



# STATE OF NEW YORK DEPARTMENT OF HEALTH

800 North Pearl Street, Room 231

Albany, New York 12204

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

August 28, 2006

Dear SPARCS Coordinator:

In 2005, over 36,000 New Yorkers were diagnosed with Acute Myocardial Infarctions, or AMI. Nearly 3,800 of these patients died in the hospital setting. Even for those who survive, many experience a significantly decreased quality of life and debilitating long-term effects, ranging from an increased chance of stroke to sudden death.

The detrimental impact of AMI is too great to ignore. Fortunately, research has determined that outcomes significantly improve when certain treatment protocols are followed, and there are clear opportunities for increasing survival. Based on previous quality improvement initiatives in this country, there is reason to believe that hospitals can reduce adverse outcomes when it can be demonstrated that those outcomes are related to processes of care. Thus, it is valuable to develop databases that allow for meaningful conclusions regarding risk, process and outcome.

In response, SPARCS is announcing a new project to collect clinical data pertaining to AMI diagnoses. Under Public Health Law § 206.1(d), § 28.16, and § 400.18(b) of NYCRR Title 10, three elements pertaining to **ICD-9 Codes 410.0-410.9 (Acute Myocardial Infarction)** will be added to SPARCS' Inpatient and Emergency Room data collection beginning with January 2007 discharges. The resulting data will be used to provide risk-adjusted treatment assessments to assist facilities with improving outcomes.

The inclusion of these elements is based on NYSDOH's Cardiac Services Program AMI Pilot Project from 2004. Based on its findings, SPARCS will include the following three clinical elements that effectively predict patient outcome:

- **Heart rate upon arrival**
- **Blood pressure on arrival**
- **Duration of ischemic symptoms**

Though these elements may be found in emergency department records or cardiac intake assessments, SPARCS understands the magnitude of this undertaking, particularly for overworked caretakers and IT personnel. As such, we will be working closely with

facilities to implement collection of the new elements in an efficient manner by providing support and training sessions. Additionally, SPARCS will be seeking national standardization by NUBC of these elements for ease of technical reporting.

Enclosed with this letter is the business case for the inclusion of the AMI elements. More information on discussion groups, training sessions and materials, timelines and other pertinent news will be made available as the project progresses.

For additional details or to sign up to participate in a discussion session or training, please send your name, facility and department, phone number and e-mail address to me [lbh03@health.state.ny.us](mailto:lbh03@health.state.ny.us), or call 518-473-8144.

Thank you for your time, and I look forward to working with you in the future.

Sincerely,

Laurel Holmquist  
Cardiac Services Project Coordinator  
SPARCS Administrative Unit