Acute coronary syndromes: 3a-STEMI patients receiving fibrinolysis or PCI

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# Acute coronary syndromes: 3a-STEMI patients receiving fibrinolysis or PCI

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| Identifying and definitional attributes | |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 3a-STEMI patients receiving fibrinolysis or PCI |
| METEOR identifier: | 612058 |
| Registration status: | [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 12/09/2016 |
| Description: | Proportion of patients with [**ST-segment-elevation myocardial infarction (STEMI)**](https://meteor-uat.aihw.gov.au/content/629401)at first emergency contact presenting within 12 hours of symptom onset and receiving fibrinolysis or percutaneous coronary intervention (PCI). |
| Rationale: | The *Guidelines for the Management of Acute Coronary Syndromes 2006*recommend that "*patients with STEMI who present within 12 hours of the onset of ischaemic symptoms should have a reperfusion strategy implemented promptly*" (Acute Coronary Syndrome Guidelines Working Group 2006). |
| Indicator set: | [Clinical care standard indicators: acute coronary syndromes](https://meteor-uat.aihw.gov.au/content/612027)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 12/09/2016 |
| Outcome area: | [Timely reperfusion](https://meteor-uat.aihw.gov.au/content/624371)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 12/09/2016 |

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| Collection and usage attributes | |
| Computation description: | Both the numerator and the denominator include patients with STEMI.  Both the numerator and denominator exclude patients with a diagnosis of left bundle branch block (LBBB). This is where [Episode of care—principal diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}](https://meteor-uat.aihw.gov.au/content/588987) or [Episode of care—additional diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}](https://meteor-uat.aihw.gov.au/content/588981) is one of the following:   * I44.4 Left anterior fascicular block * I44.5 Left posterior fascicular block * I44.6 Other and unspecified fascicular block * I44.7 Left bundle-branch block, unspecified.   For the numerator, patients undergoing PCI include those for which one of the following [Episode of admitted patient care—procedure, code (ACHI 9th edn) NNNNN-NN](https://meteor-uat.aihw.gov.au/content/589101) is recorded:   * 38300-00 [670] Percutaneous transluminal balloon angioplasty of 1 coronary artery * 38303-00 [670] Percutaneous transluminal balloon angioplasty of >=2 coronary arteries * 38306-00 [671] Percutaneous insertion of 1 transluminal stent into single coronary artery * 38306-01 [671] Percutaneous insertion of >= 2 transluminal stents into single coronary artery * 38306-02 [671] Percutaneous insertion of >= 2 transluminal stents into multiple coronary arteries.   Alternatively, for hospitals collecting the [Acute coronary syndrome (clinical) National best practice data set](https://meteor-uat.aihw.gov.au/content/621789), the data element [Person—percutaneous coronary intervention procedure type, code N](https://meteor-uat.aihw.gov.au/content/359751) can be used, where there is a value of 1 Balloon angioplasty only, 2 Bare metal stent implantation or 3 Drug-eluting stent implantation recorded.  The numerator also includes patients who are administered fibrinolytic drugs. These are not coded using the Australian Classification of Health Interventions (ACHI). However, for hospitals using the [Acute coronary syndrome (clinical) National best practice data set](https://meteor-uat.aihw.gov.au/content/621789), the data element [Person—fibrinolytic drug administered, code N](https://meteor-uat.aihw.gov.au/content/356870) can be used to indicate fibrinolytic drug therapy, where the values are one of the following:   |  |  | | --- | --- | | 1 | Streptokinase | | 2 | t-PA (Tissue Plasminogen Activator) (Alteplase) | | 3 | r-PA (Reteplase) | | 4 | TNK t-PA (Tenecteplase) |   The denominator excludes patients for whom PCI and fibrinolysis are contraindicated (where the contraindication is documented in their medical record). (For hospitals using the [Acute coronary syndrome (clinical) National best practice data set](https://meteor-uat.aihw.gov.au/content/621789), contraindication for fibrinolytic therapy can be identified using the data element [Person—reason for non prescription of pharmacotherapy, code N](https://meteor-uat.aihw.gov.au/content/347222), where a value of 2 'Contraindicated' is recorded.) Contraindications may include advance care directives, being on a palliative care pathway, and clinical judgement, subject to discussion with patients, family and carers.  Presented as a percentage. |
| Computation: | (Numerator ÷ denominator) x 100 |
| Numerator: | Number of patients with STEMI arriving at the emergency department or being attended to by ambulance officers within 12 hours of symptom onset, who receive fibrinolysis or PCI. |
| Denominator: | Number of patients with STEMI arriving at the emergency department or being attended to by ambulance officers within 12 hours of symptom onset. |
| Representational attributes | |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Episode |
| Format: | N[NN] |
| Source and reference attributes | |
| Submitting organisation: | Australian Commission on Safety and Quality in Health Care |
| Reference documents: | Acute Coronary Syndrome Guidelines Working Group 2006. Guidelines for the management of acute coronary syndromes 2006. Medical Journal of Australia 184(8):S1–S30. |