Element Name	ImageTrend Dictionary Label	Description	ImageTrend Data Element	Acceptable Answers
Date Arrived at your Facility	ED Admission Date	Indicate the date the patient arrived at your facility	TR18.55	Required cannot be blank. MM/DD/YYYY
Time *(Next to Date Arrived at your Facility)*	ED Admission Time	Indicate the time the patient arrived at your facility	TR18.56	Required cannot be blank. HH:MM (military time)
Last Name	Patient's LastName	Patient's last name. Hyphenated names should be recorded with a hyphen	TR1.9	Required; cannot be blank. Last Name.
First Name	Patient's FirstName	Patient's first name	TR1.8	Required; cannot be blank. First Name.
Middle Initial	Patient's Middle Initial	Patient's middle initial	TR1.10	Required only when patient provides middle name/initial.
Favorite location	N/A	This was a recent feature added into ImageTrend. It's Supplementary. If you use a location frequently, you can add it here. Allows frequently used zip codes.	N/A	Derived. Zip code (#####)
Country	Patient's Home Country	The patient's home country where he/she resides	TR1.19	Derived.
Postal code	Patient's Zip Code	The patient's home zip code of primary residence	TR1.20	Required; cannot be blank. Zip code (#####)
Birthdate	PatientDateofBirth	The patient's date of birth	TR1.7	Required if known. If not known estimate Age and Age Units below. MM/DD/YYYY
Gender (at Birth)	Gender	Patient's Gender (at Birth)	TR1.15	Required; cannot be blank. Male (M) or Female (F), Not Known, Not Recorded
Race	Race	The patient's race	TR1.16	Required; cannot be blank. Drop-down choices are: Vietnamese, Samoan, Other, Native Hawaiian, Korean, Japanese, Guamanian or Chamorro, Filipino,
Ethnicity	Ethnicity	Indicate if the patient's Ethnicity is of Hispanic or Latino	TR1.17	Required; cannot be blank. Drop-down choices are: Not Known, Hispanic or Latino, Not Hispanic or Latino, Other Island, Not Applicable, Not Known/Not
Age (at date of incident)	Patient's Age	The patient's age at the time of injury. This is auto-calculated based on "Birthdate". If "Birthdate" is not known you can manually enter an approximated age here. (Best approximation 0-120)	TR1.12	Required only when birthdate is not known. Otherwise ImageTrend auto-calculates it. 0-120
Age Units	Age Units	The units used to document the patient's age. This will autofill based on "Birthdate". If Birthdate is unknown you can manually choose from one of the following: Years, Months, Days, Hours, or Not Known	TR1.14	Required only when birthdate is not known. Otherwise ImageTrend auto-calculates it. Years, Months, Days, Hours, or Not Known
DNR Status	Work Related	Is this patient's status Do Not Resuscitate?	TR35.1	Optional. Yes, No, Not Known/Not Recorded, Not Applicable
Referring Facility	Referring Hospital Name	This is the name of the facility in which the patient originated from **PRIOR** to arrival at **YOUR** facility	TR33.1	Required only when patient is a transfer from another facility
Date of Ischemic Symptom Onset	Symptom Onset Date	Indicate the date the patient first noted ischemic symptoms lasting greater than or equal to 10 minutes. The first value between 24 hours prior to arrival at first facility and arrival at this facility. If the patient had intermittent ischemic symptoms, record the date and time of the most recent ischemic symptoms prior to hospital presentation. Symptoms may include jaw pain, arm pain, shortness of breath, nausea, vomiting, fatigue/malaise or other equivalent discomfort suggestive of a myocardial infarction. In the event of stuttering symptoms, Acute Coronary Syndrome (ACS) symptom onset is the time at which symptoms became constant in quality or intensity.	ST1.2	Required; cannot be blank MM/DD/YYYY
Time *(Next to Date of ischemic Symptom Onset)*	Symptom Onset Time	Indicate the time the patient first noted ischemic symptoms lasting greater than or equal to 10 minutes. If the symptom onset time is not specified in the medical record, it may be recorded as 07:00 for morning; 12:00 for lunchtime; 15:00 for afternoon, 18:00 for dinnertime; 22:00 for evening and 03:00 if awakened from sleep.	ST1.3	Required if available. HH:MM (military time)
Mode of arrival to your facility	EMS Transport Party	Indicate the means of transportation to your facility	TR8.8	Required. Drop-Down choices are: Ground ambulance, Helicopter, Fixed-wing, Police, Self
EMS Pre-arrival notification	Advanced Notification by EMS	Did the transporting EMS agency notify the emergency department of an incoming STEMI patient?	SK38.4	Required only when patient is transported by EMS. Drop-down choices are: Yes, No, Not Documented, Not Known/Not Recorded
Date of pre-arrival notification	N/A Facility question	Date on which the transporting EMS agency notified the emergency department of an incoming STEMI patient	N/A	User-defined variable. Required only when item Pre-Arrival notification is 'Yes'. MM/DD/YYYY
Time *(Next to Date of pre-arrival notification)*	N/A Facility question	Time at which the transporting EMS agency notified the emergency department of an incoming STEMI patient	N/A	User-defined variable. Required only when item Pre-Arrival notification is 'Yes'. HH:MM (military time)
Direct Admit/Bypassed ED	Direct Admit	Was the patient admitted to hospital directly?	TR17.30	Required. Drop-Down choices are: No, Yes, Not Applicable, Not Know, Not Known/Not Recorded
Location of First Evaluation	Location of First Evaluation	Indicates the location the patient was first evaluated at your facility	ST16.7	Required. Drop-Down choices are: ED, Intensive Care Unit (ICU), Cath lab, Telemetry, Other
*Date of first ECG	Date of the first 12-lead electrogardiogram (ECG)	Indicate the date of the first 12-lead electrocardiogram (ECG). The first value between first medical contact and 24 hours after arrival at first facility. It can be performed by any of the following: EMS, PCP, ED. The patient must not have left medical contact. Example: If they left hospital A and drove themselves to hospital B. The clock would start over.	ST7.1.1	Required; cannot be blank MM/DD/YYYY
*Time *(Next to Date of first ECG)*	Time First ECG Obtained	Indicate the time of the first 12-lead electrocardiogram (ECG). The first value between first medical contact and 24 hours after arrival at first facility. It can be performed by any of the following: EMS, PCP, ED. The patient must not have left medical contact. Example: If they left hospital A and drove themselves to hospital B. The clock would start over.	ST7.1	Required cannot be blank. HH:MM (military time)
ECG STEMI first noted on	ECG STEMI first noted on	STEMI or STEMI Equivalent first noted on first or subsequent ECG	ST7.5	Required. Drop-down choices are First ECG or Subsequent ECG
Subsequent ECG with STEMI or STEMI Equivalent Date	Subsequent ECG with STEMI or STEMI Equivalent Date	If the STEMI was first seen on a subsequent ECG, then Indicate the date the STEMI or STEMI equivalent (Left Bundle Branch Block (LBBB), or isolated posterior myocardial infarction (MII). Required only if STEMI was first seen on a subsequent ECG.	ST2.17	Required only if STEMI was first seen on a subsequent ECG. MM/DD/YYYY
Subsequent ECG with STEMI or STEMI Equivalent Time	Subsequent ECG with STEMI or STEMI Equivalent Time	If the STEMI was first seen on a subsequent ECG, indicate the time the STEMI or STEMI equivalent (Left Bundle Branch Block (LBBB), or isolated posterior myocardial infarction (MII) was first noted on the ECG. Required only if STEMI was first seen on a subsequent ECG.	ST2.17.1	Required only if STEMI was first seen on a subsequent ECG. HH:MM (military time)
Transferred out of Emergency Department Date	ED Discharge Date	Indicate the date the patient was moved out of the emergency department, either to another location within your facility or to another acute care center. Leave blank if they bypassed the ED.	TR17.25	Not applicable for patients that bypass the ED. MM/DD/YYYY
Time *(Next to Transferred out of Emergency Department Date)*	ED Discharge Time	Indicate the time the patient was moved out of the emergency department, either to another location within your facility or to another acute care center. Leave blank if they bypassed the ED.	TR17.26	Not applicable for patients that bypass the ED. HH:MM (military time)
Length of Stay in ED	Length of Stay in ED (Total Minutes) (Physical D/C)	Length of Stay in ED. This is auto-calculated and is based on the date/time transferred out of ED - Date/time arrive at your facility. (Day/Hours/Total Minutes)	TR17.99	Not applicable for patients that bypass the ED. Auto-calculated (Day/Hours/Total Minutes)
ED Discharge disposition	ED Discharge Disposition	The patient's destination upon being discharged from the ED. Leave blank if they bypassed the ED	TR17.27	Not applicable for patients that bypass the ED. Drop-Down choices: Not Known, Telemetry/step-down unit (less acuity than ICU), Cath Lab, Intensive Care Unit (ICU), Other (Jail, Institution, etc.), Operating Room, Transferred to another hospital, Deceased/Expired
*Destination Determination *(under "ED Discharge Disposition")*	ED Destination Determination	Indicate the reason the facility was chosen as the destination	TR17.59	Optional. Only opens up if "Transferred to another hospital" is selected. Current drop-down choices are: Not Applicable, Patient/family request, Referred to Hospital for Higher Level of Care, Resources Unavailable, Not Known/Not Recorded
Hospital Transferred To *(under "Destination Determination")*	Hospital Transferred To	Name of the facility the patient was transferred to	TR17.61	Required only when patient is transferred out of ED to another facility. Select facility name from Drop-down choices
Transport mode *(under "Hospital Transferred To" which is under ED Discharge Disposition)*	Discharge Transport Mode	The type of transportation used to transfer the patient. Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.	TR17.60	Required only when patient is transferred out of ED to another facility. Drop-down choices are: Ground Ambulance, Helicopter, Fixed-Wing, Not Known/Not Recorded
Admission date	Hospital Admission Date	The date on which the patient was admitted as an inpatient to the hospital	TR25.33	Required only when patient is admitted to your facility. MM/DD/YYYY
Time *(Next to Admission Date)*	Hospital Admission Time	The time at which the patient was admitted as an inpatient to the hospital	TR25.47	Required only when patient is admitted to your facility. HH:MM (military time)
Hospital Discharge Date	Hospital Discharge Date	The date the patient was discharged from the hospital	TR25.34	Required only when patient is admitted to your facility. MM/DD/YYYY
Time *(Next to Hospital Discharge Date)*	Hospital Discharge Time	The time the patient was discharged from the hospital	TR25.48	Required only when patient is admitted to your facility. HH:MM (military time)
Hospital Length of Stay - Calendar Days	Hospital Length of Stay - Calendar Days (Physical D/C)	Length of Stay in Hospital in Calendar Days. This is an Auto-calculation in ImageTrend: Hospital Discharge Date/Time - Hospital Admission Date/Time. Total time in Days	TR25.44	Auto-calculated (Day(s)). Only calculates on admitted patients
Hospital Length of Stay - Total Minutes	Hospital Length of Stay (Total Minutes) (Physical D/C)	Length of Stay in Hospital. This is an Auto-calculation in ImageTrend: Hospital Discharge Date/Time - Hospital Admission Date/Time. Total time in Day/Hours/Total Minutes	TR25.44.Mins	Auto-calculated (Day/Hours/Total Minutes). Only calculates on admitted patients
Hospital Discharge disposition	Discharge Status	The patient's destination upon being discharged from the hospital	TR25.27	Required only when patient is admitted to your facility. Drop-down choices are: AMA, Another type of institution not defined elsewhere, Deceased/expired, Home or self-care, Home w/HH services, Hospice, IRF, LTCH, Not Known, Rehab or long term care, Short-term General Hospital, or SNF
*Destination Determination *(under "Hospital Discharge Disposition")*	Hospital Discharge Destination Determination	Indicate the reason the facility was chosen as the destination	TR25.42	Optional. Only opens up if patient is transferring to another facility. Current drop-down choices are: Not Applicable, Patient/family request, Referred to Hospital for Higher Level of Care, Resources Unavailable, Not Known/Not Recorded
Hospital Transferred To *(under "Destination Determination")*	Hospital Transferred To	Name of the facility the patient was transferred to.	TR25.35	Required only when patient is transferred from your hospital to another facility. Select facility name from Drop-down choices
Transport mode *(under "Hospital Transferred To" which is under Hospital Discharge disposition)*	Hospital Discharge Transport Mode	The type of transportation used to transfer the patient. Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.	TR25.43	Required only when patient is transferred to another facility. Drop-down choices are: Ground Ambulance, Helicopter, Fixed-Wing, Not Known/Not Recorded
Cath Team Activation?	Cath Team Activated	Was the Cath Team Activated	ST2.11	Optional item. Yes or No
Cath Lab Team Activated By	STEMI Team Activated By	Indicates who activated the Cath Lab Team	TR35.23	Required if "Cath Lab Team Activated" = "Yes". Drop-down choices ED, EMS, Not Applicable, Not Known, Not Known/Not Recorded
Cath Lab Team Activated Date	Cath Team Activated Date	The date on which the cath lab team was activated	TR35.26	Optional item. MM/DD/YYYY
Time *(Next to Cath Lab Team Activated Date)*	Cath Team Activated Time	The time at which the cath lab team was activated	TR35.27	Optional item. HH:MM (military time)
Team Member *(Under Cath Lab Team Activation)*	ED Physician	Enter name of physician or nurse by clicking on people icon to enter data and search or look in drop down to see if it's already been added.	TR17.9	Optional
Service Type *(Under Cath Lab Team Activation)*	ED Physician Service Type	Select from drop down the service type the team member is from. Example: Neurosurgery, Cardiologist, Radiology, etc.	TR17.13	Optional
Date Called *(Under Cath Lab Team Activation)*	Date Physician Called	The date the physician or nurse was called	TR17.10	Optional item. MM/DD/YYYY
Time Called *(Under Cath Lab Team Activation)*	Time Physician Called	The time that the physician or nurse was called.	TR17.14	Optional item. HHMM (military time)
Date Arrived *(Under Cath Lab Team Activation)*	Date Physician Arrived	Date physician or nurse arrived	TR17.15	Optional item. MM/DD/YYYY
Time Arrived *(Under Cath Lab Team Activation)*	Time Physician Arrived	The time physician or nurse arrived	TR17.11	Optional item. HHMM (military time)
Timely Arrival *(Under Cath Lab Team Activation)*	Was Trauma Surgeon Arrival in ED Timely	Was the physician or nurse arrival timely?	TR17.12	Optional. Drop-down choices are: N/A, Yes, No, Pending, Not Applicable, Not Known, Not Known/Not Recorded
Consulting Services?	Consulting Service	Were consulting services needed for this patient?	TR17.29	Optional. Yes, No, NA, Not Known/Not Recorded
Consulting Service Type *(Under Consulting Services)*	Consulting Service Type	Type of the consulting service.	TR17.32	Optional. Select from Drop-down choices
Consulting Staff *(Under Consulting Staff)*	Consulting Staff	Enter name of physician or nurse by clicking on people icon to enter data and search or look in drop down to see if it's already been added.	TR17.33	Optional
Date *(next to Consulting Staff)*	Date Consulting Practitioner Requested	Date Consulting Practitioner Requested	TR17.7	Optional item. MM/DD/YYYY
Time *(next to Consulting Staff)*	Time Consulting Practitioner Requested	Time Consulting Practitioner Requested	TR17.8	Optional item. HH:MM (military time)
Reperfusion Candidate?	Reperfusion Candidate	Is patient a reperfusion candidate for primary PCI (Percutaneous Coronary Intervention) or Thrombolytic Therapy?	ST3.1	Required. Yes or No
Reason no Reperfusion	Reason no Reperfusion	Indicate the one primary reason, that reperfusion therapy (thrombolytic therapy or primary PCI) was not indicated	ST3.2	Required if "Reperfusion Candidate" = "No". Current drop-down choices in menu are: Chest pain resolved, MI diagnosis unclear, MI symptoms onset >12 hours, No ST elevation/LBBB, No chest pain, Not applicable, Not available, ST elevation resolved, Not Known/Not Recorded
Primary PCI	Primary PCI	Indicate if this patient had a Primary PCI (Percutaneous Coronary Intervention) for STEMI. (NOTE: If the patient subsequently goes to cath lab for anything other than a STEMI do not record here. Do not include salvage PCI)	ST3.3	Required if "Reperfusion Candidate" = "YES". Yes or No

Reason no PCI	Reason no PCI	If reperfusion indicated and no PCI, why? Indicate the one primary reason, documented in the medical record, that primary PCI was not performed as reperfusion therapy	ST3.4	Required if "Primary PCI" = "NO". Current drop-down choices in menu are: Patient delays in providing consent, Active bleeding on arrival or within 24 hours, Anatomy not suitable to Primary PCI, DNR at time of treatment decision, No reason documented, Non-compressible vascular puncture(s), Not performed (not a PCI center), Other, Patient/family refusal, Prior allergic reaction to IV contrast, Quality of life decision, Spontaneous reperfusion, Not applicable, Not available, Not Known/Not Recorded
*Thrombolytics	Thrombolytics	Indicate if the patient received thrombolytic therapy as an urgent treatment for STEMI. Examples of thrombolytic therapy drugs include the following: t-PA (alteplase), TNK (tenecteplase), Reteplase	ST3.20	Required if "Reperfusion Candidate" = "Yes". Yes or No
Reason Thrombolytics not Administered	Reason Thrombolytics Not Administered	Indicate the one primary reason, documented in the medical record, that thrombolytics were not administered as reperfusion therapy	ST3.26	Required if "Thrombolytics" = "No". Current Radio button choices are Other, Active peptic ulcer, Any prior intracranial hemorrhage, DNR at time of treatment decision, Expected DTB <90 minutes, Intracranial neoplasm, AV malformation or aneurysm, Ischemic stroke w/in 3 months(except acute ischemic stroke within 3 hours), Known bleeding diathesis, No reason documented, Pregnancy, Prior allergic to thrombolytics, Recent bleeding within 4 weeks, Recent surgery/trauma, severe uncontrolled HTN, significant closed head or facial trauma(within previous 3 months), suspected aortic dissection, Traumatic CPR that precludes Thrombolytics
Thrombolytic dose start date	Thrombolytic dose start date	Indicate the date the initial dose of thrombolytic therapy was administered	ST3.23	Required if "Thrombolytics" = "YES". MM/DD/YYYY
Time *(next to Thrombolytic dose start date)*	Thrombolytics Dose Start Time	Indicate the time the initial dose of thrombolytic therapy was administered	ST3.23.1	Required if "Thrombolytics" = "YES". HH:MM (military time)
PCI	PCI Procedure	Indicate if the patient had a percutaneous coronary intervention (PCI)	TR35.70	Required. Yes or No
Cath Lab Arrival Date	Patient Cath Lab Arrival Date	Indicate the date the patient arrived to the cath lab where the procedure was being performed as documented in the medical record	ST3.3.1	Required only if "PCI" = "Yes". MM/DD/YYYY
Time *(Next to Cath Lab Arrival Date)*	Patient Cath Lab Arrival Time	Indicate the time the patient arrived to the cath lab where the procedure was being performed as documented in the medical record	ST3.3.2	Required only if "PCI" = "Yes". HH:MM (military time)
First Device Activation Date	First Device Activation Date	Indicate the date the first device was activated regardless of type of device used. Including but not limited to; 1)time of first balloon inflation 2)time of first stent deployment 3) time of the first treatment of lesion (AngioJet or other thrombectomy/aspiration device, laser, rotational atherectomy) 4) if the lesion cannot be crossed with a guidewire or device (and thus non of the above apply), use the time of the guidewire introduction.	ST3.14	Required if "PCI" = "Yes". MM/DD/YYYY
Time *(Next to First Device Activation Date)*	First Device Activation Time	Indicate the time the first device was activated regardless of type of device used. Including but not limited to; 1)time of first balloon inflation 2)time of first stent deployment 3) time of the first treatment of lesion (AngioJet or other thrombectomy/aspiration device, laser, rotational atherectomy) 4) if the lesion cannot be crossed with a guidewire or device (and thus non of the above apply), use the time of the guidewire introduction.	ST3.6	Required if "PCI" = "Yes". HH:MM (military time)
*Non-system Reason for Delay	Non-system Reason for Delay in PCI	Indicate if there is documentation of a non-system reason for a delay in doing the first percutaneous coronary intervention	ST2.25	Required if there was a non-system reason for delay in PCI. Current drop-down choices are: Helicopter Availabilty-Limited, Inclement Weather Causing Transport Delays, Prolonged Transport Time, Cardiac arrest and/or need for intubation before PCI, Difficult vascular access, Difficult crossing the culprit lesion during the PCI procedure, None, Other, Patient delays in providing consent for the procedure
Door-to-Device Total Elapsed time	SRC Door To Balloon Interval	The time elapsed between the patient's arrival at the hospital to the time primary percutaneous coronary intervention is performed. This is Auto-calculated in Image Trend as "First Device Activation Date/time" - "Date/time arrived at your facility"	ST15.15	Auto-calculated. Only calculates on patients who receive Percutaneous Coronary Intervention (PCI). Number (total elapsed time in minutes)
ICD-10 code	ICD 10 Diagnosis	ICD-10 code indicating a STEMI diagnosis. Current State inclusion for ICD-10 diagnosis codes are as follows: I21.0-I21.3, I22.0-I22.9 (Except I22.2)	TR200.1	Required; cannot be blank. ICD-10 Diagnosis code indicating a STEMI or one of the following codes that are part of the Idaho TSE Registry STEMI inclusion Criteria: I21.0-I21.3, I22.0-I22.9 (Except I22.2). At least one code is required but multiple codes may be captured.

*Note - Items highlighted in pink have had changes made to them since the 2018 dictionary