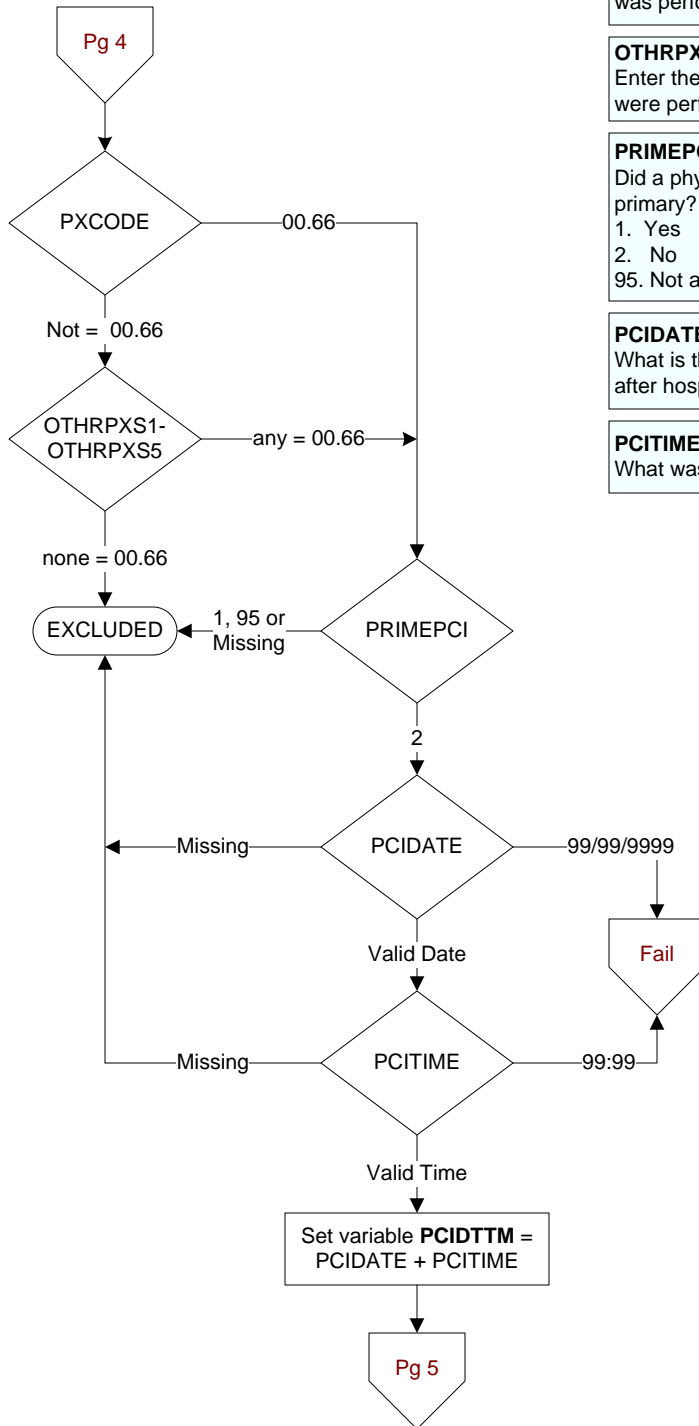Enter the date primary fibrinolytic therapy was initiated during this hospital stay.

THTHTIME (revasc)
Enter the time primary fibrinolytic therapy was initiated during this hospital stay.

ACUTEDT (Validation)
Enter the earliest documented date the patient arrived at this or another VAMC.

ACUTETM (Validation)
Enter the earliest documented time the patient arrived at this or another VAMC.

FIBDELAY (revasc)
Is there a reason documented by a physician, APN, or PA for a delay in initiating fibrinolytic therapy after hospital arrival?
1. Yes
2. No
95. Not applicable

THTHGVN — Missing → / — 2 → Pg 4
1
↓

THTHDATE — Missing → / — 99/99/9999 →
Valid Date
↓

THTHTIME — Missing → / — 99:99 →
Valid Time
↓

Set variable **FIBDTTM** = THTHDATE + THTHTIME
↓

ACUTEDT — Missing → / — 99/99/9999 →
Valid Date
↓

ACUTETM — Missing → Excluded / — 99:99 → Fail
Valid Time
↓

Set variable **ARVDTTM** = ACUTEDT + ACUTETM
←

Calculate FIBDTTM - ARVDTTM
- >= 0 and <= 30 → PASS
- < 0 or > 360 → Excluded
- > 30 and <= 360 ↓

FIBDELAY
- 1 → Excluded
- 2 → (to Fail)

Pg 4

PXCODE

Not = 00.66

OTHRPXS1-
OTHRPXS5

none = 00.66

EXCLUDED

00.66

any = 00.66

1, 95 or
Missing

PRIMEPCI

2

Missing

PCIDATE

99/99/9999

Valid Date

Fail

Missing

PCITIME

99:99

Valid Time

Set variable **PCIDTTM** =
PCIDATE + PCITIME

Pg 5

PXCODE (Validation)
Enter the ICD-9-CM principal procedure code the procedure
was performed.

OTHRPXS1 - OTHRPXS5 (Validation)
Enter the ICD-9-CM other procedure codes the procedures
were performed

PRIMEPCI (revasc)
Did a physician, APN, or PA describe the first PCI as NOT
primary?
1. Yes
2. No
95. Not applicable

PCIDATE (revasc)
What is the date associated with the time of the first PCI done
after hospital arrival?

PCITIME (revasc)
What was the time of the first PCI done after hospital arrival?

Pg 5

ACUTEDT

99/99/9999 ← | → Missing

Valid Date

ACUTETM

99:99 ← | → Missing

Valid Time

Set variable **ARVDTTM** = ACUTEDT + ACUTETM

PASS

In Denominator and Numerator (**Passes** indicator)

Calculate PCIDTTM - ARVDTTM

>= 0 & <= 90 m

< 0 or > 1440 m

>90 & <= 1440 m

Excluded

PCIDELAY

1, 95 or Missing

2

In Denominator Only (**Fails** indicator)

Fail

PCIDELAY (revasc)
Is there a reason documented by a physician, APN, or PA for a delay in doing the first PCI after arrival?
1. Yes
2. No
95. Not applicable