

REPORT DOCUMENTATION PAGE

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A Chart Review Validation of the HEART Pathway

Jesse P Wray, Joshua J Oliver, Matthew J Streitz, Jessica M Hyams, Richard M
Wood, Yevgeniy M Maksimenko, Brit Long, Robert M Barnwell, Michael D
April

The views expressed are those of the presenter and do not reflect the official views or policy
of the Department of Defense or its Components.

The voluntary, fully informed consent of the subjects used in this research was obtained as
required by 32 CFR 219 and DODI 3216.02_AFI 40-402.

OBJECTIVES

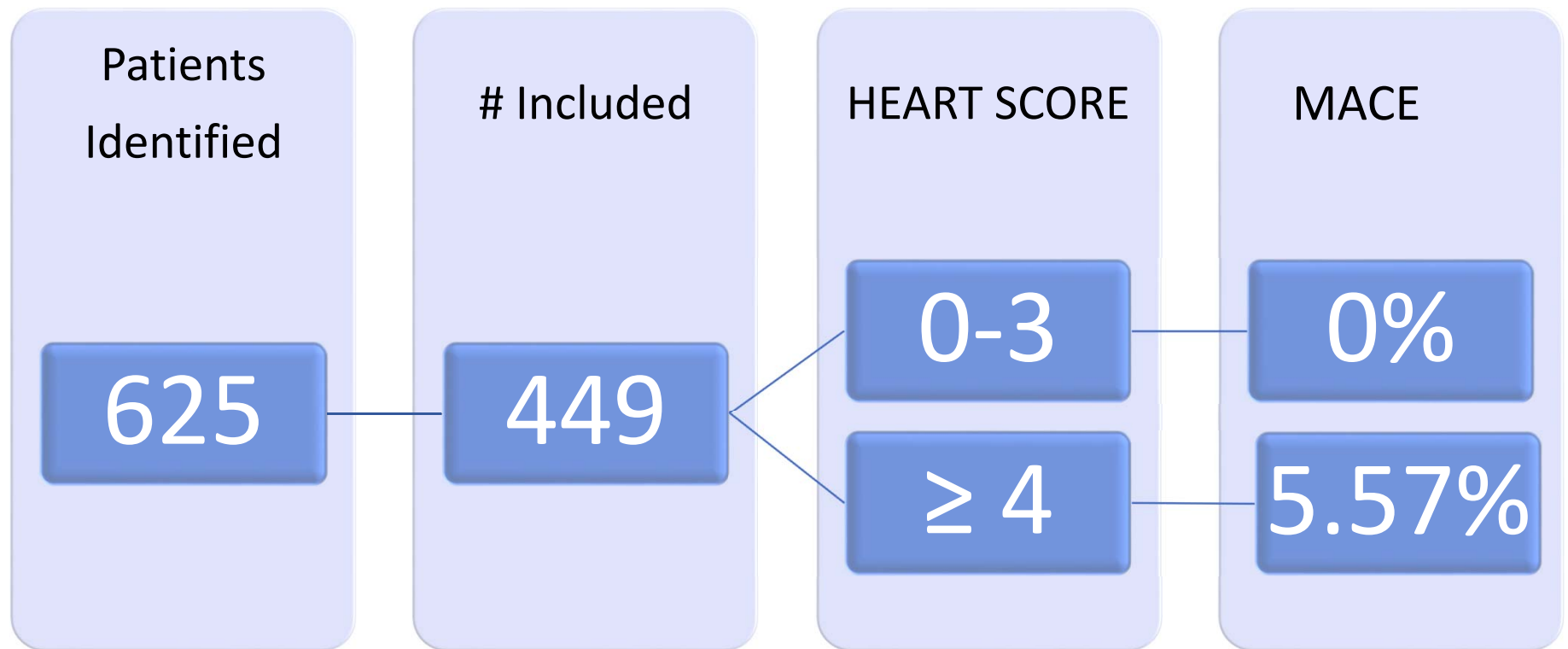
Our objective was to perform an external validation the HEART Pathway in the setting of recent implementation of the HEART Pathway.

The HEART score for chest pain patients at the emergency department		
History	Highly Suspicious	2
	Moderately Suspicious	1
	Slightly or non-suspicious	0
ECG	Significant ST-depression	2
	Nonspecific repolarization disturbance	1
	Normal	0
Age	> 65 years	2
	>45 - <65 years	1
	≤ 45 years	0
Risk factors	≥ 3 risk factors or history of atherosclerotic disease	2
	1 or 2 risk factors	1
	No risk factors known	0
Troponin	> 3x normal limit	2
	>1-<3x normal limit	1
	≤ Normal limit	0

METHODS

- Single center chart review external validation study of the HEART score among patients presenting with chest pain.
- Data abstracted included all components of the HEART score (History, EKG, Age, Risk Factors, and Troponin) .
- Primary outcome was major adverse cardiac events over 6 weeks following initial ED visit.

RESULTS





DISCUSSION

- A low HEART Score of 0-3 has excellent sensitivity for predicting 6 week Major Adverse Cardiac Event.
- Study is unique as it was performed during a time with the ED was implementing the HEART pathway for outpatient disposition.
- For patients with low HEART score, our study found that a negative delta troponin at 3 hours and shared decision making was associated with a MACE rate of 0 percent.