

ACUTE MYOCARDIAL INFARCTION NATIONAL QUALITY MEASURES

Set Measure ID #	Measure Short Name
AMI-1	Aspirin at Arrival
AMI-2	Aspirin Prescribed at Discharge
AMI-3	ACEI for LVSD
AMI-4	Adult Smoking Cessation Advice/Counseling
AMI-5	Beta Blocker Prescribed at Discharge
AMI-6	Beta Blocker at Arrival
AMI-7	Mean Time to Thrombolysis
AMI-7a	Thrombolytic Agent Received Within 30 Minutes of Hospital Arrival
AMI-8	Mean Time to PCI
AMI-8a	PCI Received Within 120 Minutes of Hospital Arrival
AMI-9**	Inpatient Mortality
AMI-T1a*	LDL Cholesterol Assessment (Optional Test Measure)
AMI-T1b*	LDL Cholesterol Testing Within 24 Hours After Hospital Arrival (Optional Test Measure)
AMI-T2*	Lipid Lowering Therapy at Discharge (Optional Test Measure)

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AMI DATA ELEMENT LIST

General Data Element Name	Collected for:
<i>Abstraction Date</i> *	All Records*
<i>Abstructor Identification (ID) Number</i> *	All Records*
<i>Admission Date</i>	All Records
<i>Admission Source</i>	All Records (used in algorithm for AMI-1, AMI-6, AMI-7, AMI-7a, AMI-8, AMI-8a, AMI-9, AMI-T1b)
<i>Admission Type</i>	All Records
<i>Birthdate</i>	All Records
<i>Case Identifier</i> ¹ **	All Records**
<i>Discharge Date</i>	All Records (used in algorithm for AMI-1, AMI-6, AMI-T1b)
<i>Discharge Status</i>	All Records (used in algorithm for AMI-2, AMI-3, AMI-4, AMI-5, AMI-9, AMI-T1a, AMI-T2)
<i>First Name</i> *	All Records*
<i>Health Care Organization Identifier</i> **	All Records, Used in data transmission**
<i>Hispanic Ethnicity</i>	All Records
<i>ICD-9-CM Other Diagnosis Codes</i>	All Records (used in algorithm for AMI-9)
<i>ICD-9-CM Other Procedure Codes</i>	All Records (used in algorithm for AMI-8, AMI-8a)
<i>ICD-9-CM Other Procedure Dates</i>	All Records (used in algorithm for AMI-8, AMI-8a)
<i>ICD-9-CM Principal Diagnosis Code</i>	All Records
<i>ICD-9-CM Principal Procedure Code</i>	All Records (used in algorithm for AMI-8, AMI-8a)
<i>ICD-9-CM Principal Procedure Date</i>	All Records (used in algorithm for AMI-8, AMI-8a)
<i>Last Name</i> *	All Records*
<i>Other Patient Case Identifier</i> ²	All Records
<i>Patient HIC #</i> ²	All Records
<i>Patient Social Security Number</i> ²	All Records
<i>Payment Source</i>	All Records
<i>Performance Measure Identifier</i> **	Used in data transmission**
<i>Physician 1</i> *	Optional for All Records*
<i>Physician 2</i> *	Optional for All Records*
<i>Postal Code</i>	All Records
<i>Provider ID</i>	All Records
<i>Race</i>	All Records
<i>Sex</i>	All Records (used in algorithm for AMI-9)

Algorithm Output Data Element Name	Collected for:
<i>Measure Category Assignment</i> **	Used for measure calculation**
<i>Measurement Value</i> **	Used in data transmission for continuous variable measures** (AMI-7, AMI-8)
<i>Risk Adjustment Category Assignment</i> **	Used for risk adjusted measures** (AMI-9)

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¹ Case Identifier is required for all episodes of care collected for the Joint Commission

² These patient identifiers are required to uniquely identify an episode of care for the National Voluntary Hospital Reporting Initiative

AMI Data Element Name	Collected for:
<i>ACEI Clinical Trial</i>	AMI-3
<i>ACEI Prescribed at Discharge</i>	AMI-3
<i>Adult Smoking Counseling</i>	AMI-4
<i>Adult Smoking History</i>	AMI-4
<i>Arrival Date</i>	AMI-1, AMI-6, AMI-7, AMI-7a, AMI-8, AMI-8a, AMI-T1b* (Optional Test Measure)
<i>Arrival Time</i>	AMI-7, AMI-7a, AMI-8, AMI-8a
<i>Aspirin Prescribed at Discharge</i>	AMI-2
<i>Aspirin Received Within 24 Hours Before or After Hospital Arrival</i>	AMI-1
<i>Beta Blocker Prescribed at Discharge</i>	AMI-5
<i>Beta Blocker Received Within 24 Hours After Hospital Arrival</i>	AMI-6
<i>Contraindication to ACEI at Discharge</i>	AMI-3
<i>Contraindication to Aspirin at Discharge</i>	AMI-2
<i>Contraindication to Aspirin on Arrival</i>	AMI-1
<i>Contraindication to Beta Blocker at Discharge</i>	AMI-5
<i>Contraindication to Beta Blocker on Arrival</i>	AMI-6
<i>First In-Hospital LDL-Cholesterol Qualitative Description*</i>	AMI-T2* (Optional Test Measure)
<i>First In-Hospital LDL-Cholesterol Value*</i>	AMI-T2* (Optional Test Measure)
<i>First PCI Date</i>	AMI-8, AMI-8a
<i>First PCI Time</i>	AMI-8, AMI-8a
<i>In-Hospital LDL-Cholesterol Test*</i>	AMI-T1a*, AMI-T1b*, AMI-T2* (Optional Test Measures)
<i>In-Hospital LDL-Cholesterol Test Within 24 Hours After Hospital Arrival*</i>	AMI-T1b* (Optional Test Measure)
<i>Initial ECG Interpretation</i>	AMI-7, AMI-7a, AMI-8, AMI-8a
<i>Lipid Lowering Agent Prescribed at Discharge*</i>	AMI-T2* (Optional Test Measure)
<i>LVSD</i>	AMI-3
<i>Plan for LDL-Cholesterol Test*</i>	AMI-T1a* (Optional Test Measure)
<i>Pre-Arrival LDL-Cholesterol Qualitative Description*</i>	AMI-T1a*, AMI-T2* (Optional Test Measures)
<i>Pre-Arrival LDL-Cholesterol Test*</i>	AMI-T1a*, AMI-T2* (Optional Test Measures)
<i>Pre-Arrival LDL-Cholesterol Value*</i>	AMI-T1a*, AMI-T2* (Optional Test Measures)
<i>Reason for No LDL- CholesterolTesting*</i>	AMI-T1a* (Optional Test Measure)
<i>Reason for No Lipid Lowering Therapy*</i>	AMI-T2* (Optional Test Measure)
<i>Thrombolytic Administration</i>	AMI-7, AMI-7a, AMI-8, AMI-8a
<i>Thrombolytic Administration Date</i>	AMI-7, AMI-7a
<i>Thrombolytic Administration Time</i>	AMI-7, AMI-7a
<i>Transfer From Another ED</i>	AMI-1, AMI-6, AMI-7, AMI-7a, AMI-8, AMI-8a, AMI-T1b* (Optional Test Measure)

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Acute Myocardial Infarction Measure Population

The acute myocardial infarction (AMI) measure population can be initially identified by three data elements that are common to all of the performance measures in the set:

- *Admission Date*
- *Birthdate*
- *ICD-9-CM Principal Diagnosis Code*

An *ICD-9-CM Principal Diagnosis Code* of AMI is required for inclusion in the population as identified on Table 1.1 in Appendix A. The patient age must be 18 years of age and older.

The following algorithm should be used to process all records in the AMI national quality measure set. Records with a measure category assignment of “B” (not in measure population) will not need to be processed through individual measure algorithms. Records with a measure category assignment of “A” (missing or invalid population data) will also not need to be processed through the individual measure algorithms. However, the total count of records with an “A” category assignment must be added to the “A” count (number of cases with missing/invalid population) for each individual measure. This will provide a total count of all records that could not be processed through each measure due to missing or invalid data. (Please refer to the Missing and Invalid Data section of the manual for greater detail.)

Initial population, common to all measures in the AMI set

