



2025 HOSPITAL RECOGNITION CRITERIA

(based on 2024 data)

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

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)



American Heart Association.
Get With The Guidelines.
Coronary Artery Disease



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.

