Attachment C

Massachusetts Department of Public Health
Division of Health Care Quality

Special Project Application Supporting Documentation

8 Week Log of Patients presenting in Emergency Department with symptoms of Acute Myocardial Infarction

Hospital_____

Date: Month/day/yr	Time (military) of presentation in ER.	1) Pt. presents in ER < 12 hrs after symptom onset	2) Pt. presents with > 30 min. ongoing ischemic cardiac pain	3) ECG with > 0.1 mv ST-segment elevation in 2 or more contiguous leads	4) ECG with new or suspected LBBB (ST-segment elevation infarction group)	5) ECG with > 0.1 mv ST-segment depression in V1 and V2 consistent with true posterior infarction	6) Thrombolytic therapy administered	7) Pt. Transferred to tertiary hospital	8) Outcome* (Enter code from below)
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	
/ /		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No	

*** 1= Death 2=PTCA @ tertiary hospital 3=CABG@ tertiary hospital 4=Q Wave MI 5=Non-Q Wave MI 6=Discharged**