CNICS MI Review packet assembly

Information gathered for adjudication is based on the date generated for the potential MI event. The CNICS chart reviewer at each site will assemble review packets that contain the following information in the following order if available:

1. Physician's notes closest to potential MI date: admit notes, transfer notes, discharge notes, ER notes, in-patient cardiology consultation notes, clinic visit notes and/or autopsy reports.
2. First 3 outpatient cardiology consultation or visits following potential MI date.
3. In-patient cardiology notes or consults.
4. Baseline ECG (prior to current admit) if available
5. The first two electrocardiograms (ECGs) after admission (includes ECGs obtained in the emergency department), the last ECG before discharge and the last ECG recorded on day 3 (or the first ECG thereafter) following admission or an in-hospital event. All ECGs should include a clearly written date. Ideally, all ECGs should be placed in order of date with earliest ECG first. If a report is available for the ECG, that should be submitted as well. If one is not available, the ECG should still be submitted.
6. Related procedure and diagnostic test results around or following the potential MI event. These include stress test results, cardiac echocardiography, cardiac radionuclide imaging, cardiac magnetic resonance imaging (MRI), cardiac computed tomography (CT), cardiac catheterization, and CABG results. Note: do not include consent forms for procedures.
7. Related laboratory evidence on dates near potential MI event including CK-MB (both mass & quotient) and Troponin results.

Before sending packets, the site coordinator will replace personal identifiers with the CNICS identifier. If possible, sites will also remove all HIV medications from records. This can be done by copying and pasting electronic medical record notes into a format that facilitates modification including removal of patient identifiers and HIV medications. If this is not possible, identifying information on printed materials needs to be blackened and copies made from the originals.

Completed packets will be uploaded to the CNICS MI database.

For each event, if sites are unable to generate packets, they will be asked document why. Possible reasons include the event occurred at an outside hospital. Sites will be asked to make at least 2 attempts to request records before declaring that the information for that event is not available. Sites can also document that the ascertainment diagnosis was an error, and therefore there is no information regarding that diagnosis to assemble. Finally, some ascertainment diagnoses are referring to events that occurred previously. In this instance, sites will be asked to try and identify the approximate timing of the earlier event. If the event occurred before a patient was enrolled in the CNICS site, the process is finished. If it occurred while in CNICS, a new packet request will be generated for the earlier time period.

Any questions from sites about assembling review packets should be directed to Heidi Crane

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