

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; California Code of Regulations, Title 22, Division 9, Chapter 7.1.

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. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.
- D. "Percutaneous Coronary Intervention" or "PCI" means a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart.

POLICY:

- I. Data Collection and Submission Requirements.
 - A. SRCs shall collect the following data elements for each month and submit the data on a form prescribed by SJCEMSA within forty-five (45) days from the end of each month: For patients that received primary PCIs which includes patients brought by ambulance, walk-ins, inter-facility transfers, and in-patients.
 - 1. EMS ePCR Number
 - 2. Hospital Record Number
 - 3. Call Origin (scene; IFT; triage)
 - 4. Facility Name
 - 5. Patient Name; Last, First
 - 6. Patient Date of Birth
 - 7. Patient Age,
 - 8. Patient Gender,
 - 9. Patient Race
 - 10. Hospital Arrival Date
 - 11. Hospital Arrival Time (per CAD)
 - 12. Dispatch Date,

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13. Dispatch Time
14. Incident Zip Code
15. Time ALS personnel arrives at patient's side,
16. Time ambulance enroute to SRC
17. ECG performed (Y/N)
18. First ECG Date
19. First ECG Time
20. Out of hospital cardiac arrest (Y/N)
21. SRC received STEMI Alert from prehospital (Y/N)
22. Time SRC received STEMI Alert from an ALS provider.
23. Time ECG received from the field,
24. Time ECG read by physician
25. Time "STEMI Alert" called at SRC
26. Cath Lab Activated (Y/N)
27. Cath Lab Activation Date
28. Cath Lab Activation Time
29. The SRC physician's interpretation of whether the prehospital STEMI Alert is warranted based upon the SRC physician's reading of the ECG (e.g. true positive, false positive, true negative, false negative, evolving subsequent.)
30. Patient to Cath Lab (Y/N)
31. Patient Arrived at Cath Lab Date
32. Patient arrived at Cath Lab Time
33. PCI Performed (Y/N)
34. PCI Date
35. PCI Time
36. Fibrinolytic Infusion (Y/N)
37. Fibrinolytic Infusion Date
38. Fibrinolytic Infusion Time
39. Transfer (Y/N)
40. Hospital Discharge Date
41. Patient Outcome
42. Primary and Secondary Discharge Diagnosis per coding.

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.

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- 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.
 - i. Primary by ambulance
 - ii. Primary by other
 - iii. Scheduled
- 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.