

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

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

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 3b-STEMI patients receiving fibrinolysis within 30 minutes of hospital arrival
<b>METEOR identifier:</b>	612065
<b>Registration status:</b>	<a href="#">Health</a> , Standard 12/09/2016
<b>Description:</b>	Proportion of patients with <a href="#">ST-segment-elevation myocardial infarction (STEMI)</a> whose first emergency clinical contact is within 12 hours of symptom onset, treated with fibrinolysis before or within 30 minutes of hospital arrival.
<b>Rationale:</b>	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).
<b>Indicator set:</b>	<a href="#">Clinical care standard indicators: acute coronary syndromes</a> <a href="#">Health</a> , Standard 12/09/2016
<b>Outcome area:</b>	<a href="#">Timely reperfusion</a> <a href="#">Health</a> , Standard 12/09/2016

## Collection and usage attributes

<b>Computation description:</b>	<p>Both the numerator and the denominator include patients with STEMI.</p> <p>The numerator also includes patients who are administered fibrinolytic drugs. For hospitals using the <a href="#">Acute coronary syndrome (clinical) National best practice data set</a>, the data element <a href="#">Person—fibrinolytic drug administered, code N</a> can be used to indicate fibrinolytic drug therapy, where the values are one of the following:</p> <table><tr><td>1</td><td>Streptokinase</td></tr><tr><td>2</td><td>t-PA (Tissue Plasminogen Activator) (Alteplase)</td></tr><tr><td>3</td><td>r-PA (Reteplase)</td></tr><tr><td>4</td><td>TNK t-PA (Tenecteplase)</td></tr></table> <p>The denominator excludes patients for whom fibrinolysis is contraindicated (where the contraindication is documented in their medical record). (For hospitals using the <a href="#">Acute coronary syndrome (clinical) National best practice data set</a>, contraindication for fibrinolytic therapy can be identified using the data element <a href="#">Person—reason for non prescription of pharmacotherapy, code N</a>, 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 <i>Guidelines for the management of acute coronary syndromes 2006</i> (Acute Coronary Syndrome Guidelines Working Group 2006) references both absolute and relative contraindications to the administration of fibrinolysis.</p> <p>Presented as a percentage.</p>	1	Streptokinase	2	t-PA (Tissue Plasminogen Activator) (Alteplase)	3	r-PA (Reteplase)	4	TNK t-PA (Tenecteplase)
1	Streptokinase								
2	t-PA (Tissue Plasminogen Activator) (Alteplase)								
3	r-PA (Reteplase)								
4	TNK t-PA (Tenecteplase)								
<b>Computation:</b>	$(\text{Numerator} \div \text{denominator}) \times 100$								

**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.