Acute coronary syndromes clinical care standard indicators: 3b-Proportion of patients with ST-segment-elevation myocardial infarction(STEMI) receiving fibrinolysis before or within 30 minutes of hospital presentation, 2019-

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# Acute coronary syndromes clinical care standard indicators: 3b-Proportion of patients with ST-segment-elevation myocardial infarction(STEMI) receiving fibrinolysis before or within 30 minutes of hospital presentation, 2019-

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| Identifying and definitional attributes | |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 3b-Proportion of patients with STEMI receiving fibrinolysis before or within 30 minutes of hospital presentation |
| METEOR identifier: | 719390 |
| Registration status: | [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Qualified 17/09/2019 |
| Description: | Proportion of patients with [**ST-segment-elevation myocardial infarction (STEMI)**](https://meteor.aihw.gov.au/content/721546)whose first emergency clinical contact is within 12 hours of symptom onset, treated with fibrinolysis before or within 30 minutes of hospital presentation. |
| Indicator set: | [Clinical care standard indicators: acute coronary syndromes](https://meteor.aihw.gov.au/content/719380)  [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 29/10/2020 |

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| 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](https://meteor.aihw.gov.au/content/621789), the data element [Person—fibrinolytic drug administered, code N](https://meteor.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 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](https://meteor.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.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. The *Australian clinical guidelines for the management of acute coronary syndromes 2016* (NHFA/CSANZ ACS Guideline 2016 Executive Working Group 2016) 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 presention. |
| 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: | National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand 2016 Executive Working Group 2016. *Clinical guidelines for the management of acute coronary syndromes 2016.*Heart, Lung, and Circulation 25, 895-951. |