EMS POLICY	902
Effective:	**April 2024**
Approval: EMS Director **Travis Kusman, MPH**	Signed:
Approval: EMS Medical Director **Greg Gilbert, MD**	Signed:

SAN MATEO COUNTY HEALTH
EMERGENCY MEDICAL SERVICES

STEMI DATA DICTIONARY

I. PURPOSE

This policy defines the data elements, definitions, and variables used by STEMI Receiving Centers in San Mateo County.

II. AUTHORITY

Health and Safety Code Division 1, Part 1.8, Section 442220 and 1798-443, Division 2.5, Health and Safety Code, Division 2.5, Sections 1791.102, 1797.100, 1797.102, 1797.103, 1797.104, 1797.107, 1797.114, 1797.174, 1797.176, 1797.200, 1797.202, 1797.204, 1797.206, 1797.214, 1797.220, 1797.222, 1797.250, 1797.254, 1797.540, 1798.150, 1798.167, 1798.170, 1798.172, and 1798.175.; and California Code of Regulations, Title 22, Division 9, Chapter 7.1.

III. DATA DICTIONARY

Prehospital Data Element	Hospital Data Element	Element Type	Code Text	Variable Name	Code Value or Format
n/a	Patient ID	Alphanumeric text		patientid	9 characters
Sex	Gender	Single Select	Male Female Unknown	gender	1 2 3
DOB	Date of Birth	Date		dob	MM/DD/YYY (no future dates)
n/a	Zip Code	Numeric		zip	5
n/a	Payment Source	Single Select	Medicare Medicaid Private/Other Self-Pay/No Insurance	psource	1 2 3 4
Ethnicity	Race	Multi-select	American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Pacific Islander UTD		1 2 3 4 5 6
n/a	Asian	Multi-select	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian	asian	1 2 3 4 5 6 7
n/a	Native Hawaiian or Pacific Islander	Multi-select	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	hawaiian	1 2 3 4

n/a	Hispanic Ethnicity	Single Select	Yes No/UTD	hisethni	1 2
n/a	Hispanic Ethnicity Specify	Multi-select	Mexican, Mexican American, Chicano/a Cuban Puerto Rican Another Hispanic, Latino or Spanish Origin	ethnicys	1 2 3 4
n/a	Attending Physician/Provider NPI:	Site List Drop Down		npi	Valid NPI
n/a	Arrival Date/Time	Date		arrdt	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Admission Date	Date		admdt	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Not admitted, transferred out to another acute care facility	Boolean	True False	notadm	1 Blank
n/a	Patient first evaluated	Single select	ED Cath Lab Other	pateval	1 2 3
n/a	Date/Time if ED discharge/transfer out	Date		edtrans	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	ED Physician	Site List Drop Down		ednpi	Valid NPI
n/a	Cardiac Diagnosis	Single Select	Confirmed AMI – STEMI Confirmed AMI – STEMI/non-STEMI unspecified Unstable Angina Confirmed AMI – non-STEMI Coronary Artery Disease Other	Cardiag	1 2 3 4 5 6
n/a	Means of transport to first facility	Single Select	Air Ambulance Walk-in	meanstrans	1 2 3
Unit	EMS Agency name/number	Site List Drop Down		emsnum	Valid AHA EMS ID
Case #	Run/Sequence Number	Alphanumeric text		runnum	25
Primary impression *or* Secondary impression	Cardiac arrest prior to arrival	Single Select	Yes No	capriorarr	1 2
Narrative	Was bystander CPR performed	Single Select	Yes No	bystndcpr	1 2
n/a	Was therapeutic hypothermia initiated during this episode of care	Single Select	Yes No	Hypothermia	1 2
At pt side time	EMS First Medical Contact	Date		emsfirst	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Non-EMS First Medical Contact	Date		nonemsfirst	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	EMS Non-System Reason for Delay	Boolean	True False	emssystdel	1 Blank
Dispatched time	EMS Dispatch	Date		emsdisp	MM/DD/YYYY HH:MM MM/DD/YYYY
At scene time	EMS arrive on scene	Date		emsarr	MM/DD/YYYY HH:MM MM/DD/YYYY
Transport time	EMS depart scene	Date		emsdepart	MM/DD/YYYY HH:MM MM/DD/YYYY

SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

Facility activation	Destination pre-arrival alert or notification	Date			destinpre	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Method of 1st notification	Single Select	ECG transmission Phone call Radio ND		methodnot	1 2 3 4
n/a	Transferred from other facility	Single Select	Yes No		transed	1 2
n/a	Transferring facility	Site List Drop Down			transfac	Valid AHA ID
n/a	Arrival at first hospital	Date			outhosp	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Transport requested	Date			transreq	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Transport arrived Date/Time	Date			transarr	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Transfer out	Date			transout	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Facility the patient was transferred to	Site List Drop Down			faciltrans2	Valid AHA ID
n/a	Mode of transport from outside facility	Single Select	Air Ambulance		modetrans	1 2
n/a	Interfacility transport EMS agency name/number	Site List Drop Down			intertrans	Valid AHA EMS ID
EKG/ECG: 12-Lead	1st ECG Date/Time	Date			firstecgdt	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	1st ECG obtained	Single Select	Prior to hospital arrival After first hospital arrival		firstecgobt	1 2
n/a	1st ECG non-system reason for delay	Boolean	True False		firstecgsystdel	1 Blank
n/a	STEMI or STEMI equivalent	Single Select	Yes No		stemi	1 2
n/a	If no, other ECG findings	Single select	New or presumed new ST depression Transient ST elevation <20 minutes		othecgfind	1 2
n/a	If yes, STEMI or STEMI equivalent first noted	Single select	First ECG Subsequent ECG		stemifirst	1 2
n/a	If subsequent ECG, date/time of positive ECG	Date			posecgdt	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Symptom onset date/time	Date			onsetdt	MM/DD/YYYY HH:MM MM/DD/YYYY
Vitals	Heart rate documented on first medical contact	Integer			hrfmc	0-300
n/a	Heart failure documented on first medical contact	Single select	Yes No		hffmc	1 2
n/a	Cardiogenic shock documented on first medical contact	Single select	Yes No		cardshockfmc	1 2
Medications	Patient current medications	Single select	Dabigatran Rivaroxaban Apixaban Warfarin None		ptcurmeds	1 2 3 4 5

					ND	6

n/a	Initial serum creatinine	Decimal		Initscr	0.1 – 59.9
n/a	Aspirin within 24 hours of arrival?	Single select	Yes No Contraindicated	asp24h	1 2 3
n/a	Positive cardiac biomarkers in the first 24 hours?	Single select	Yes No	posbio24	1 2
n/a	History of smoking?	Single select	Yes No	smokinghist	1 2
n/a	History of peripheral artery disease	Single select	Yes No	hxpad	1 2
n/a	Reperfusion candidate?	Single select	Yes No	repcand	1 2
n/a	Primary reason not reperfusion candidate	Single select	No ST elevation/LBBB Chest pain resolved ST elevation resolved MI diagnosis unclear MI symptoms >12 hours No chest pain Other	noreprsn	1 2 3 4 5 6 7
n/a	Thrombolytics?	Single select	Yes No	thromb	1 2
n/a	If yes, Thrombolytics dose start date/time	Date		dosest	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Documented non-system reason for delay thrombolytics?	Single select	Yes No	nsysreas	1 2
n/a	If yes, reason (check all that apply)	Multi-select	Cardiac arrest Intubation Patient refusal	reasdlay	1 2 3
n/a	Reason for not performing thrombolytic	Single select	Known bleeding diathesis Recent surgery/trauma Severe uncontrolled hypertension Ischemic stroke w/in 3 months except acute ischemic stroke w/in 3 hours Significant closed head or facial trauma w/in previous 3 months DNR at time of treatment decision Recent bleeding w/in 4 weeks Active peptic ulcer Traumatic CPR that precludes thrombolytics Any prior intracranial hemorrhage Pregnancy Expected DTB <90 minutes Suspected aortic dissection Intracranial neoplasm, AV malformation, or aneurysm No reason documented Prior allergic reaction to thrombolytics Other Transferred for PCI	nadmlytc	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
n/a	PCI?	Single select	Yes No	primarypci	1 2
n/a	Physician Interventionalist NPI	Site list – single select		intervnpi	Valid NPI
n/a	Reasons for not performing PCI	Single select	Non-compressible vascular puncture(s) Spontaneous reperfusion (documented by cath only) Other	nperfpci	1 2 3

SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

			Active bleeding on arrival or w/in 24 hours Patient/family refusal Not performed Quality of life decision DNR at time of treatment decision No reason documented Anatomy not suitable to primary PCI Prior allergic reaction to IV contrast Thrombolytic administered		4 5 6 7 8 9 10 11 12
n/a	Cath Lab activation	Date		cathactv	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Patient arrival to Cath Lab	Date		ptarvcth	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Attending arrival to Cath Lab	Date		atndarv	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Team arrival to Cath Lab	Date		teamarrv	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	First PCI date/time	Date		fstpci	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	PCI indication	Single select	Primary PCI for STEMI PCI for STEMI (unstable, >12 hr from sx onset) PCI for STEMI (stable, > 12 hr from sx onset_ PCI for STEMI (stable after successful fill-dose lytic) Rescue PCI for STEMI (after failed full-dose lytic) PCI for non-STEMI Other	pciind	1 2 3 4 5 6 7
n/a	Non-system reason for delay	Single select	Difficult vascular access Patient delays in providing consent Other Cardiac arrest and/or need for intubation Difficulty crossing the culprit lesion None	nsysrsn	1 2 3 4 5 6
n/a	LVF assessment	Integer		lvfasmt	0 – 99
n/a	LVF assessment obtained	Single select	This admission W/in the last year > 1 year ago Planned after discharge	lvfobtain	1 2 3 4
n/a	CABG during this admission	Single select	Yes No	cabg	1 2
n/a	LDL cholesterol value	Integer		ldl	0 – 999
n/a	LDL ND	Boolean	True False	ldlnd	1 Blank
n/a	Discharge date/time	Date		disdate	MM/DD/YYYY HH:MM MM/DD/YYYY
n/a	Discharge status	Single select	Home Hospice – home Hospice – healthcare facility Acute care facility Other healthcare facility Expired Left against medical advice/AMA Not documented or unable to determine (UTD)	dschstat	1 2 3 4 5 6 7 8

SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

	Comfort measures only	Single select	Yes No	cmo	1 2
n/a	Patient referred to cardiac rehab?	Single select	Yes No referral documented No – medical reason No – patient reason/preference No – healthcare system reason	refehab	1 2 3 4 5
n/a	Smoking cessation counseling	Single select	Yes No	smkcncl	1 2
n/a	ACEI at discharge – prescribed	Single select	Yes No	presacei	1 2
n/a	ACEI at discharge – contraindicated	Single select	Yes No	contacei	1 2
n/a	ARB at discharge – prescribed	Single select	Yes No	presarb	1 2
n/a	ARB at discharge – contraindicated	Single select	Yes No	contarb	1 2
n/a	ASA at discharge – prescribed	Single select	Yes No	presasa	1 2
n/a	Done (ASA)	Single select	75 – 100mg > 100 mg Other Unknown	doseasa	1 2 3 4
n/a	Frequency (ASA)	Single select	Every day 2 times a day 3 times a day 4 times a day Other Unknown	freqasa	1 2 3 4 5 6
n/a	ASA at discharge – contraindicated	Single select	Yes No	contasa	1 2
n/a	Clopidogrel at discharge – prescribed	Single select	Yes No	presclop	1 2
n/a	Dose (Clopidogrel)	Single select	75mg Other Unknown	doseclop	1 2 3
n/a	Frequency (Clopidogrel)	Single select	Every day Other Unknown	freqclop	1 2 3
n/a	Clopidogrel at discharge – contraindicated	Single select	Yes No	contclop	1 2
n/a	Prasugrel at discharge – prescribed	Single select	Yes No	prespras	1 2
n/a	Dose (Prasugrel)	Single select	5mg 10mg Other Unknown	dosepras	1 2 3 4
n/a	Frequency (Prasugrel)	Single select	Every day Other Unknown	freqpras	1 2 3
n/a	Prasugrel at discharge – contraindicated	Single select	Yes No	contpras	1 2
n/a	Ticagrelor at discharge – prescribed	Single select	Yes No	prestica	1 2
n/a	Dose (Ticagrelor)	Single select	90mg Other Unknown	dosetica	1 2 3
n/a	Frequency (Ticagrelor)	Single select	2 times a day Other Unknown	freqtica	1 2 3
n/a	Ticagrelor at discharge – contraindicated	Single select	Yes No	conttica	1 2
n/a	Ticlopidine at discharge – prescribed	Single select	Yes No	presticlo	1 2

SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

n/a	Dose (Ticlopidine)	Single select	250mg Other Unknown	doseticlo	1 2 3
n/a	Frequency (Ticlopidine)	Single select	2 times a day Other Unknown	freqticlo	1 2 3
n/a	Ticlopidine at discharge – contraindicated	Single select	Yes No	contticlo	1 2
n/a	Anticoagulation at discharge – prescribed	Single select	Yes No	presanticoag	1 2
n/a	Class (Anticoagulation)	Single select	Warfarin Direct thrombin inhibitor Factor Xa inhibitor	classanticoag	1 2 3
n/a	Medication (Anticoagulation)	Single select	Coumadin (warfarin) Argatroban Dabigatran Desirudin Lupirudin Other direct thrombin inhibitor Apixaban Edoxaban Fondaparinox Rovaroxaban Other Factor Xa inhibitor	medanticoag	1 2 3 4 5 6 7 8 9 10 11
n/a	Dose (Anticoagulation)	Single select	No dosage listed 2.5mg 5mg 7.5mg 10mg 15mg 60mg 75mg 150mg Other Unknown	doseanticoag	1 2 3 4 5 6 7 8 9 10 11
n/a	Frequency (Anticoagulation)	Single select	No frequency listed Every day 2 times a day 3 times a day 4 times a day Other Unknown	freqanticoag	1 2 3 4 5 6 7
n/a	Anticoagulation at discharge – contraindicated	Single select	Yes No	contanticoag	1 2
n/a	Beta blocker at discharge – prescribed	Single select	Yes No	presbeta	1 2
n/a	Beta blocker at discharge – contraindicated	Single select	Yes No	contbeta	1 2
n/a	Statin at discharge – prescribed	Single select	Yes No	presstat	1 2
n/a	Statin at discharge – contraindicated	Single select	Yes No	contstat	1 2
n/a	Comments	Alphanumeric		comnt	500