Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M1	% of patients with symptoms suggestive of ACS arriving via EMS	**Portal-of-Entry:** ED Walk-in and EMS **Purpose:** This measure is designed to help you evaluate the effectiveness of your community outreach program by calculating the percentage of patients entering your ED who sought assistance using 911. This is a critical operational measure to track as you increase EHAC awareness within your community. **Linked Mandatory Items:** EC2.M2a, M2b, M2c, M2d, M2e, EC7.M2 **Calculation:** All individuals presenting to the ED with symptoms suggestive of ACS will be included in this measure. The percentage of those who arrive via EMS is reported.
CM.M2	Median time from arrival to initial 12-lead ECG obtained for ED walk-in patients	**Portal-of-Entry:** ED Walk-in **Purpose:** Risk stratification to determine the urgency for a rapid treatment plan must begin with the 12-lead ECG which makes this operational step a priority for every successful Chest Pain Center program. This measure helps you track the median time it takes for your ED walk-in patients to have their ECG performed. **Linked Mandatory Items:** EC4M1e1, EC7M1, EC7M2b **Calculation:** All individuals presenting to the ED as a walk-in with symptoms suggestive of ACS will be included in this measure. Median minutes are calculated based on subtracting the "Initial ECG: Completed On" date and time from the "Date and Time of Arrival".
CM.M3	% of ED walk-in patients with arrival to initial 12-lead ECG obtained within 10 minutes of arrival	**Portal-of-Entry:** ED Walk-in **Purpose:** This item helps you evaluate the frequency of compliance with the desired "door-to-ECG obtained within 10 minutes" metric. **Linked Mandatory Items:** EC4M1e1, EC7M1, EC7M2b **Calculation:** CM.M2 cases without missing data are used for this calculation. The percentage of time the 12-Lead ECG is performed within 10 minutes of arrival for walk-in patients is reported.

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M6	Median time from arrival to initial 12-lead ECG read by a provider (physician or mid-level) for ED walk-in patients	**Portal-of-Entry:** ED Walk-in **Purpose:** Simply completing the ECG isn't enough. The ECG must also be read before emergent cath lab processes are activated. This measure is a reflection of how long it takes for the ED walk-in patient to be considered a STEMI. **Linked Mandatory Items:** EC4M1e1, EC7M2b **Calculation:** All individuals walking in to the ED with symptoms suggestive of ACS will be included in this measure. Median minutes are calculated based on subtracting the "Initial ECG: Read On" date and time from the "Date and Time of Arrival".
CM.M7	% of patients with an arrival to initial 12-lead ECG read by a provider (physician or mid-level) within 10 minutes for ED walk-in patients	**Portal-of-Entry:** ED Walk-in **Purpose:** This item helps you evaluate the frequency of ECGs being read by a provider within 10 minutes for your walk-in population. **Linked Mandatory Items:** EC4M1e1, EC7M2b **Calculation:** CM.M6 cases without missing data are used for this calculation. Calculations are based on the percentage of time the 12-lead ECG is read by a provider within 10 minutes of arrival for your walk-in population.
CM.M10.1	**SUPERSEDES CM.M10 EFFECTIVE MAY 2017** Median time from arrival to initial troponin result	**SUPERSEDES CM.M10 EFFECTIVE MAY 2017** Median time in minutes from arrival to initial troponin result **Linked Mandatory Items:** • EC1.M1i7 • EC4.M3a4 • EC4.M4a1 • EC7.M2c **Inclusions:** • Portal-of-Entry of EMS or ED Walk-In • Under "Initial Recognition and System Entry", "Initial Time of Troponin Draw: Time of Result" is required **Exclusions:** • Under "Initial Recognition and System Entry" either one or both "Initial ECG" and "EMS ECG STEMI" marked STEMI 'Yes' • Under "RESUSCITATION: Did patient have cardiac arrest prior to arrival?" marked 'Yes' **Calculation:** Median minutes are calculated based on the difference between "Initial Troponin: Time of Result" from the "Date and Time of Arrival".

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M11.1	**SUPERSEDES CM.M11 EFFECTIVE MAY 2017** Percentage of patients with initial troponin results within 60 minutes of arrival	**SUPERSEDES CM.M11 EFFECTIVE MAY 2017** Percentage of patients with initial troponin results within 60 minutes of arrival **Linked Mandatory Items:** • EC1.M1i7 • EC4.M3a4 • EC4.M4a1 • EC7.M2c **Inclusions:** • Portal-of-Entry of EMS or ED Walk-In • Under "Initial Recognition and System Entry", "Initial Time of Troponin Draw: Time of Result" is required **Exclusions:** • Under "Initial Recognition and System Entry" either one or both "Initial ECG" and "EMS ECG STEMI" marked STEMI 'Yes' • Under "RESUSCITATION: Did patient have cardiac arrest prior to arrival?" marked 'Yes' **Calculation:** • **Numerator:** Count of patients meeting the specified inclusion/exclusion criteria with initial troponin results within 60 minutes of arrival for EMS and ED walk-ins • **Denominator:** Count of patients meeting the specified inclusion/exclusion criteria
CM.M12.1	Median time from ED arrival to ED Disposition Time	**Portal-of-Entry:** ED Walk-in and EMS **Purpose:** Extended lengths of stay in an ED can be problematic for organizational throughput which decreases bed availability for patients with symptoms suggestive of ACS. The LOW-RISK patient population is the largest volume of chest pain patients any facility will see. This population is estimated to make up 80% of your chest pain patient population. Therefore, throughput can be maximized if the LOW-RISK population is managed better. Understanding and subsequently decreasing your variance in care for the LOW-RISK population will save valuable resources. **Linked Mandatory Items:** EC4M2b, EC4M3c, EC4M2d **Calculation:** Using ED walk-in and EMS arrival, the "Date and Time of Arrival" is subtracted from the "Date and Time Disposition from ED". This will demonstrate the length of stay for the LOW-RISK patients who are discharged home from the ED. This does not include patients placed in observation status.

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M19	% of LOW-RISK patients, with a POE of EMS or ED Walk-in, who were discharged from observation status with a confirmatory study scheduled to be performed within 72 hours of discharge	**Portal-of-Entry:** EMS + ED Walk-In **Purpose:** Every LOW-RISK patient must be evaluated for their risk of having an occlusive event. A confirmatory study is one key element used to determine that patient's risk. To maximize organizational resource utilization, decrease the risk of litigation from a missed MI and decrease the risk of RAC audits, it is important to understand the variance in treatment plans for this patient population. Only then can focused resources be employed in order to maximize outcomes and decrease potential vulnerabilities. **Linked Mandatory Items:** EC4M3c, Ec7M3b, EC7M3f **Calculation:** The ratio of patients being discharged home from the ED with a confirmatory study performed or planned will be calculated.The ratio of patients being discharged from observation status with a confirmatory study scheduled to be performed within 72 hours will be displayed. These are patients who were previously dispositioned to observation status from the ED.
CM.M20	% of LOW-RISK patients, with a POE of EMS or ED Walk-in, who were discharged from observation status after a stress test was performed	**Portal-of-Entry:** EMS + ED Walk-In **Purpose:** Every LOW-RISK patient must be evaluated for their risk of having an occlusive event. Stress testing is one key element used to determine that patient's risk. To maximize organizational resource utilization, decrease the risk of litigation from a missed MI and decrease the risk of RAC audits, it is important to understand the variance in treatment plans for this patient population. Only then can focused resources be employed in order to maximize outcomes and decrease potential vulnerabilities. **Linked Mandatory Items:** EC4M3d, EC7M3c **Calculation:** The ratio of patients being discharged from observation status with a stress test scheduled to be performed within 72 hours will be displayed. These are patients who were previously dispositioned to observation status from the ED.

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M21	% of LOW-RISK observation status patients, with a POE of EMS or ED walk-in, who were subsequently admitted as in-patient	**Portal-of-Entry:** EMS + ED Walk-In **Purpose:** The importance of any LOW-RISK observation program is the ability to intervene early during the beginning phases of an ACS event. Therefore, understanding how many observation patients who are subsequently admitted as in-patients will help the facility determine understand the volume of the conversion rate. This is an indicator of how the population health program with community education is working. The more community education is performed the sooner patients will seek treatment. Early recognition and rapid intervention is key to decreasing morbidity and mortality from a heart attack. **Linked Mandatory Items:** EC4M3a, EC7M3e, EC7M3f **Calculation:** The ratio of ED patients that present to the ED and are dispositioned to observation status and then subsequently admitted as an in-patient is calculated as the observation to in-patient conversion rate.
CM.M22	Median time from door to fibrinolytic administration when applicable	**Portal-of-Entry:** EMS + ED Walk-In **Purpose:** Time is critical for the patient who presents with an STEMI. Facilities are held accountable to meeting guideline recommendations for clearing the blockage in the coronary artery as quickly as possible. Some facilities do not have timely access to primary PCI so fibrinolytic therapy is a viable option. If fibrinolytics are used, understanding the length of time it takes to administer the medication will help the facility control processes to consistently meet the 30 minute door to needle recommendation (*when applicable*). **Linked Mandatory Items:** EC7M5c **Calculation:** Median time for fibrinolytic administration is calculated by subtracting the "Date and Time of Arrival" from the date and time specified for fibrinolytic "Initial Administration Only" when "Prescribed" is flagged "Yes".

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M23	% of patients with time from door to fibrinolytic administration within 30 minutes where applicable	**Portal-of-Entry:** EMS + ED Walk-In **Purpose:** Time is critical for the patient who presents with an STEMI. Facilities are held accountable to meeting guideline recommendations for clearing the blockage in the coronary artery as quickly as possible. Some facilities do not have timely access to primary PCI so fibrinolytic therapy is a viable option. If fibrinolytics are used, understanding the length of time it takes to administer the medication will help the facility control processes to consistently meet the 30 minute door to needle recommendation (when applicable). **Linked Mandatory Items:** EC7M5c **Calculation:** CM.M22 withouth missing data are used for this calculation. The ratio of patients who received fibrinolytics will be evaluated for the timeliness of drug administration based on if the medication was administered within 30 minutes of arrival.
CM.M28.1	Median Length of Stay for Observation Status	**Portal-of-Entry:** EMS + ED Walk-In **Purpose:** Efficient and effective management of the largest patient volume is critical to the success of an organization. Streamlining the serial testing processes used to rule-out the LOW-RISK population will decrease the length of stay in observation status. Tracking and trending the length of stay for the observation status patient will allow for development of an improved throughput model and decrease the facility's threat of issues with reimbursement. **Linked Mandatory Items:** EC7M3d **Calculation:** ED (EMS or ED walk-in) patients with an ED Disposition of "Observation Status" will be evaluated using the ED disposition time when ED disposition = "Observation Status" compared with "Date and time of disposition from Observation Status". The range for the high and low times will be reported.

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M30.2	**SUPERSEDES CM.M30.1 EFFECTIVE OCT 2016** Median time from arrival to discharge or DIDO times for STEMI patients transferring for Primary PCI	**SUPERSEDES CM.M30.1 EFFECTIVE OCT 2016** Median time in minutes from arrival to discharge or Door-In-Door-Out (DIDO) times for STEMI patients transferring for Primary PCI **Linked Mandatory Items:** EC7M5b **Inclusions:** • Portal-of-Entry of EMS or ED Walk-In • ED disposition of "Transfer to Another Acute Care Facility". • Patients with an ◦ "Initial ECG" STEMI indicated as "Yes" ◦ **Or** "EMS ECG STEMI" indicated as "Yes" **Exclusions:** • Patients that receive Fibrinolytics **Calculation:** Median time will be calculated based on the "Date and Time of Arrival" and "Date and Time Disposition from ED".
CM.M31.2	**SUPERSEDES CM.M31.1 EFFECTIVE OCT 2016** Percentage of STEMI patients with DIDO times within 30 minutes	**SUPERSEDES CM.M31.1 EFFECTIVE OCT 2016** Percentage of STEMI patients transferring for Primary PCI with Door-In-Door-Out (DIDO) times within 30 minutes **Linked Mandatory Items:** EC7M5b **Inclusions:** • Portal-of-Entry of EMS or ED Walk-In • ED disposition of "Transfer to Another Acute Care Facility". • Patients with an ◦ "Initial ECG" STEMI indicated as "Yes" ◦ **Or** "EMS ECG STEMI" indicated as "Yes" **Exclusions:** • Patients that receive Fibrinolytics **Calculation:** • **Numerator:** Count of patients meeting the specified inclusion/exclusion criteria with a "Date and Time Disposition from ED" within 30 minutes of "Date and Time of Arrival" • **Denominator:** Count of patients meeting the specified inclusion/exclusion criteria

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M32	Median time from First Medical Contact (EMS) to Primary PCI reperfusion	**Portal-of-Entry:** EMS **Patient Population:** EMS patients arriving through the ED who have a Primary PCI performed emergently **Purpose:** Decreasing the time from onset of symptoms to intervention for STEMI patients is a critical link to decreasing morbidity and mortality. Active involvement, communication and collaboration with EMS will decrease the length of time it takes for an individual to make it to the cath lab. This metric will track and trend the median time from "First Medical Contact" (*defined as when EMS first sees the patient*) to reperfusion allowing the facility to evaluate the process improvement initiatives instituted. **Linked Mandatory Items:** EC7M5d **Calculation:** Median time will be calculated for all EMS patients arriving through the ED who have a Primary PCI performed emergently using "Primary PCI Performed: Time of Reperfusion" - "Date and Time of EMS First Medical Contact (FMC)" when "Cath Lab Activated for STEMI" is checked "YES".
CM.M34	Median time from Cath Lab Activation to reperfusion	**Portal-of-Entry:** All **Purpose:** Each process step relies on its own specific set of resources and variables to improve operational outcomes. Once the STEMI has been recognized the cath lab, ED and EMS (*where applicable*) must work together to make the entire system work. Knowing the different teams involved at the different levels allows targets resources to be employed. This metric will track and trend the median time for intervention once the "Cath Lab Activated for STEMI" for both field activations and from the ED. This allows the facility to evaluate the process improvement initiatives instituted. **Linked Mandatory Items:** EC7M5a, EC7M5d **Calculation:** Median time will be calculated for all patients arriving through the ED who have a Primary PCI performed emergently using the "Date and Time of Cath Lab Activation" to "Primary PCI performed: Time of Reperfusion".

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M36.1	**SUPERSEDES CM.M36 EFFECTIVE FEB 2017** Median time in minutes to primary PCI for STEMI patients	**SUPERSEDES CM.M36 EFFECTIVE FEB 2017** Median time in minutes from arrival to Primary PCI for STEMI patients (Door to Reperfusion (D2R). **Linked Mandatory Items:** EC7M5a **Inclusions:** • Portal-of-Entry of EMS or ED Walk-In • Cath Lab Activated indicated as "Yes" • Cath Lab Cancelled indicated as "No" • No reason for Cath Lab Cancellation indicated • Date and Time of Reperfusion specified • Patients with an ◦ "Initial ECG" STEMI indicated as "Yes" ◦ **Or** "EMS ECG STEMI" indicated as "Yes" ◦ **Or** "STEMI ECG Completed On..." Date and Time has been specified **Exclusions:** • Patients in which a non-system reason for delay has been specified for "If door to reperfusion time is greater than 90 minutes identify the primary reason for delay" drop-down selection box. • "Transfer for Primary PCI" indicated as "Yes" **Calculation:** Median time will be calculated based on the "Date and Time of Arrival" and "Primary PCI performed: Time of Reperfusion".

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M37.1	**SUPERSEDES CM.M37 EFFECTIVE FEB 2017** Percentage of STEMI patients receiving Primary PCI (D2R) within 90 minutes or less	**SUPERSEDES CM.M37 EFFECTIVE FEB 2017** Percentage of STEMI patients with a time from arrival to Primary PCI (D2R) of 90 minutes or less. **Linked Mandatory Items:** EC7M5a **Inclusions:** • Portal-of-Entry of EMS or ED Walk-In • Cath Lab Activated indicated as "Yes" • Cath Lab Cancelled indicated as "No" • No reason for Cath Lab Cancellation indicated • Date and Time of Reperfusion specified • Patients with an ◦ "Initial ECG" STEMI indicated as "Yes" ◦ **Or** "EMS ECG STEMI" indicated as "Yes" ◦ **Or** "STEMI ECG Completed On..." Date and Time has been specified **Exclusions:** • Patients in which a non-system reason for delay has been specified for "If door to reperfusion time is greater than 90 minutes identify the primary reason for delay" drop-down selection box. • "Transfer for Primary PCI" indicated as "Yes" **Calculation:** • **Numerator:** Count of patients meeting the specified inclusion/exclusion criteria with a "Primary PCI performed: Time of Reperfusion" within 90 minutes of "Date and Time of Arrival" • **Denominator:** Count of patients meeting the specified inclusion/exclusion criteria
CM.M38	Median time from 911 call to ED Arrival for patients with cardiac arrest and subsequent ROSC	**Portal-of-Entry:** EMS **Patient Population:** Out-of-hospital cardiac arrest with a return of spontaneous circulation before or after hospital arrival whose etiology is thought to be ACS. **Purpose:** This metric helps evaluate the community outreach and EMS engagement in the Chest Pain Center program. Early recognition and early intervention is key to a person's survival. This will measure the time EMS is activated to the time the patient arrives to the facility. **Linked Mandatory Items:** EC7M6 **Calculation:** Length of time is determined from the "Date and Time of 911 call" to the "Date and Time of Arrival"

Listing of Measure Definitions By Section

Chest Pain Accreditation v5

Item #	Measure Title	Measure Description
CM.M40	Median time from arrival to hypothermia initiation	**Portal-of-Entry:** EMS **Purpose:** Hypothermia is a critical element to preserving neuro-function after cardiac arrest. It is a treatment that has been proven to statistically decrease morbidity and mortality post cardiac arrest. This metric helps evaluate the program's hypothermia treatment. This will measure the time from arrival to initiation of treatment. **Linked Mandatory Items:** EC7M6 **Calculation:** "Date and Time of Arrival" to the initiation of the organization's "Date and Time hypothermia treatment initiated" are used to evaluate this operational measure
CM.M42	% of OOH Arrests with ROSC had Bystander CPR Performed Prior to EMS Arrival	**Portal-of-Entry:** EMS **Purpose:** Brain cell death begins at about 4-6 minutes once blood stops flowing. CPR is known to make a difference. Increasing the chance of survival by having a robust community outreach program which teaches EHAC and CPR is critical to decrease morbidity and mortality from cardiac arrest. This operational measure evaluates the effectiveness of the facility's community outreach program. **Linked Mandatory Items:** EC7M6a **Calculation:** The ratio of post cardiac arrest patients with ROSC who did or did not receive 'bystander CPR' is reports in this metric.