

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

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 |

| | | | 1 | | 1. |
|---|---|------------------------|--|-------------|-----------------------------------|
| 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 |



| Facility activation | Destination pre- arrival alert or | Date | | destinpre | MM/DD/YYYY HH:MM |
|------------------------|--|------------------------|---|-----------------|-----------------------------------|
| | notification | | ECG transmission | methodnot | MM/DD/YYYY 1 |
| n/a | Method of 1 st notification | Single Select | Phone call Radio ND | | 2 3 4 |
| n/a | Transferred from other facility | Single Select | Yes | transed | 1 |
| n/a | Transferring | 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 | 1 st ECG Date/Time | Date | | firstecgdt | MM/DD/YYYY HH:MM MM/DD/YYYY |
| n/a | 1 st ECG obtained | Single Select | Prior to hospital arrival After first hospital arrival | firstecgobt | 1 2 |
| n/a | 1 st 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 |





| | | 1 | 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 |



| | | | Active bleeding on arrival or w/in | | 4 |
|-----|--------------------------------|---------------|---|-----------|--------------------------------------|
| | | | 24 hours Patient/family refusal Not performed Quality of life decision DNR at time of treatment decision | | 5 6 7 8 9 |
| | | | No reason documented Anatomy not suitable to primary | | 10 |
| | | | PCI Prior allergic reaction to IV contrast Thrombolytic administered | | 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) | pciind | 1 2 3 4 |
| | | | Rescue PCI for STEMI (after failed full-dose lytic) PCI for non-STEMI Other | | 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 | lvfobtain | 1 2 3 |
| n/a | CABG during this admission | Single select | Planned after discharge Yes No | cabg | 4 1 2 |
| n/a | LDL cholesterol value | Integer | | ldl | 0 - 999 |
| n/a | LDL ND | Boolean | True False | ldind | 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 |



| orly Single select No referat documented No - medical reason No - patient reason/preference No referat documented No referat reason smitched No referat reason smitched No referat reason smitched No referat reason smitched No referat reason smitched No reason referat reason smitched No reason | | Comfort measures | | Yes | cmo | 1 |
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| n/a discharge – Single select No 2 | | | | | conttica | |
| | n/a | | Single select | | Contilica | |
| | | contraindicated | 2 | | | |
| Ticlopidine at Yes presticlo 1 | 2/2 | | Cingle estat | | presticlo | |
| n/a discharge – Single select No 2 | n/a | | Single select | NO | | 2 |



| | | | 250mg | doseticlo | 1 |
|------|-----------------------------|------------------|---|----------------|----------|
| n/a | Dose (Ticlopidine) | Single select | Other | uuseliciu | 2 |
| | | enigie coloci | Unknown | | 3 |
| | Frequency | | 2 times a day | freqticlo | 1 |
| n/a | Frequency (Ticlopidine) | Single select | Other | | 2 |
| | | | Unknown | | 3 |
| | Ticlopidine at | | Yes | contticlo | 1 |
| n/a | discharge – | Single select | No | | 2 |
| | contraindicated | | | | |
| | Anticoagulation at | Circula a ala at | Yes | presanticoag | 1 |
| n/a | discharge – prescribed | Single select | No | | 2 |
| | | | Warfarin | classanticoag | 1 |
| n/a | Class | Single select | Direct thrombin inhibitor | classariticoag | 2 |
| 11/4 | (Anticoagulation) | Chilgie Coloct | Factor Xa inhibitor | | 3 |
| | | | Coumadin (warfarin) | medanticoag | 1 |
| | | | Argatroban | C C | 2 |
| | | | Dabigatran | | 3 |
| | | | Desirudin | | 4 |
| | Medication | | Lupirudin | | 5 |
| n/a | (Anticoagulation) | Single select | Other direct thrombin inhibitor | | 6 |
| | (, | | Apixaban | | 7 |
| | | | Edoxaban | | 8 |
| | | | Fondaparinox | | 9 |
| | | | Rovaroxaban | | 10 |
| | | | Other Factor Xa inhibitor No dosage listed | doseanticoag | <u> </u> |
| | | | 2.5mg | uoseanticoay | 2 |
| | | | 5mg | | 3 |
| | | | 7.5mg | | 4 |
| | | | 10mg | | 5 |
| n/a | Dose | Single select | 15mg | | 6 |
| | (Anticoagulation) | 0 | 60mg | | 7 |
| | | | 75mg | | 8 |
| | | | 150mg | | 9 |
| | | | Other | | 10 |
| | | | Unknown | | 11 |
| | | | No frequency listed | freqanticoag | 1 |
| | | | Every day | | 2 |
| 2/2 | Frequency | Cingle coloct | 2 times a day | | 3 |
| n/a | (Anticoagulation) | Single select | 3 times a day 4 times a day | | 4 5 |
| | | | Other | | 6 |
| | | | Unknown | | 7 |
| | Anticoagulation at | ł | Yes | contanticoag | 1 |
| n/a | discharge – | Single select | No | | 2 |
| | contraindicated | | | | |
| | Beta blocker at | | Yes | presbeta | 1 |
| n/a | discharge – | Single select | No | | 2 |
| | prescribed | - | | | |
| | Beta blocker at | | Yes | contbeta | 1 |
| n/a | discharge – | Single select | No | | 2 |
| | contraindicated | | | | |
| , | Statin at | | Yes | presstat | 1 |
| n/a | discharge – | Single select | No | | 2 |
| | prescribed | | Mar | to to t | |
| 2/2 | Statin at | Cinalo calast | Yes | contstat | 1 |
| n/a | discharge – | Single select | No | | 2 |
| 2/2 | contraindicated Comments | Alphanumeric | | aamat | 500 |
| n/a | Comments | Арнанитенс | | comnt | 500 |

