



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)



American Heart Association. Get With The Guidelines. Coronary Artery Disease



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