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Quality Health

Acute Myocardial Infarction (AMI)

Hospital Outpatient Quality Reporting Measures
for outpatient encounters from 01-01-14 through 09-30-14

OP-1 Median Time to Fibrinolysis
National guidelines recommend that fibrinolytic therapy be given within 30 minutes of hospital arrival in patients with ST-segment elevation myocardial infarction.

OP-2 Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention
National guidelines recommend the prompt initiation of percutaneous coronary intervention (PCI) in patients presenting with ST-segment elevation myocardial infarction. Patients transferred for primary PCI rarely meet recommended guidelines for door-to-ballon time (Nallamothu, 2005). Times to treatment in transfer patients undergoing primary PCI may influence the use of PCI as an intervention. Current recommendations support a door-to-balloon time of 90 minutes or less.

OP-4 Aspirin at Arrival
National guidelines strongly recommend early aspirin for patients hospitalized with AMI.

OP-5 Median Time to ECG
Documentation that a 12-lead electrocardiogram (ECG) was performed prior to emergency department (ED) arrival or in the ED prior to transfer.

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Outpatient Medication Table 1.3
Fibrinolytic Agents

Activase
Alteplase
Anisoylated Plasminogen-
  Streptokinase Activator
  Complex
APSAC

Kabikinase

Retavase
Reteplase
rPA (RPA)

Streptase
Streptokinase

Tenecteplase
Tissue plasminogen
  activator
TNKase
tPA (TPA)

Contraindications/reasons for not administering fibrinolytic therapy include: patient refusal, cardiogenic shock, contraindications or other reasons documented by a physician/advanced practice nurse/ physician assistant (physician/APN/PA) or pharmacist for not giving fibrinolytics.

For an extended list of contraindications please see the Data Dictionary in the Outpatient Specifications Manual under Reason for Not Administering Fibrinolytic Therapy.

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Chest Pain

Hospital Outpatient Quality Reporting Measures

for outpatient encounters from 01-01-14 through 09-30-14

OP-4 Aspirin at Arrival

Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with *Probable Cardiac Chest Pain*) who received aspirin within 24 hours before ED arrival or prior to transfer.

OP-5 Median Time to ECG

Median time from emergency department to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with Probable Cardiac Chest Pain).

Guidelines recommend patients presenting with chest discomfort or symptoms suggestive of ST-segment elevation myocardial infarction (STEMI) have a 12-lead electrocardiogram (ECG) performed within a target of 10 minutes of emergency department arrival.

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Acute Myocardial Infarction and Chest Pain Inclusions

- Acute coronary syndrome
- Acute myocardial infarction (AMI)
- Angina
- Cardiac
- Cardiac Chest Pain
- Chest Pain
- Heart attack
- Ischemia
- Myocardial Infarction
- Unstable angina

Reasons for not administering aspirin on arrival:

- Aspirin allergy
- One or more of the medications listed in Inclusion List as pre-arrival medication
- Other reasons documented by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist

For a complete list of pre-arrival medications that count as an automatic reason for no aspirin, please see the Data Dictionary in the Outpatient Specifications Manual under Reason for No Aspirin on Arrival.

For a comlete list of Aspirin and Aspirin-Containing Medications please refer to Appendix C, OP Table 1.1, in the Outpatient Specifications Manual.

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Stroke

Hospital Outpatient Quality Reporting Measures

for outpatient encounters from 01-01-14 through 09-30-14

OP-23 Head CT or MRI Scan results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival

Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a Head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival.

Signs and Symptoms of Stroke*:

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

*http://www.cdc.gov/Stroke/signs_symptoms.htm

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Stroke

Hospital Outpatient Quality Reporting Measures

for outpatient encounters from 01-01-14 through 09-30-14

NIH Stroke Scale*	
1a.	Level of Consciousness
1b.	LOC Questions
1c.	LOC Commands
2.	Best Gaze
3.	Visual Fields
4.	Facial Palsy
5a.	Left Arm
5b.	Right Arm
6a.	Left Leg
6b.	Right Leg
7.	Limb Ataxia
8.	Sensory
9.	Best Language
10.	Dysarthria
11.	Extinction

*NIH Stroke Scale created by the National Institutes of Health, a division of the US Department of Health and Human Services

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