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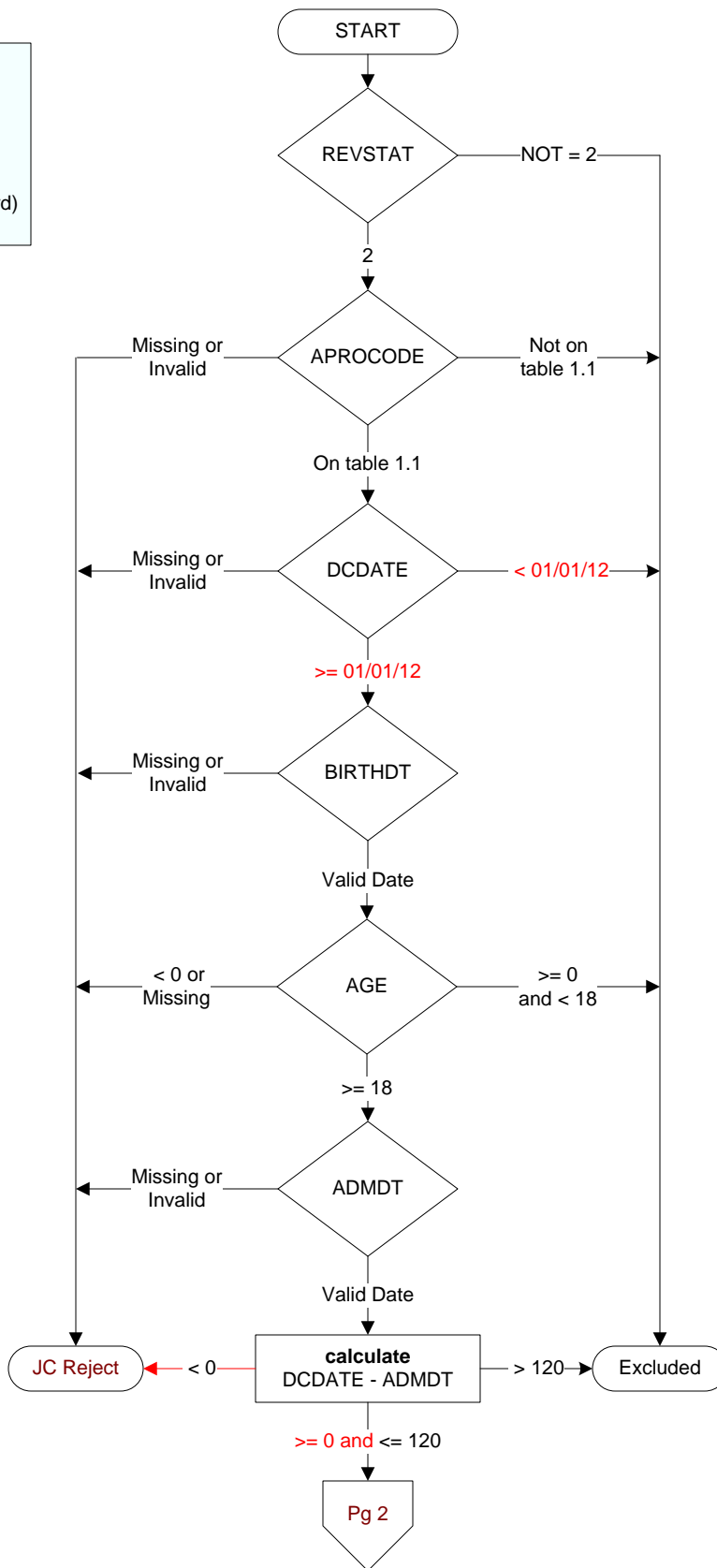
ADMDT (Validation)
Enter the date the patient was formally admitted to inpatient status at this VAMC.

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

AGE
calculated field: ADMDT - BIRTHDT

START

REVSTAT ──── NOT = 2

2

APROCODE
Missing or Invalid ←
Not on table 1.1 →

On table 1.1

DCDATE
Missing or Invalid ←
< 01/01/12 →

>= 01/01/12

BIRTHDT
Missing or Invalid ←

Valid Date

AGE
< 0 or Missing ←
>= 0 and < 18 →

>= 18

ADMDT
Missing or Invalid ←

Valid Date

calculate
DCDATE - ADMDT
< 0 → JC Reject
> 120 → Excluded

>= 0 and <= 120

Pg 2

Pg 2

—NOT = 1 or 2— CLNTRIAL —1—

Type X

2

NOT = 1 or 2 — TRANSIN3 —1—

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?
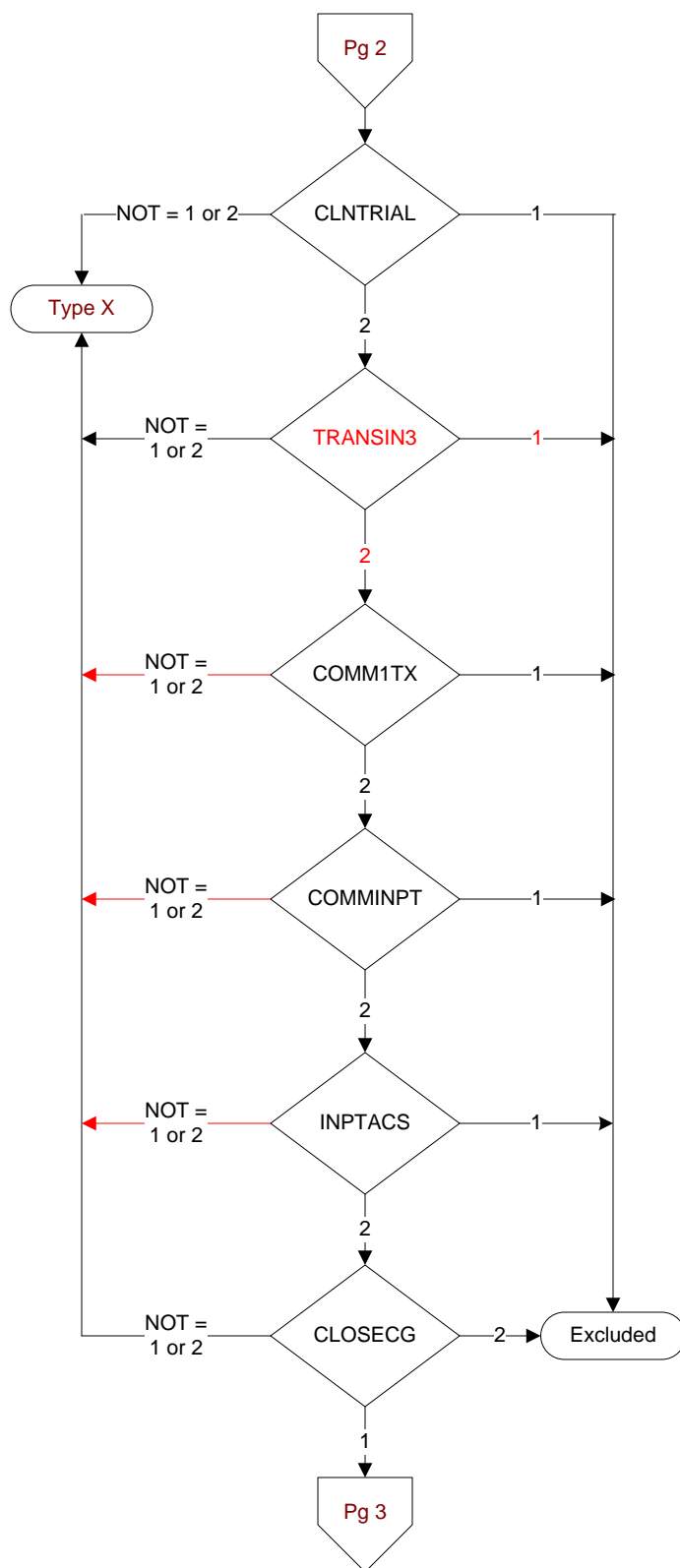1 = Yes
2 = No

TRANSIN3 (Validation)
Was the patient received as a transfer from an inpatient, outpatient or emergency/observation department of an <u>outside</u> hospital or from an ambulatory surgery center?
1. Yes
2. No

NOT = 1 or 2 — COMM1TX —1—

2

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

NOT = 1 or 2 — COMMINPT —1—

2

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

NOT = 1 or 2 — INPTACS —1—

2

INPTACS (Validation)
Was the veteran already a VAMC inpatient when ACS occurred?
1. yes
2. no
95. not applicable

NOT = 1 or 2 — CLOSECG —2→ Excluded

CLOSECG (At presentation)
Is there documented interpretation of the 12-lead ECG performed closest to acute care hospital arrival?
1. yes
2. no

1

Pg 3

Pg 3

NOT = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 95, 99 — **ECGINTRP** — 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 95, 99

1, 2

Type X

NOT = 1 or 2 — **THTHGVN** — 2 → Excluded

1

Missing — **THTHDATE** — 99/99/9999

Valid Date

Missing — **THTHTIME** — 99:99

Valid Time

Set variable **FIBDTTM** = THTHDATE + THTHTIME

Missing — **ACUTEDT** — 99/99/9999

Valid Date

Missing — **ACUTETM** — 99:99 — FAIL

Valid Time

Pg 4

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

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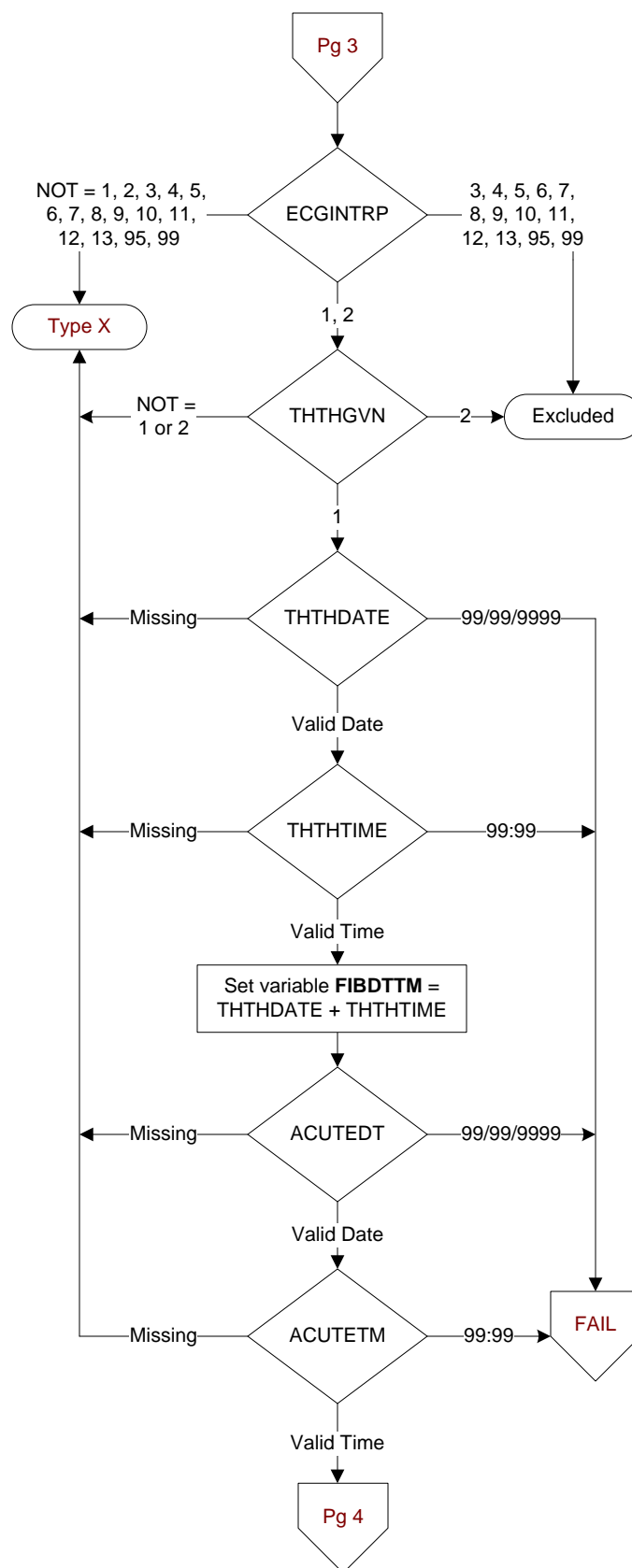
THTHTIME (revasc)
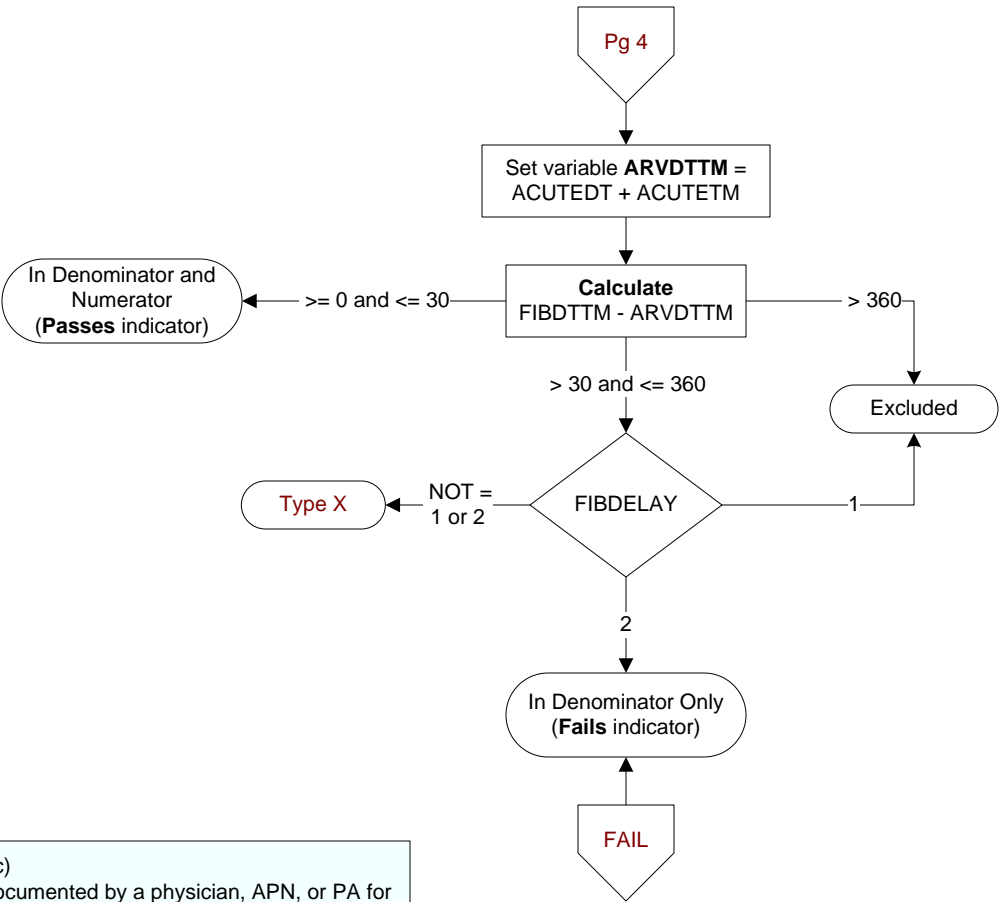Enter the time primary fibrinolytic therapy was initiated during this hospital stay.

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.

Pg 4

Set variable **ARVDTTM** =
ACUTEDT + ACUTETM

Calculate
FIBDTTM - ARVDTTM

>= 0 and <= 30 →

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

> 360

Excluded

> 30 and <= 360

FIBDELAY

NOT =
1 or 2

Type X

1

2

In Denominator Only
(**Fails** indicator)

FAIL

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