



**TITLE: STEMI RECEIVING CENTER DATA REQUIREMENTS**

EMS Policy No. **6381**

**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. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.
- B. "STEMI Receiving Center" or "SRC" means a licensed general acute care facility that meets the requirements for designation as set forth by the San Joaquin County EMS Agency and is able to perform a PCI.
- C. "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, usually done on an emergency basis for a STEMI patient.
- D. "STEMI" means ST Segment Elevation Myocardial Infarction and refers to a clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on electrocardiogram.

**POLICY:**

I. Data Collection and Submission Requirements.

- A. For patients that received a primary PCI or fibrinolytic therapy for treatment of an ST-segment Elevation Myocardial Infarction (STEMI) which includes patients brought by ambulance, walk-ins, inter-facility transfers, and inpatients, SRCs shall collect the following data elements on a form prescribed by SJCEMSA:
  1. EMS ePCR Number,
  2. Call Origin (scene; Interfacility Transfer; triage)
  3. Facility Name,
  4. Patient Name; Last, First,
  5. Patient Date of Birth,
  6. Patient Age,
  7. Patient Gender,
  8. Patient Race,

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Approved: Signature on file  
Medical Director

Signature on file  
EMS Administrator



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9. Hospital Arrival Date,
10. Hospital Arrival Time,
11. Dispatch Date,
12. Dispatch Time,
13. Time EMS personnel arrives at patient's side,
14. Time ambulance enroute to SRC,
15. ECG performed (Y/N),
16. First ECG Date,
17. First ECG Time,
18. Out of hospital cardiac arrest (Y/N),
19. SRC received STEMI Alert from prehospital (Y/N),
20. Time SRC received STEMI Alert from an ALS provider,
21. Time ECG received from the field,
22. Time "STEMI Alert" called at SRC,
23. Cath Lab Activated (Y/N),
24. Cath Lab Activation Date,
25. Cath Lab Activation Time,
26. Patient to Cath Lab (Y/N),
27. Patient Arrived at Cath Lab Date,
28. Patient arrived at Cath Lab Time,
29. PCI Performed (Y/N),
30. PCI Date,
31. PCI Time,
32. Fibrinolytic Infusion (Y/N),
33. Fibrinolytic Infusion Date,
34. Fibrinolytic Infusion Time,
35. Transfer (Y/N),
36. Hospital Discharge Date,
37. Patient Outcome,
38. Primary and Secondary Discharge Diagnosis per coding.

**II. Quarterly Aggregate Report Submission Requirements.**

**A. Hospital-Based Reports:**

1. For STEMI Patients:
  - a. False positive rate of EMS diagnosis of STEMI, defined as the percentage of STEMI alerts by EMS, which did not show STEMI on ECG reading by the emergency physician.
  - b. Rate of PCI procedure success measured as the number of patients achieving TIMI Grade III flow.
  - c. Emergency Coronary Artery Bypass rate.



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- d. Number of morbidity events (in-hospital stroke, vascular complications).
  - e. Total number of STEMI admissions.
    - i. Primary by ambulance.
    - ii. Primary by other.
  - f. Total number of PCI procedures.
    - i. Primary by ambulance
    - ii. Primary by other
    - iii. Scheduled.
- III. Additional reports may be requested by SJCEMSA in collaboration with the STEMI Quality Improvement Committee (STEMI QIC).