



American Heart Association.

Rural Acute Non ST-Elevation Acute Coronary Syndrome (NSTEMI-ACS) Composite Score Criteria: At least 75% Compliance (AHACAD85)

12 Lead ECG (Electrocardiogram) Within 10 Minutes of Arrival (AHACAD96)

Early Cardiac Troponin Results Within 90 Minutes of Arrival (AHACAD95)

Risk Stratification of NSTEMI-ACS Patients (AHACAD101)

Low-Risk NSTEMI-ACS Follow Up Appointment (AHACAD100)

Intermediate-Risk NSTEMI-ACS Cardiac Testing (AHACAD99)

High-Risk NSTEMI-ACS Anticoagulant Administration Prior to Transfer (AHACAD97)

High-risk NSTEMI-ACS Transfer to Percutaneous Coronary Intervention (PCI) Center Within 6 Hours (AHACAD98)



Four or more consecutive quarters and ≥2 STEMI and/or NSTEMI-ACS records annually



Four consecutive quarters and ≥2 STEMI and/or NSTEMI-ACS records annually



One calendar quarter and ≥1 STEMI and/or NSTEMI-ACS record per quarter

2024

HOSPITAL RECOGNITION CRITERIA

(based on 2023 data)

Rural Acute ST-Elevation Myocardial Infarction (STEMI) Composite Score Criteria: At least 75% Compliance (AHACAD84)

12 Lead ECG Within 10 Minutes of Arrival (AHACAD91)

STEMI-Positive 12 Lead ECG to Interfacility Transport Requested Within 10 Minutes (AHACAD94)

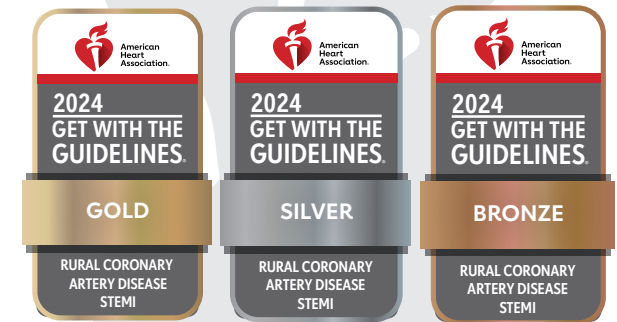
Aspirin on Arrival or Prior to Transfer (AHACAD90)

Arrival or Subsequent STEMI-Positive 12 Lead ECG to Transfer to PCI Center within 45 Minutes (Door-In/Door-Out) (AHACAD88)

IV Thrombolytic Therapy Within 30 Minutes of Arrival (AHACAD89)

P2Y12 Receptor Inhibitor Administered Prior to Transfer (AHACAD92)

Anticoagulant Administered Prior to Transfer (AHACAD93)



Eligible Hospitals

Federally Designated Critical Access Hospitals

Short-Term Acute Care Facilities and Rural Hospitals located within Rural Urban Commuting Area Codes (RUCA) indicating large rural, small rural and isolated geographic locations