**PATIENT NAVIGATOR PROGRAM: FOCUS MI NATIONAL**

**DATA COLLECTION SURVEY**

**INSTRUCTIONS:**

This survey is based on the established Patient Navigator Program: Focus MI metrics and will be used as the data collection tool for evaluating and measuring the success of hospitals in achieving the goal of reducing avoidable hospital readmissions for patients discharged with Acute Myocardial Infarction (AMI).

**Sources for data collection:**

* HCAHPS
* ACTION Registry Report
* Self-reported data by the hospital via chart abstraction.

**Data Collection time periods:**

* Baseline collected once
* Quarterly

Data Submission to the ACC will follow the ACTION Registry call for data schedule.

**Hospital Self Reported Data Collection:**

* Collected Quarterly
* All patients with a principal diagnosis of AMI

**Note:** When collecting data for the Patient Navigator Program: Focus MI

If the data for a particular metric is NOT available, or is NOT tracked, during the data collection time period use the “N/A” button (Data Not Available).

If the data for the numerator on a particular metric is a “true zero value” (not completed by medical personnel or is not documented by medical personnel in charts that were reviewed) and the metric was NOT MET, enter ZERO for that numerator and a value for the denominator (greater than zero).

**OUTCOME MEASURES UNADJUSTED READMISSION RATES and RISK ADJUSTED MORTALITY (Patient Navigator Program: Focus MI Metric #1)**

***Question #1a will be Self-Reported by the hospital and collected from the data abstraction of all AMI patients. Questions #1b-1d will be automatically populated into the data collection tool from your ACTION Registry Report.***

**Note:** **Specific Readmission Rate Data Collection:**

* Numerator: Number of patients discharged from your hospital during the quarter with discharge diagnosis of AMI that resulted in a readmission to your hospital within 30 days.
* Denominator: Number of patients discharged from your hospital during the quarter with a principal discharge diagnosis of AMI.
* 30-day (-7/+14 days) post discharge process measures

1a-1 Record the number of patients discharged from your hospital during the quarter with a discharge diagnosis of AMI that resulted in a readmission to your hospital within 30 days. (Numerator)\*

1a-2 Record the number of patients discharged from your hospital during the quarter with a discharge principal diagnosis of AMI. (Denominator)\*

**1b IN HOSPITAL RISK ADJUSTED MORTALITY INCLUDING CARDIAC ARREST -ACTION REGISTRY METRIC #43**

**1c IN HOSPITAL RISK ADJUSTED MORTALITY EXCLUDING CARDIAC ARREST -ACTION METRIC REGISTRY #44**

**1-d 30-DAY RISK ADJUSTED MORTALITY FOR AMI (PULLED FROM ACTION REGISTRY OTHER REPORT TAB)**

**PATIENT SATISFACTION (Patient Navigator Program: Focus MI Metric #2)**

***Questions #2-1 through 2-3 sources for data collection are from HCAHPS survey data.***

**Note:** **Record only the “top box” responses (i.e. Strongly Agree, Always):**

2-1When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (enter rate in percentage) \*

2-2When I left the hospital, I clearly understood the purpose for taking each of my medications. (enter rate in percentage) \*

2-3During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (enter rate in percentage) \*

**PROCESS MEASURES (Patient Navigator Program: Focus MI Metric #3)**

***Questions #3-1 through 3-15 will be automatically populated into the data collection tool from your ACTION Registry Report.***

**3-1 STEMI PERFORMANCE COMPOSITE -ACTION REGISTRY METRIC #3**

**3-2 NSTEMI PERFORMANCE COMPOSITE -ACTION REGISTRY METRIC #4**

**3-3 OVERALL DEFECT FREE CARE -ACTION METRIC #2**

**3-4 ALDOSTERONE BLOCKING AGENTS AT DISCHARGE FOR AMI -ACTION REGISTRY METRIC #30**

**3-5 IN HOSPITAL RISK ADJUSTED BLEEDING -ACTION REGISTRY METRIC #45**

**3-6 CARDIAC REHABILITATION PATIENT REFERRAL FROM AN INPATIENT SETTING -ACTION REGISTRY METRIC #21**

**3-7 ASA PRESCRIBED AT DISCHARGE FOR AMI PATIENTS- ACTION REGISTRY METRIC #34**

**3-8 PROPORTION OF AMI REVASCULARIZED PATIENTS PRESCRIBED AN ADP RECEPTOR (P2Y12) INHIBITOR AT DISCHARGE -ACTION REGISTRY METRIC #35**

**3-9 ADP RECEPTOR (P2Y12) INHIBITOR PRESCRIBED AT DISCHARGE FOR AMI PATIENTS TREATED WITH CABG SURGERY (PULLED FROM ACTION REGISTRY DETAIL LINE)**

**3-10 ADP RECEPTOR (P2Y12) INHIBITOR PRESCRIBED AT DISCHARGE FOR AMI PATIENTS TREATED MEDICALLY (PULLED FROM ACTION REGISTRY DETAIL LINE)**

**3-11 BETA BLOCKER PRESCRIBED AT DISCHARGE FOR AMI PATIENTS  
ACTION REGISTRY METRIC #9**

**3-12 ANY STATIN PRESCRIBED AT DISCHARGE FOR AMI PATIENTS (PULLED FROM ACTION REGISTRY DETAIL LINE)**

**3-13 HIGH-INTENSITY STATIN PRESCRIBED AT DISCHARGE FOR AMI PATIENTS ACTION REGISTRY METRIC #36**

**3-14 ACE-I/ARB/ARNI PRESCRIBED AT DISCHARGE FOR AMI PATIENTS WITH LV SYSTOLIC DYSFUNCTION (LV EF<40%) ACTION REGISTRY METRIC #12**

**PROCESS MEASURES – HOSPITAL SELF-REPORTED (Patient Navigator Program: Focus MI Metric #4-8)**

***Questions #4-5 will be Self-Reported by the hospital and collected from the data abstraction of all AMI patients.***

4-1a Record the number of AMI patients that are identified prior to discharge. (Numerator)\*

4-1b Record the number of patients with a principal diagnosis of AMI. (Denominator)\*

5a-1 Record the number of AMI patients that were assessed for risk of readmission prior to discharge. (Numerator)\*

5a-2 Record the number of patients with a principal diagnosis of AMI. (Denominator)\*

5b-1 Record the number of patients with a principal diagnosis of AMI who were risk assessed for risk of readmission and an intervention(s) were deployed. (Numerator)\*

5b-2 Record the number of patients with a principal diagnosis of AMI who were risk assessed for risk of readmission. (Denominator)\*

***Questions #6a-6b relate to Program Metric #6, Medication reconciliation is performed for every patient accurately and is documented in the medical record at admission and discharge. Accurately is defined as the medication reconciliation form matches the discharge plans and is updated from admission.***

**ADMISSION 6a**

6a-1 Record the number of AMI patient charts with accurate medication reconciliation documentation on admission. (Numerator)\*

6a-2 Record the number of patients with a principal diagnosis of AMI. (Denominator)\*

**DISCHARGE 6b**

6b-1 Record the number AMI patient charts with accurate medication reconciliation documentation upon discharge. (Numerator)\*

6b-2 Record the number of patients with a principal diagnosis of AMI. (Denominator)\*

***Questions #7a-7b relate to Program Metric #7: Discharge Summary or Transitions of care summary available to follow-up clinician within 72 hours.***

7-1a Record the number of AMI patient discharge summaries or transition of care summary available to the follow-up clinician within 72 hours of patient’s discharge. (Numerator)\*

7-1b Record the number of patients with a principal diagnosis of AMI. (Denominator)\*

***Questions #8a-8c relate to Program Metric #8: Clinician discusses and provides documentation for specific education on the patient’s treatment regimen (self-care plan); Clinician discusses and provides documentation for all prescribed medications, changes to their medications and instruction on when and how medications should be taken and Clinician discusses and provides documentation on community resources to high risk patients.***

8a-1 Record the number AMI patients/caregivers that were provided with specific education and documentation on their treatment regimen (self-care plan). (Numerator)\*

8a-2 Record the number of patients with a principal diagnosis of AMI. (Denominator)\*

8b-1 Record the number of AMI patients/caregivers that are provided with documentation of prescribed medications, changes to medications and instructions on when and how they should be taken. (Numerator)\*

8b-2 Record the number of patients with a principal diagnosis of AMI. (Denominator)\*

*The following criteria apply to question #8c* ***High risk patient criteria for receiving community resources:*** *Requiring nursing home or extended care placement/services; 80+ years old with multiple diagnoses and/or living alone; Status post trauma, new chronic diagnosis with significant lifestyle implications (CVA, HF, COPD, ESRD); Experiencing difficulty coping or family dysfunction that may hinder post discharge care; Impaired cognitive ability with no identified family/caregiver support; Issues with mental health or chemical dependency; Significant financial hardships ;Admitted from an assisted living/skilled nursing or extended care facility; Receiving home health care services at the time of admission; Terminal illness/chronic or intractable pain/candidate for hospice referral.*

8c-1 Record the number of high risk AMI patients/caregivers that receive community resources. (Numerator)\*

8c-2 Record the number of patients with a principal diagnosis of AMI and meet the criteria for high risk. (Denominator)\*