

A pineapple wearing sunglasses is positioned on a sandy beach. In the background, there is a clear blue sky, a turquoise ocean, and a palm tree frond in the upper left corner. The text "Chest Pain MI" is written in large, bold, blue letters on the right side of the image.

# Chest Pain MI

## **Dashboard NEWS.....**

### **Performance Achievement Award Program**

We are pleased to share the Chest Pain – MI Steering Committee recommendations for the 2022 Performance Achievement Award Program:

- Metric 56 Time to primary PCI among transferred patients (STEMI only) will be removed from Metric 2 Overall defect free care (it will also be removed from composites 1 & 5) – in progress with IT
- Performance criteria for all composite metrics and across all awards was increased by 5% for 2021 year-end performance:
  - o Platinum 75% in Defect Free Care; 90% STEMI; 90% NSTEMI
  - o Gold 70% in Defect Free Care; 85% STEMI; 85% NSTEMI
  - o Silver 65% in Defect Free Care; 80% STEMI; 80% NSTEMI

The document which displays the measurement criteria for the Defect Free Care, NSTEMI Performance & STEMI Performance composites and the award structure is in progress, this announcement will be updated to provide it when available, thank you for your patience.

### **New Executive Summary Measure**

We are pleased to share Metric 58 Risk standardized discharge to post-acute care (PAC) has been added to the eReports Dashboard Executive Summary and is available from the 2019Q4 ending timeframe! As hospitals strive to improve the value of care for patients with acute MI, clinicians need tools to predict the likelihood of needing post-acute care facilities after discharge. Access the Executive Summary Measures & Metrics Companion Guide from the Document Home Page to review the model specifications and access the source document from the embedded link.

### **Metric News & Information**

We are pleased to share an exception for Metric 37 First medical contact – device time has been updated. The data element “EMS First Medical Contact (12197)” was being used to determine whether the transport time to the hospital was  $\geq 45$  minutes; however, utilization of this data element ‘overcalled’ the EMS transport time. The exception will now use Seq#12199 (EMS Leaving Scene Date/Time) to hospital arrival date/time (3001) to evaluate if the transport time was  $\geq 45$  minutes. The expectation is that more patients will appropriately meet the denominator criteria. This update can be appreciated in the ‘unpublished’ data on the dashboard and will be applied to the 2021Q1 report cycle.

Please locate the updated Executive Summary Measures and Metrics Companion Guide from the Documents Home Page to support your review of this algorithm modification. You will also notice this document now includes information about Metric 58 Risk standardized discharge to post-acute care for pre-admit STEMI & NSTEMI patients! Metric information and a link to the source document are provided, we will update this announcement when it is available on the Dashboard.

As always, if you believe a metric is not functioning as expected, please provide: Metric number/name and your data analysis result vs the metric result to support our review. Thank you.