

CBE ID

3613e

Title

Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Spring 2027

Previous Endorsement Cycle

Spring 2021

Initial Endorsement

Tue, 11/30/2021 - 10:49

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

Yes

1.6 Measure Description

The percentage of ED patients with a diagnosis of STEMI who received appropriate and timely treatment. The measure will be calculated using electronic health record (EHR) data and is intended for use at the facility level in a CMS accountability program, through which it may be publicly reported.

1.7 Measure Type

Process

1.8 Level of Analysis

Facility

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

ED STEMI patients aged 18 and older whose time from ED arrival to fibrinolysis is 30 minutes or fewer OR Non-transfer ED STEMI patients who received PCI at a PCI-capable hospital within 90 minutes of arrival OR ED STEMI patients who were transferred from a non-PCI capable hospital within 45 minutes of ED arrival at a non-PCI capable hospital.

1.15 Denominator

ED patients 18 years of age and older with STEMI who should have received appropriate and timely treatment for STEMI.

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Not in use

Developer POC email

ccsq-op-measures@acumenllc.com

Exclusions

The denominator exclusions were derived from the 2013 ACCF/AHA Guideline for the Management of STEMI (<http://www.onlinejacc.org/content/accj/61/4/e78.full.pdf?download=true>), which was also the basis of OP-2 (Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival) and OP-3 (Median Time to Transfer to Another Facility for Acute Coronary Intervention). Denominator exclusions include the following conditions, which have to be documented as active in the patient's history at the time of the encounter: active bleeding or bleeding diathesis (excluding menses); ischemic stroke; known malignant intracranial neoplasm (primary or metastatic); known structural cerebral vascular lesion (e.g., AVM); significant facial and/or closed head trauma, any prior intracranial hemorrhage or other known intracranial pathology; suspected aortic dissection; active peptic ulcer; cardiopulmonary arrest; intubation; mechanical circulatory assist device placement; oral anticoagulant therapy prior to arrival (including streptokinase treatment); patients with advanced dementia; pregnancy; recent internal bleeding; recent major surgery; intracranial or intraspinal surgery, and severe neurologic impairment (based on Glasgow coma).

Measure Disclaimer

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Planned Use

Public Reporting

Risk Adjustment

No risk adjustment or risk stratification

The measure developer is different from the measure steward

Yes

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

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