## **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)

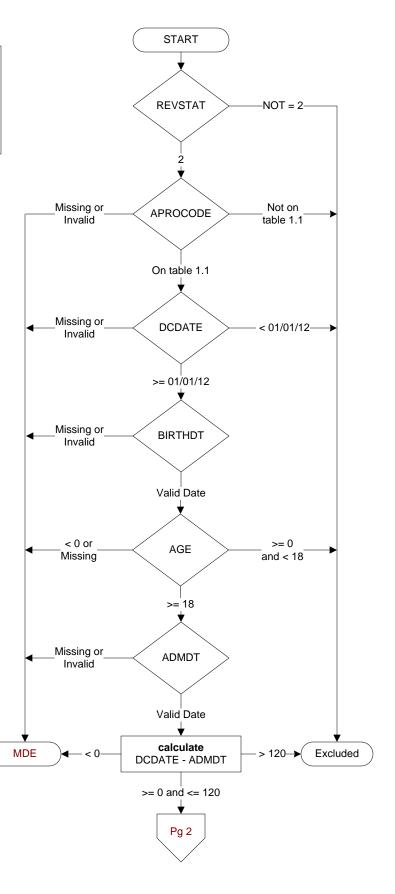
Enter the date the patient was formally admitted to inpatient status at this VAMC.

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

AGE

calculated field: ADMDT - BIRTHDT

MDE = Missing or Invalid Data Exclusion (data error)



## **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

#### 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

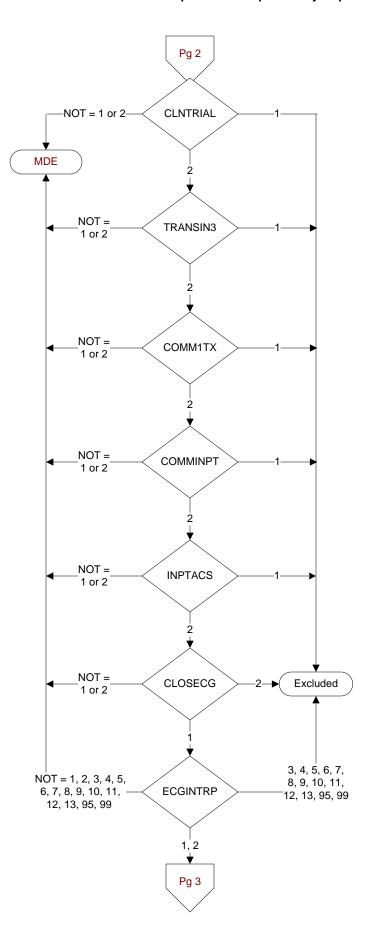
# ECGINTRP(At presentation)

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



# 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?

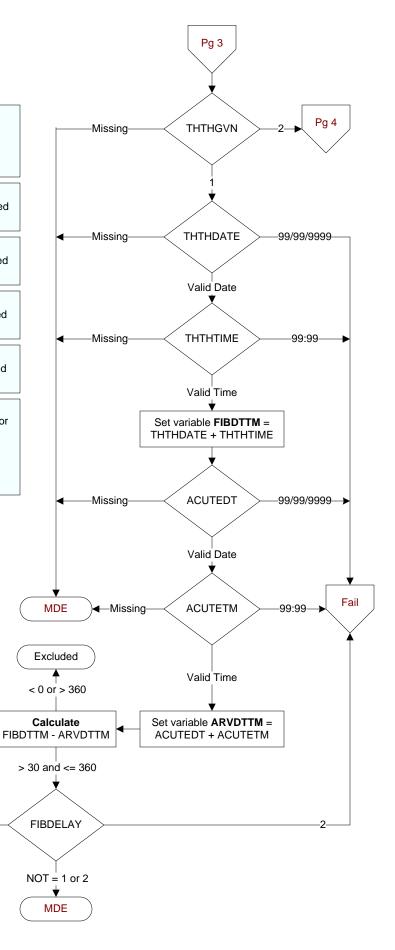
**PASS** 

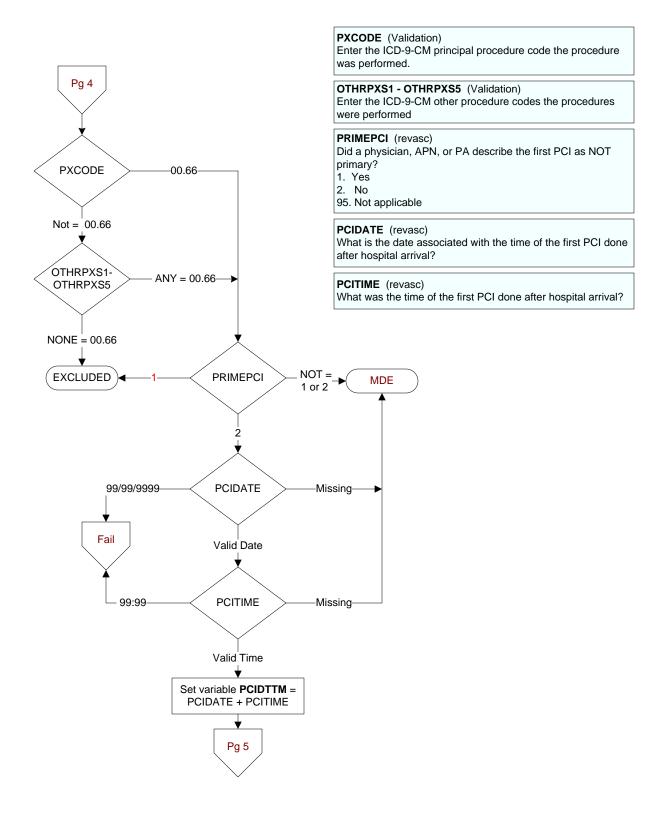
>= 0 and

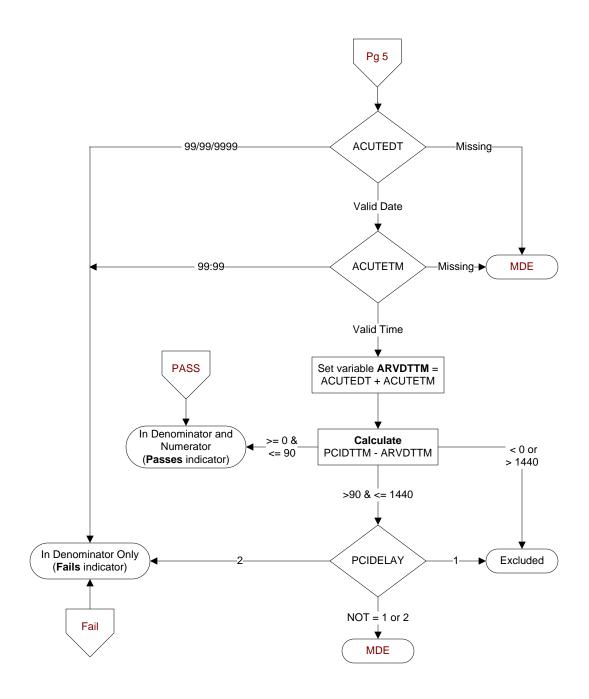
<= 30

Excluded

- 1. Yes
- 2. No
- 95. Not applicable







# 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