I

Chest Pain – MI Registry™

Purpose of this Document

The purpose of this document is to define the Chest Pain – MI Registry (formerly ACTION Registry) Version 3.0 inclusion criteria and the steps to select data submission options for the NSTEMI, Low-Risk Chest Pain and Unstable Angina (UA) patient types.
Please review this document carefully as the Version 3.0 inclusion criteria have changed significantly from ACTION Registry Version 2.4.2.

Data Collection Options

The Chest Pain – MI Registry, like the entire NCDR Registry suite, uses standardized, evidence-based data elements and definitions. The Chest Pain – MI Registry offers two data sets for participation:

1. **Full Data Set** (formerly ACTION Registry v2.4 "Premier") – All data elements applicable to the episode record are collected. Provides a comprehensive data set to support reporting of performance measures, appropriate use criteria, risk adjusted outcomes and post-discharge metrics
2. **Basic Data Set** (formerly ACTION Registry v2.4 "Limited") –Select data elements applicable to the episode record are collected. Provides a concise data set (slightly more than half of those in the full dataset) to support hospitals beginning quality and system improvement efforts by providing outcomes data

The hospital will declare their data collection option in the NCDR Chest Pain – MI Registry Site Profile.

Sampling Option Eligibility

Sampling is the process of selecting a representative portion of the population(s) of interest as a means to estimate the hospitals' overall performance. With a statistically valid sample, a hospital can efficiently and effectively measure performance. The populations are further defined in the "Patient Selection Criteria" section.

STEMI (Pre-Arrival and In-Hospital)

All eligible STEMI episode records must be entered. Sampling for this patient type is **not** permitted.

NSTEMI

This patient type is eligible for sampling. Please review the data submission options that follow.

Low-Risk Chest Pain

This patient type is eligible for sampling. Please review the data submission options that follow.

Unstable Angina (UA)

This patient type is eligible for sampling. Please review the data submission options that follow.

Low Risk and Unstable Angina Patient Types

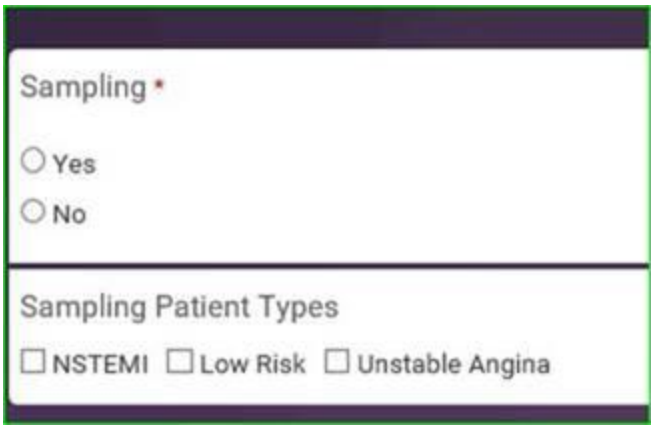
Low Risk and Unstable Angina patient types are optional for Chest Pain – MI Registry ™ participants. These patient types are available to support ACC Accreditation Chest Pain Center v6 customers also participating in Chest Pain – MI Registry.

Data Submission Options

In order to meet the requirements outlined in the ACCF Hospital Registry Program Requirements, hospitals must declare whether the data submission, for each eligible patient type, represents a sample.

During the DQR submission process a site must identify if they have provided a 'sample' patient population.

- Select 'No' if ALL patient records eligible for registry inclusion are being submitted
- Select 'Yes' when a sample of patient records eligible for registry inclusion are being submitted for NSTEMI, Low Risk Chest Pain or Unstable Angina.
    - Identify each patient population type where only a sample of records are being submitted



When sampling is "yes", the minimum count of **consecutive** episode records required by patient type is:

Patient Type	Episode Records/Month	Total Episode Records/Quarter
NSTEMI	***TBD*	***TBD*
Low Risk	30	90
Unstable Angina	10	30

Note: STEMI patients are ***not*** eligible for sampling.
****TBD**: Volume requirements to be determined

ACC Accreditation Chest Pain Center v6 Customers:

CPC v6 customers participating in Chest Pain – MI Registry™ are required to submit data monthly. Please refer questions regarding CPC v6 requirements to your assigned Accreditation Review Specialist.

For Chest Pain – MI Registry, the sampling strategy is convenience sampling. Episode records are consecutively selected in order based on discharge date until the minimum record count is achieved. Consecutive is defined as records following one another in an uninterrupted succession or order [by discharge date]. When sampling, additional records beyond the required total episode record count for the quarter may be entered.

Hospitals are NOT required to sample their data. If the hospital's quarterly volume does not differ significantly from the required sample size, the hospital may choose to enter all episode records by patient type. In this scenario, the sampling data submission selected would be "no."

Example: *A hospital has 94 Low-Risk episode records for the quarter, and is required to submit a minimum sample size of 90 Low-Risk episode records for the quarter. The hospital may choose to submit all cases and* ***not*** *select the sampling option for this patient type.*

It is important to recognize the approach used for sampling of patient episode records at the hospital level presents an opportunity to review the process of data abstraction overall, with the potential to improve completeness and quality of data in the Registry. The hospital should be consistent in the approach to sampling of episode records. Data completeness and validation of the hospital's sampling approach will be evaluated via the ACC Data Quality program, as outlined in the ACCF Hospital Registry Program Requirements.

Regardless of which data submission option is chosen, all data fields within the data collection tool should be completed in order to achieve data completeness in the Data Quality Reporting (DQR) process based on the registry participation type (Full Data set vs. Basic Data set).

Patient Selection Criteria

Below is a list of ICD-10 codes to review for inclusion in the Chest Pain – MI Registry. ICD-10 codes are provided for retrospective identification of medical records only, and do not replace clinical review and evaluation of eligibility for inclusion in Chest Pain – MI Registry. Please also refer to the sections on "sampling eligibility" and "data submission options."

STEMI

Include all *patients with a Primary Discharge Diagnosis Code of:*

- ICD-10: I21.01-I21.09, I21.11, I21.19, I21.21, I21.29, I21.3

Include In-hospital STEMI (when EKG criteria are met)

NSTEMI

Include *patients with a Primary Discharge Diagnosis Code of:*

- ICD-10: I21.4 and I22.2

Exclude *patients with ICD-10 Discharge Diagnosis Code of MI Type 2*:*

- ICD-10: *I21.A1 *Other myocardial infarction types (3-5) are also excluded: I21.A9*

Low-Risk Chest Pain

Include *patients with a Primary Discharge Diagnosis Code of:*

- ICD-10: R07.82, R07.89 and R07.9

Unstable Angina (UA)

Include *patients with a Primary Discharge Diagnosis Code of:*

- ICD-10: I20.0, I20.1, I20.8, I20.9, I25.110, I25.111

Exclusion Criteria

- As noted in the *Patient Selection Criteria*, **exclude** patients with a diagnosis of Myocardial Infarction (MI), Type 2
- Patients that transfer to your facility for reasons other than acute MI care (such as CABG, or insurance reasons)

- Patients who rule in as an MI at a first facility (acute care hospital) and transfer to your facility >24 hours after arrival to the first facility
- Patients with documentation of "completed" MI (MI occurred >24 hours prior to arrival)
- Patients that present in cardiac arrest and die prior to your facility providing attempts at reperfusion

Chest Pain – MI Registry Inclusion / Exclusion Worksheet

For In-Hospital Use <u>Only</u> – Do not submit to NCDR

Patient: _____

DOB: ____ / ____ / ____ (≥ 18 y.o.)

Transfer: ☐ **NO** ☐ **YES** Outside Facility Arrival Date / Time ___ / ___ / ___ ___:___

My Hospital:
Initial Diagnosis: _____
Arrival Date / Time ___ / ___ / ___ ___:___
Discharge Date / Time ___ / ___ / ___ ___:___

<u>NSTEMI</u>	**NO**	**YES**
Meets lab-resulted criteria*:		
Troponin T or I > (URL_____) Value_____**@** Date / Time _____	☐	☐

NSTEMI must transfer within 24 hours of arrival to first facility Total TIME: _____

* ***Exclude*** *patients with a diagnosis of Myocardial Infarction (MI), Type 2*

<u>STEMI</u>	**NO**	**YES**
Meets EKG criteria:		
○ Persistent ST- segment elevation > 1mm in two or more contiguous ECG leads	☐	☐
○ Documented (L) BBB (New or presumed new)	☐	☐
○ Documentation of isolated posterior MI	☐	☐

STEMI must transfer within 24 hours of arrival to first facility Total TIME: _____

Ineligible ☐ **Eligible** ☐