

Person—reason for readmission following acute coronary syndrome episode, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Reason for readmission—acute coronary syndrome
METEOR identifier:	359404
Registration status:	<ul style="list-style-type: none">• Health, Standard 01/10/2008
Definition:	The main reason for the admission , to any hospital, of a person within 28 days of discharge from an episode of admitted patient care for acute coronary syndrome, as represented by a code.
Data Element Concept:	Person—reason for readmission following acute coronary syndrome episode

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2
Permissible values:	

Value	Meaning
1	ST-segment-elevation myocardial infarction
2	non-ST-segment-elevation ACS with high-risk features
3	non-ST-segment-elevation ACS with intermediate-risk features
4	non-ST-segment-elevation ACS with low-risk features
5	Percutaneous coronary intervention (PCI)
6	Coronary artery bypass graft (CABG)
7	Heart Failure (without MI)
8	Arrhythmia (without MI)

Supplementary values:

Value Meaning

99 Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 1 ST-segment-elevation myocardial infarction

This code is used when the reason for admission is persistent ST elevation of ≥ 1 mm in two contiguous limb leads, or ST elevation of ≥ 2 mm in two contiguous chest leads, or with new left bundle-branch block (BBB) pattern on the ECG.

CODE 2 Non-ST-segment-elevation ACS with high-risk features

This code is used when the reason for admission is clinical features consistent with an acute coronary syndrome with high-risk features which include any of the following:

- repetitive or prolonged (> 10 minutes) ongoing chest pain or discomfort;
- elevated level of at least one cardiac biomarker (troponin or creatine kinase-MB isoenzyme);
- persistent or dynamic ECG changes of ST segment depression ≥ 0.5 mm or new T wave ≥ 2 mm;
- transient ST-segment elevation (≥ 0.5 mm) in more than 2 contiguous leads;
- haemodynamic compromise: Blood pressure < 90 mmHg systolic, cool peripheries, diaphoresis, Killip Class > 1 , and/or new onset mitral regurgitation;
- sustained ventricular tachycardia;
- syncope;
- left ventricular systolic dysfunction (left ventricular ejection fraction < 0.40);
- prior percutaneous coronary intervention within 6 months or prior coronary artery bypass surgery;
- presence of known diabetes (with typical symptoms of ACS); or
- chronic kidney disease (estimated glomerular filtration rate < 60 mL/minute) (with typical symptoms of ACS).

CODE 3 Non-ST-segment-elevation ACS with intermediate-risk features

This code is used when the reason for admission is clinical features consistent with an acute coronary syndrome and any of the following intermediate-risk features AND NOT meeting the criteria for high-risk ACS:

- chest pain or discomfort within the past 48 hours that occurred at rest, or was repetitive or prolonged (but currently resolved);
- age greater than 65yrs;
- known coronary heart disease: prior myocardial infarction with left ventricular ejection fraction ≥ 0.40 , or known coronary lesion more than $>50\%$ stenosed;
- no high-risk changes on electrocardiography (see high-risk features);
- two or more of the following risk factors: of known hypertension, family history, active smoking or hyperlipidaemia;
- presence of known diabetes (with atypical symptoms of ACS);
- chronic kidney disease (estimated glomerular filtration rate < 60 mL/minute) (with atypical symptoms of ACS); or
- prior aspirin use.

CODE 4 Non-ST-segment-elevation ACS with low-risk features

This code is used when the reason for admission is clinical features consistent with an acute coronary syndrome without intermediate or high-risk features of non-ST-segment-elevation ACS. This includes onset of anginal symptoms within the last month, or worsening in severity or frequency of angina, or lowering of anginal threshold.

CODE 5 Percutaneous coronary intervention (PCI)

This code is used when the reason for admission is for a PCI, where the PCI is not

immediately precipitated by a recurrent ischaemic event. If a recurrent ischaemic event precipitates a readmission with an associated PCI undertaken, one of codes 1-4 should be coded.

CODE 6 Coronary artery bypass graft (CABG)

This code is used when the reason for admission is for a CABG, where the CABG is not immediately precipitated by a recurrent ischaemic event. If a recurrent ischaemic event precipitates a readmission with an associated CABG undertaken, one of codes 1-4 should be coded.

CODE 7 Heart failure (without MI)

This code is used when the reason for admission is for the treatment of heart failure, where heart failure is not immediately precipitated by a recurrent ischaemic event. If a recurrent ischaemic event precipitates a readmission, one of codes 1-4 should be coded.

CODE 8 Arrhythmia (without MI)

This code is used when the reason for admission is for the treatment of an arrhythmia, where the arrhythmia is not immediately precipitated by a recurrent ischaemic event. If a recurrent ischaemic event precipitates a readmission, one of codes 1-4 should be coded.

Data element attributes

Collection and usage attributes

Guide for use: To determine if this item should be collected ask the person being admitted if they have been discharged from an episode of admitted patient care for acute coronary syndrome within the last 28 days.

Comments: This metadata item is designed to identify recurrent admissions following an initial presentation with acute coronary syndromes (ACS), not necessarily to the hospital responsible for the index admission.

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group

Steward: [The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand](#)

Relational attributes

Related metadata references: Supersedes [Person—reason for readmission following acute coronary syndrome episode, code N\[N\]](#)

- [Health](#), Superseded 01/10/2008

Implementation in Data Set Specifications:

[Acute coronary syndrome \(clinical\) DSS Health](#), Superseded 01/09/2012

[Acute coronary syndrome \(clinical\) DSS Health](#), Superseded 02/05/2013

[Acute coronary syndrome \(clinical\) NBPDS 2013-Health](#), Standard 02/05/2013

Implementation start date: 01/07/2013

