

Inclusion Criteria with Case Studies

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The following relationships exist:

Kim Hustler: No Disclosures

Inclusion Worksheet

ACTION Registry- GWTG Inclusion / Exclusion Worksheet
For In Hospital Use Only Not to be Submitted to the NCDR

Patient: _____
DOB: ____ / ____ / ____ (>= 18 yr)
MRN: _____

Transfer: NO_YES Outside Facility Arrival Date / Time ____/____/____:____:____
Symptoms: _____ Date / Time ____/____/____:____:____

My Hospital: _____
Initial Diagnosis: _____
Arrival Date / Time ____/____/____:____:____ Location: _____
Symptoms: _____
Symptoms within 24 hours of arrival to first facility → Date / Time ____/____/____:____:____
Discharge Date / Time ____/____/____:____:____

	Yes	No
NSTEMI		
◊ CK-MB > (ULN____) @ _____	<input type="checkbox"/>	<input type="checkbox"/>
◊ Troponin T or I > (URL____) @ _____	<input type="checkbox"/>	<input type="checkbox"/>

IF NSTEMI must transfer within 24 hours of arrival to outside hospital

Total TIME: _____

STEMI

At least one below:

◊ Persistent ST- segment elevation > 1mm in two or more contiguous ECG leads	<input type="checkbox"/>	<input type="checkbox"/>
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Inclusion Criteria

Documentation:



- Patient presented to hospital with SOB & feeling tired
- Arrival 07/01/2013 at 08:00
- ECG ST depression, Troponin 0.08
- Transferred to this hospital 07/02/2013 at 10:00
- To cath lab 07/03/2013- PCI
- Patient discharged 07/04/2013

ACTION Registry-GWTG Inclusion / Exclusion Worksheet For In Hospital Use Only Not to be Submitted to the NCDR

Patient: Smiling Sam
DOB: 01 / 01 / 1950 (>= 18 yr)
MRN: _____

Transfer: NO YES Outside Facility Arrival Date / Time 07 / 01 / 2013 08:00
Symptoms: SOB, tired Date / Time 07 / 01 / 2013 02:30

My Hospital:
Initial Diagnosis: Unstable Angina
Arrival Date / Time 07/02/2013 10:00 Location: ED
Symptoms: SOB, tired
Symptoms within 24 hours of arrival to first facility → Date / Time 07 / 01 / 2013 02:30
Discharge Date / Time 07 / 04 / 2013 15:00

NSTEMI		Yes	No
◊ CK-MB > (URL_0.4)	<u>0.08</u> @ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
◊ Troponin T or I > (URL_0.04)	<u>0.08</u> @ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Question #1

Would this patient be included in the ACTION Registry-GWTG?

1. No
2. Yes

ACTION Registry-GWTG Inclusion / Exclusion Worksheet
For In Hospital Use Only Not to be Submitted to the NCDR

Patient: Smiling Sam
 DOB: 01 / 01 / 1950 (>= 18 yr)
 MRN: _____

Transfer: NO YES Outside Facility Arrival Date / Time 07 / 01 / 2013 08:00
 Symptoms: SOB, tired Date / Time 07 / 01 / 2013 02:30

My Hospital:
 Initial Diagnosis: Unstable Angina
 Arrival Date / Time 07/02 / 2013 10:00 Location: ED
 Symptoms: SOB, tired
 Symptoms within 24 hours of arrival to first facility → Date / Time 07 / 01 / 2013 02:30
 Discharge Date / Time 07 / 04 / 2013 15:00

<u>NSTEMI</u>	Yes	No
◊ CK-MB > (ULN _____) @ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
◊ Troponin T or I > (URL_0.04) _0.08 @ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If NSTEMI must transfer within 24 hours of arrival to outside hospital Total TIME: 26 hr

STEMI
 At least one below:

◊ Persistent ST- segment elevation > 1mm in two or more contiguous ECG leads	<input type="checkbox"/>	<input checked="" type="checkbox"/>
◊ Documented new or presumed new L BBB	<input type="checkbox"/>	<input type="checkbox"/>
◊ Documentation of isolated posterior MI	<input type="checkbox"/>	<input type="checkbox"/>


If STEMI must transfer within 72 hours of initial presentation to outside hospital Total TIME: _____

ACTION ☐ Eligible ☐ Ineligible

Initial presentation for other diagnosis
 No cardiac marker elevation
 > 24 between initial presentation & transfer (NSTEMI)
 Positive biomarkers or ECG > 24 hours after arrival
 Transferred > 24 hours for NSTEMI or > 72 hours for STEMI
 Other: _____

Inclusion Criteria
What do you look for?

Documentation:



- Presents c/o cough & sore throat after "swallowed water wrong", with 1 minute coughing spell
- Arrival 08/04/2013, at 1306
- Half hour later mentioned had achiness & fatigue since morning of 08/03/2013
- EKG at 1342: Anterolateral ST elevation with some inferior ST wave elevation, with Q waves

Question #2

What questions is most important to address first ?

1. Were symptoms of ACS within 24 hours of arrival?
2. Did symptoms meet symptoms of ACS?
3. Should this patient be entered as a STEMI or NSTEMI?
4. Would this ECG be included in the D2ECG metric?

Inclusion Criteria**Documentation:**

- Presents c/o cough & sore throat after "swallowed water wrong", with 1 minute coughing spell
- Arrival 08/04/2013, at 1306
- Half hour later mentioned had achiness & fatigue since morning of 08/03/2013
- EKG at 1342: Anterolateral ST elevation with some inferior ST wave elevation, with Q waves

What questions is most important to address first ?

1. Were symptoms of ACS within 24 hours of arrival?
2. Did symptoms meet symptoms of ACS?
3. Should this patient be entered as a STEMI or NSTEMI?
4. Would this ECG be included in the D2ECG metric?

What do you look for?**Documentation:**

- Presented to cardiology office on & off CP with activity
 - ECG- "ST elevations V1-V3, q waves in V1, V2 reciprocal changes- "Normal sinus rhythm Septal infarct , age undetermined, consider lateral ischemia & anterolateral injury or acute infarct"
 - Patient was pain free at rest
 - Initial in ED- admit to the hospital
 - Cath- next day-3 vessel disease, d/c home- scheduled CABG 2 weeks
1. Do I answer yes to #4030, yes to #8000, no to # 8015 & #8020, but what reason do I put for #8030 and #8035?
 2. Do I answer contraindicated for P2Y12's at discharge?
 - Confused- ST elevation noted, but q waves, and no CP at rest
 - Cardiologist decided to cath the next day.

Question #3

What questions is most important to address first ?

1. How to complete the Reperfusion Candidate section
2. Should this patient be included in the P2Y12 metrics?
3. Should this patient be entered as a STEMI?
4. Should this patient be included in the Registry?

What do you look for?

- On & off CP with activity, pain free at rest
- ECG- "ST elevations V1-V3, q waves in V1, V2 reciprocal changes- "Normal sinus rhythm Septal infarct , age undetermined T wave abnormality, consider lateral ischemia & anterolateral injury or acute infarct"

- Cath next day- d/c home- scheduled CABG 2 weeks

1. Do I answer yes to #4030, yes to #8000?

2. Do I answer contraindicated for P2Y12's at discharge?

What questions is most important to address first ?

1. How to complete the Reperfusion Candidate section
2. Should this patient be included in the P2Y12 metrics?
3. Should this patient be entered as a STEMI?
4. Should this patient be included in the Registry?

Inclusion Criteria**Documentation:**

- 55 yo presented at 01:15 with chest pain for 48 hours & sporadically over the past week, stated CP became severe at midnight, called EMS
- Yesterday- clinic- 13:00- MD noted "probably experiencing different types of pains with different causes" History Dressler's & methadone withdrawal
- ED ECG displayed STEMI- anterior wall infarction
- Troponin 25.0, Assess pericardial friction rub
- Immediate Primary PCI
- Discharge diagnosis STEMI & Pericarditis

Question #4

Would the diagnosis of Pericarditis exclude this patient from the ACTION Registry-GWTG?

1. No
2. Yes

Inclusion Criteria

Documentation:

- Presented at 01:15 with CP x 48 hours & sporadically past week, CP became severe at midnight, called EMS
- Yesterday- in clinic at 13:00- MD noted "experiencing different types of pains with different causes"
- ED ECG- STEMI, Troponin 25.0, pericardial friction rub
- Immediate Primary PCI
- Discharge diagnosis STEMI & Pericarditis

Would the diagnosis of Pericarditis exclude this patient from the ACTION Registry-GWTG?

1. No
2. Yes

Inclusion Criteria

Documentation:



- 71 y.o. female patient
- Presents to the ED with symptoms of ACS
- The 1st ECG shows LBBB
- There is no prior 12 lead to verify if LBBB old or new
- Cardiac Biomarkers are positive

Question #5

Is this patient included in ACTION Registry-GWTG as a STEMI or a NSTEMI?

1. STEMI
2. NSTEMI
3. Enter per Physician documentation

Inclusion Criteria

Documentation:

- 71 y.o. female patient
- Presents to the ED with symptoms of ACS
- The 1st ECG shows LBBB
- No prior 12 lead to verify if LBBB old or new
- Cardiac Biomarkers are positive

Is this patient included in ACTION as a STEMI or a NSTEMI?

1. STEMI
2. NSTEMI
3. Enter per Physician documentation

Journal of the American College of Cardiology
© 2013 by the American College of Cardiology Foundation and the American Heart Association, Inc.
Published by Elsevier Inc.

Vol. 41, No. 4, 2013
ISSN 0735-1097/\$36.00
<http://dx.doi.org/10.1016/j.jacc.2012.11.019>

PRACTICE GUIDELINE

2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction

A Report of the American College of Cardiology Foundation/
American Heart Association Task Force on Practice Guidelines


2013 STEMI Guideline Data Supplements: 1. ECG Criteria for Diagnosis of STEMI in the Setting of LBBB

Society for Cardiovascular Angiography and Interventions

Section B- Admission
First Medical Contact Time Seq. #3106

Documentation:

- EMS called to home of female with symptoms of ACS
- BLS unit dispatched, ALS unit arrived 5 minutes later
- 12 Lead ECG read- ST elevation
- ASA is administered
- ECG read phoned into ED
- ALS unit transported to primary PCI hospital



Question #6

Who is the First Medical Contact in this scenario?

1. BLS EMS unit
2. ALS EMS unit

First Medical Contact Time Seq. #3106

Documentation:

- EMS called to home of female with symptoms of ACS
- BLS unit dispatched, ALS unit arrived 5 minutes later
- 12 Lead ECG read- ST elevation
- ASA is administered
- ECG read phoned into ED
- ALS unit transported to primary PCI hospital

Who is the First Medical Contact in this scenario?

1. BLS EMS unit
2. ALS EMS unit

**Section C- Cardiac Status on First Medical Contact
Symptom Onset time Seq. #4001**

Documentation:



- 55 yo presented at 01:15 with chest pain for 48 hours & sporadically over the past week, stated CP became severe at midnight, called EMS
- Yesterday seen in clinic- 13:00- MD noted "probably experiencing different types of pains with different causes" History Dressler's & methadone withdrawal
- ED ECG displayed STEMI- anterior wall infarction
- Troponin 25.0, Assess pericardial friction rub
- Immediate Primary PCI
- Discharge diagnosis STEMI & Pericarditis

Question #7

What would you enter in Symptom Onset Seq. 4001?

1. 48 hours prior to arrival
2. MD office time of 13:00
3. Midnight prior to arrival

Symptom Onset Seq. #4001

Documentation:

- Presented at 01:15 with CP x 48 hours & sporadically past week, CP became severe at midnight, called EMS
- Yesterday- in clinic at 13:00- MD noted "experiencing different types of pains with different causes"
- ED ECG- STEMI, Troponin 25.0, pericardial friction rub
- Immediate Primary PCI

What would you enter in Symptom Onset Seq. 4001?

1. 48 hours prior to arrival
2. MD office time of 13:00
3. Midnight prior to arrival



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