**Rysunek1**

**C3.1. AMI mortality**

Data collection sheet for PATH

30-day in-hospital mortality of patients admitted with AMI

Retrospective data collection based on patient documentation

1. **Patient ID**:………………………………………………………………………………
2. **Case ID**:…………………………………………………………………………………
3. **Date of birth** (YYYY-MM-DD):……………………………………………………….
4. **Date of the first hospital admission,** when the principal diagnosis was AMI for the first time (YYYY-MM-DD):………………………………………………………….
5. **Type of admission**:
6. from home/community care/ social home
7. transferred from another hospital
8. **Date of hospital discharge** (YYYY-MM-DD)
9. **Type of hospital discharge** 
   1. to home/ community care/ social home
   2. transferred to another inpatient setting
   3. patient died
   4. patient left on own responsibility
10. **Diagnosis code** (ICD-10): …………..

Possible options:

|  |  |
| --- | --- |
| Diagnosis | Principal diagnosis code (ICD-10) |
| AMI | I21, I22 |