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

- 12 Lead ECG (Electrocardiogram) Within 10 Minutes of Arrival
- Early Cardiac Troponin Results Within 90 Minutes of Arrival
- Risk Stratification of NSTE-ACS Patients
- Low-Risk NSTE-ACS Follow Up Appointment
- Intermediate-Risk NSTE-ACS Cardiac Testing
- High-Risk NSTE-ACS Anticoagulant Administration Prior to Transfer
- High-risk NSTE-ACS Transfer to Percutaneous Coronary Intervention (PCI) Center Within 6 Hours

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

- 12 Lead ECG Within 10 Minutes of Arrival
- STEMI-Positive 12 Lead ECG to Interfacility Transport Requested Within 10 Minutes
- Aspirin on Arrival or Prior to Transfer
- Arrival or Subsequent STEMI-Positive 12 Lead ECG to Transfer to PCI Center within 45 Minutes (Door-In/Door-Out)
- IV Thrombolytic Therapy Within 30 Minutes of Arrival
- P2Y12 Receptor Inhibitor Administered Prior to Transfer
- Anticoagulant Administered Prior to Transfer

**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

Coronary Artery Disease (CAD) Rural Recognition is available as a stand-alone award or an add-on banner to a standard awards, starting with 2022 data submitted.