

MaineHealth AMI Quality Metrics

Measure	JCAHO AMI Core Measures	Maine Hospital Association Quality & Accountability Project	Medicare Quality Improvement Organization (QIO) Quality Measures	Recommended Measures for MaineHealth AMI/PCI Improvement Program
DATA ELEMENTS TRACKED FOR ALL AMI PATIENTS – Acute care				
Percent eligible who received early aspirin (pre-hosp, or in ED)	X	X	X	X
Percent eligible who received early beta blockers (in ED)	X	X	X	X
Median time from symptom onset to door				X
Median time from door to data				X
Median time from data to treatment decision				X
Median time from door to drug [thrombolytic] (patients with STEMI or LBBB)	X		X	X
PRIORITY DATA ELEMENTS FOR AMI PATIENTS TRANSFERRED FOR PCI				
Median time from transfer decision to departure				X
Median time from departure to delivery				X
Median time from door to balloon (patients with STEMI or LBBB)	X		X	X
Median time from symptom onset to balloon				X
DATA ELEMENTS TRACKED FOR ALL AMI PATIENTS - Data at discharge				
Percent eligible who received smoking cessation	X	X	X	
Percent eligible who received aspirin at discharge	X	X	X	
Percent eligible who received beta blockers at discharge	X	X	X	
Percent eligible (LVSD) who received ACEI at discharge	X	X	X	

Additional data elements – all hospitals:

- Total number AMI patients (check via hospital discharge data: dschg dx 410.x)
- Total number STEMI patients (dschg dx 410.0 – 410.6, 410.9)
- % STEMI patients getting thrombolytic
- % STEMI patients transferred for PCI within 4 hrs of arrival
- AMI in-hospital mortality