Acute coronary syndromes: 3b-STEMI patients receiving fibrinolysis within 30 minutes of hospital arrival

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 3b-STEMI patients receiving fibrinolysis within 30 minutes of hospital arrival
METEOR identifier:	612065
Registration status:	Health, Standard 12/09/2016
Description:	Proportion of patients with **ST-segment-elevation myocardial infarction (STEMI)** whose first emergency clinical contact is within 12 hours of symptom onset, treated with fibrinolysis before or within 30 minutes of hospital arrival.
Rationale:	Early administration of fibrinolytic therapy given soon after symptom onset has been shown to reduce mortality by up to 50 per cent (Boersma et al. 1996). The American Heart Association Task Force recommends fibrinolysis within 30 minutes of attendance by the ambulance service or arrival at hospital where a door-to-device time is anticipated to exceed 120 minutes (O'Gara et al. 2013).
Indicator set:	Clinical care standard indicators: acute coronary syndromes Health, Standard 12/09/2016
Outcome area:	Timely reperfusion Health, Standard 12/09/2016

Collection and usage attributes

Computation description: Both the numerator and the denominator include patients with STEMI.

The numerator also includes patients who are administered fibrinolytic drugs. For hospitals using the Acute coronary syndrome (clinical) National best practice data set, the data element Person—fibrinolytic drug administered, code N 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 fibrinolysis is contraindicated (where the contraindication is documented in their medical record). (For hospitals using the Acute coronary syndrome (clinical) National best practice data set, contraindication for fibrinolytic therapy can be identified using the data element Person—reason for non prescription of pharmacotherapy, code N, 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. The *Guidelines for the management of acute coronary syndromes 2006* (Acute Coronary Syndrome Guidelines Working Group 2006) references both absolute and relative contraindications to the administration of fibrinolysis.

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 receiving fibrinolysis before or within 30 minutes of hospital arrival.

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.

Boersma E, Maas AC, Deckers JW, Simoons ML 1996. Early thrombolytic treatment in acute myocardial infarction: reappraisal of the golden hour. Lancet 348(9030):771–775.

O'Gara P et al. 2013. 2013 ACCF/AHA Guideline for the management of ST-elevation myocardial infarction: A report of the American College of Cardiology Foundation/ American Heart Association Task Force on Practice Guidelines. Circulation 127:e362–e425.