

**PURPOSE:** The purpose of this policy is to establish the minimum data and report requirements for designated STEMI Receiving Centers (SRC).

**AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, and 1798.170

**DEFINITIONS:**

- A. "Advanced Life Support (ALS)" means special services designed to provide definitive prehospital emergency medical care as described in H.S.C. Division 2.5 Section 1797.52.
- B. "Door to Balloon" means the time interval as measured from the time the patient arrives at the hospital emergency department until completion of Percutaneous Coronary Intervention (PCI), also known as angioplasty
- C. "Emergency CABG" means Coronary Artery By-pass Graft Surgery.

**POLICY:**

- I. Monthly Data Submission Requirements.
  - A. For each patient transported to the SRC by ambulance who have a STEMI documented on the prehospital 12-Lead ECG, collect data on a form provided by the EMS Agency that at a minimum includes:
    - 1. Patient Age,
    - 2. Patient Gender,
    - 3. Incident Date,
    - 4. Incident Address,
    - 5. Prehospital Incident Number (from CAD),
    - 6. Hospital record Number,
    - 7. Time of onset of symptoms,
    - 8. Time call received at ambulance dispatch,
    - 9. Time ambulance dispatched,
    - 10. Time on-scene,
    - 11. Time ALS personnel arrives at patient's side,
    - 12. Time ECG performed in the field,
    - 13. Time SRC receives STEMI Alert from an ALS provider.
    - 14. Time ECG received from the field,
    - 15. Description of any ECG problems reported by ALS personnel that may interfere with ECG analysis,
    - 16. Whether ALS personnel treated patient for ventricular fibrillation (yes/no),
    - 17. Whether the SRC physician interpretation of the patient's ECG was

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consistent with the field interpretation and a description of variables that may have contributed to any false positives.

18. Time ambulance enroute to SRC,
19. Time patient arrived at SRC Emergency Department (per EMS),
20. Time "STEMI Alert" called at SRC,
21. Time patient transported from E.D. to Catheterization Lab,
22. Time patient arrival in Catheterization Lab,
23. Time of reperfusion by balloon/device,
24. Status of patient at discharge,
25. Time of thrombolytic administration,
26. Time of emergency CABG.

II. Quarterly Aggregate Report Submission Requirements

A. Hospital-Based Reports:

1. Total time and number of episodes per year that catheterization lab was not able to function.
2. For STEMI Patients:
  - a. Rate of PCI procedure success measured as the number of patients achieving TIMI Grade III flow.
  - b. Emergency Coronary Artery Bypass rate.
  - c. Rate of vascular complications (PCI Access site complication, hematoma large enough to require transfusion, or operative intervention required).
  - d. Rate of cerebrovascular accident rate (peri-procedure).
  - e. Number of morbidity events (in-hospital stroke, vascular complications).
  - f. In-hospital mortality rate.
  - g. Proportion of STEMI patients receiving any reperfusion (PCI or fibrinolytics therapy).
  - h. Proportion of suspected STEMI patients who underwent coronary angiography found not to have an occlusion.
  - i. Total number of STEMI admissions.
  - j. Total number of PCI procedures.
  - k. The minimum time, the maximum time, average time, for patients that did not arrive by ambulance:
    - i. Door-to-ECG,
    - ii. Door-to-catheterization lab,
    - iii. Door- to-balloon.
  - l. The minimum time, the maximum time, average door to balloon time for patients that were transferred from another acute care facility.

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- m. Proportion of patients that were identified in the prehospital setting to trigger an in-hospital “STEMI Alert” that were determined to be invalid (false positive).

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