






AMI

National Hospital Quality Measures Documentation Protocols



Please do NOT chart by exception for EBM measures. Chart the results of your assessment every time!!

	Measure	Who	When	What to Document	Where to Document	*Special Situations	Why?
		Provider	within 120 min of Arrival	ED physician document accurate arrival time.		Be sure EKG machine in-sync with one clock	Prompt PCI shown to reduce mortality
	Aspirin and Beta Blockers on Arrival	Nurse	Within 24 hrs of arrival	ER nurse note meds given. Document accurate time.			Aspirin within 24 hrs: 23% reduction in short term mortality with early use of ASA. Beta Blockers within 24 hrs: early use reduces short term mortality from 4.3% to 3.7%
		Provider	Within 24 hrs of arrival	Order ASA and BB if not contraindicated (ASA: allergy, active bleeding, warfarin/coumadin, other reason*. BB: allergy, bradycardia, 2-3rd degree heart block, systolic BP < 90, other reason*)		Documentation of ASA 24 hrs prior to arrival is also acceptable. If there is a reason to withhold RX of ASA or BB, note "not prescribing ASA or BB, due to X,Y,Z reason" in your DC summary. Must indicate that ASA and BB were considered.	
	Smoking Cessation Counseling	Nurse	On Admission	Tobacco use within last 12 months Y,N Do you want Help Quitting Y,N, Refused		If unable to counsel pt on admission, then follow up later in stay and document in Daily Nursing Assessment in Education Topic "Tobacco" or "Smoking Counseling"	Pts who smoke have a mortality rate that is 1.33 to 2.55 times higher than pts who quit. Smoking cessation after AMI decreases mortality rate. Cigarette smoking accounts for 1 out of 5 deaths in the United States. Pts who receive even brief smoking cessation advice from their provider are more likely to quit than those who receive no counseling (Public Health Service, 2000)
		UC	On Admission	Determine if pt is a smoker by reviewing nursing notes			
		Provider	On Admission	Utilize or provide counseling to patient			
	Aspirin and Beta Blockers at Discharge	Provider	Discharge	Note pt discharged on ASA and BB or contraindications (ASA: allergy, active bleeding, warfarin/coumadin, other reason*. BB: allergy, bradycardia, 2-3rd degree heart block, systolic BP < 90, other reason*)		If there is a reason to withhold RX of ASA or BB, note "not prescribing ASA or BB, due to X,Y,Z reason" in your DC summary. Must indicate that ASA and BB were considered. If using the Discharge Ordersheet always document contraindications if meds not prescribed.	Aspirin at Discharge: Long term ASA reduces vascular mortality by 13% and nonfatal MI by 31%, nonfatal stroke by 42% Beta Blockers at Discharge: Long term BB use reduces mortality by 23%
	ACEI at Discharge for LVSD	Provider	Discharge	Note pt discharged on ACEI or contraindications (allergy, moderate/severe aortic stenosis, other reason*)		Note ARBs are not supported in literature as first line therapy. Renal failure is not a hard fast contraindication according to the literature. If there is a reason to withhold RX of ACEI, note "not prescribing ACEI, due to X,Y,Z reason" in your DC summary. Must indicate that ACEI was considered. If using the Discharge Ordersheet always document contraindications if meds not prescribed.	ACEI reduce mortality by 20% to 27% in pts with impaired LVSD.