



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)



Eight 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

2027

HOSPITAL RECOGNITION CRITERIA

(based on 2026 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)

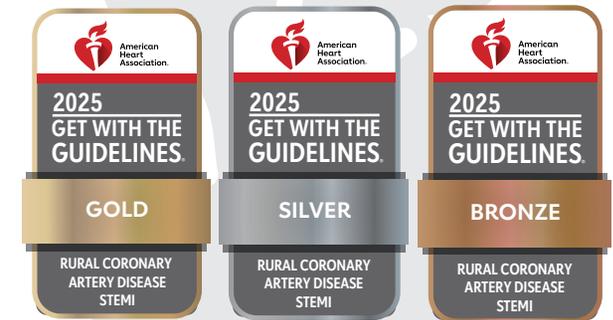
Aspirin on Arrival or Prior to Transfer (AHACAD90)

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 or Short Term Acute Care Hospitals within Rural Urban Commuting Areas (RUCA) geographically classified as large rural, small rural or isolated.