

# Chest Pain – MI Registry™

*Formerly the ACTION 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 data set) to support hospitals beginning quality and system improvement efforts.

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.

## Acute Myocardial Infarction (AMI)

### STEMI (Pre-Arrival and In-Hospital) and NSTEMI

**All** eligible STEMI and NSTEMI episode records must be entered. Sampling for these patient types is **not** permitted.

### 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 will support ACC Accreditation Chest Pain Center customers also participating in Chest Pain – MI Registry.

## Data Submission Options

To meet the requirements outlined in the ACCF Hospital Registry Program Requirements, hospitals must declare whether the data submission, for the low risk chest pain and unstable angina patient types, 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 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 site will then select which patient types are being sampled.

## Submit To DQR

Submission Status

### Base Submissions

Sampling \*  Yes  No

Sampling Patient Types \*  Low Risk Chest Pain  Unstable Angina

	Timeframe	Population	# Patients	# Episodes
	No Discharge Date		9	11
<input type="checkbox"/>	2018Q3	ALL	5	5
<input type="checkbox"/>	2018Q2	ALL	2	2
<input type="checkbox"/>	2018Q1	ALL	16	16

The minimum count of **consecutive** episode records required by patient type is:

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

**Note:** AMI patients are ***not*** eligible for sampling.

### 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 v5 and 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 episode records for the quarter and is required to submit a minimum sample size of 90 episode records for the patient type. 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 to achieve data completeness in the Data Quality Reporting (DQR) process based on the registry participation type (Full or 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**. Episode records with the corresponding ICD-10 codes are included regardless of patient status as ‘inpatient’ or ‘observation.’ Please note: ICD-10 codes are updated annually and go into effect on October 1st. Please also refer to the sections on “sampling eligibility” and “data submission options.”

### Acute Myocardial Infarction (AMI)

The term acute myocardial infarction (AMI) should be used when there is acute myocardial injury with clinical evidence of acute myocardial ischemia, and with detection of a rise and/or fall of cardiac troponin (cTn) values, with at least one value above the 99th percentile upper reference limit (URL) **and** with at least one of the following: (a) symptoms of myocardial ischemia; (b) new ischemic ECG changes; or (c) development of pathological Q waves<sup>1,2</sup>

For the purposes of the registry, AMI patients must present with symptoms of acute myocardial ischemia\* within the previous 24 hours and meet the specific criteria outlined below. Transfer patients must transfer to your hospital within 24 hours of arrival to the first acute care facility. For patients with positive STEMI ECG findings, positive biomarkers are **not** required prior to transfer.

- **STEMI (Pre-Arrival)**

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

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

- **STEMI (In-Hospital)**

**Include** In-hospital STEMI (when STEMI ECG criteria are met **after** hospital **admission**).

\*In-hospital STEMI patients **are** not required to present with symptoms of acute myocardial ischemia

- **Any** discharge code of STEMI
- ICD-10: I21.01-I21.09, I21.11, I21.19, I21.21, I21.29, I21.3

- **NSTEMI**

Meet **lab-resulted** cardiac troponin criteria

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

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

- **Unstable Angina (UA)**

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

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

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<sup>1</sup> Jneid H, Addison D, Bhatt DL, Fonarow GC, Gokak S, Grady KL, Green LA, Heidenreich PA, Ho PM, Jurgens CY, King ML, Kumbhani DJ, Pancholy S. 2017 AHA/ACC clinical performance and quality measures for adults with ST-elevation and non-ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures. <https://doi.org/10.1016/j.jacc.2017.06.032>

<sup>2</sup> Joint ESC/ACCF/AHA/WHF Task Force for the Universal Definition of Myocardial Infarction, Fourth universal definition of myocardial infarction. European Heart Journal (2018). <https://doi.org/10.1093/eurheartj/ehy462>

- **Low-Risk Chest Pain**

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

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

- **Exclusion Criteria**

- Patients w/ ICD-10 Discharge Diagnosis Code of MI Type 2: I21.A1
- Other myocardial infarction types (3-5) ICD-10 code I21.A9
- Patients that transfer to your facility for reasons other than acute MI care (such as CABG, or insurance reasons)