STEMI Data Dictionary (Required STEMI form Enhanced w/Optional) Final

Element Name	Description	Acceptable Answers
Date Arrived at your Facility	Indicate the date the patient arrived at your facility	MMDDYYYY
Time *(Next to Date Arrived at your Facility)*	Indicate the time the patient arrived at your facility	HHMM (military time)
Last Name	Patient's last name. Hyphenated names should be recorded with a hyphen	
First Name	Patient's first name	
Middle Name	Patient's middle name	Currently only capturing the Middle initial in ImageTrend. ImageTrend is working on changing this to allow for either middle initial and/or middle name.
Birthdate	The patient's date of birth	MMDDYYYY
Gender (at Birth)	Patient's Gender (at Birth)	Male (M) or Female (F), Not Known, Not Recorded
Date of Ischemic Symptom Onset	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.	MMDDYYYY

Time *(Next to Date of Ischemic Symptom Onset)*	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.	HHMM (military time)
Arrived From	Indicate the location the patient arrived from	Drop-down choices are: Scene, Referring Hospital, Clinic/MD Office, Jail, Nursing Home, Supervised Living, Urgent Care, Not Applicable, Not Known, Not Known/Not Recorded
Mode of arrival to your facility	Indicate the means of transportation to your facility	Ground ambulance, Helicopter, Fixed-wing, Police, Self
Pre-arrival Notification	Did the transporting EMS agency notify the emergency department of an incoming STEMI patient?	Yes, No, Not Documented, Not Known/Not Recorded
Date of pre-arrival notification	Date on which the transporting EMS agency notified the emergency department of an incoming STEMI patient	MMDDYYYY
Time of pre-arrival notification	Time at which the transporting EMS agency notified the emergency department of an incoming STEMI patient	HHMM (military time)
Location of First Evaluation	Indicates the location the patient was first evaluated at your facility	ED, Intensive Care Unit (ICU), Cath lab, Telemetry, Other
Date of first 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	MMDDYYYY
Time *(Next to Date of first ECG)*	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	HHMM (military time)

	performed by any of the following: EMS, PCP, ED	
First or Subsequent ECG with STEMI or STEMI Equivalent Date	Indicate the date the STEMI or STEMI equivalent (Left Bundle Branch Block (LBBB), or isolated posterior myocardial infarction (MI)) was first noted on the ECG. It can be noted on the first ECG or a subsequent ECG	MMDDYYYY
First or Subsequent ECG with STEMI or STEMI Equivalent Time	Indicate the time the STEMI or STEMI equivalent (Left Bundle Branch Block (LBBB), or isolated posterior myocardial infarction (MI)) was first noted on the ECG. It can be noted on the first ECG or a subsequent ECG	HHMM (military time)
ED Discharge disposition	The patient's destination upon being discharged from the ED. Leave blank if they bypassed the ED	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
Cath Lab Team Activated Date	The date on which the cath lab team was activated	MMDDYYYY
Time (Next to Cath Lab Team Activated Date)	The time at which the cath lab team was activated	HHMM (military time)
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	MMDDYYYY
Time (Next to Cath Lab Arrival Date)	Indicate the time the patient arrived to the cath lab where the procedure was being performed as documented in the medical record	HHMM (military time)
Door-to-needle total elapsed time	The time elapsed between the patient's arrival at the hospital to the time fibrinolytic agents were administered	Not currently captured on STEMI form - Future request to ImageTrend
Door-to-Device Total Elapsed time	The time elapsed between the patient's arrival at the hospital to the time primary percutaneous coronary intervention is	HHMM (total elapsed time)

	performed. This is Auto-calculated in Image Trend as "First Device Activation Date/time" - "Date/time arrived at your facility"	
Hospital Discharge disposition	The patient's destination upon being discharged from the hospital	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
ICD-10 code	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)	I21.0-I21.3, I22.0-I22.9 (Except I22.2)

The following items below are not required by Council but, some facilities would like to collect data for them. Some of these are new additions from ImageTrend:		
Element Name	**Description**	**Acceptable Answers**
Favorite location	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.	Zip code (#####)
Country	The patient's home country where he/she resides	
Postal code	The patient's home zip code of primary residence	Zip code (#####)
Race	The patient's race	Drop-down choices are: Vietnamese, Samoan, Other, Native Hawaiian, Korean, Japanese, Guamanian or Chamorro, Filipino, Chinese, Asian-Indian, Not Known, Asian, Native Hawaiian or Other Pacific Islander, Other Race, American Indian, Black or African American, or White
Ethnicity	Indicate if the patient's Ethnicity is of Hispanic or Latino	Drop-down choices are: Not Known, Hispanic or Latino, Not Hispanic or Latino, Other Island, Not Applicable, Not

		Known/Not Recorded
Age (at date of incident)	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)	0-120
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	Years, Months, Days, Hours, or Not Known
Referring Facility	This is the name of the facility in which the patient originated from **PRIOR** to arrival at **YOUR** facility	
Transferred out of Emergency Department 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.	MMDDYYYY
Time *(Next to Transferred out of Emergency Department Date)*	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.	HHMM (military time)
Length of Stay in ED	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)	Auto-calculated (Day/Hours/Total Minutes)
ECG STEMI first noted on	STEMI or STEMI Equivalent first noted on first or subsequent ECG	Drop-down choices are First ECG or Subsequent ECG
Destination Determination *(under "ED Discharge Disposition")*	Indicate the reason the facility was chosen as the destination	Current drop-down choices are: Referred to Hospital for Higher Level of Care, Not Known/Not Recorded

Transport mode *(under "Hospital Transferred To" which is under ED Discharge Disposition)*	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.	Drop-down choices are: Ground Ambulance, Helicopter, Fixed-Wing, Not Known/Not Recorded
Admission Date	The date on which the patient was admitted as an inpatient to the hospital	MMDDYYYY
Time *(Next to Admission Date)*	The time at which the patient was admitted as an inpatient to the hospital	HHMM (military time)
Hospital Discharge Date	The date the patient was discharged from the hospital	MMDDYYYY
Time *(Next to Hospital Discharge Date)*	The time the patient was discharged from the hospital	HHMM (military time)
Hospital Length of Stay - Calendar Days	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	Auto-calculated (Day(s))
Hospital Length of Stay - Total Minutes	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	Auto-calculated (Day/Hours/Total Minutes)
Destination Determination *(under "Hospital Discharge Disposition")*	Indicate the reason the facility was chosen as the destination	Current drop-down choices are: Hospital of Choice, Referred to Hospital for Higher Level of Care, Specialty Resource Center, Not Known, Not Known/Not Recorded
Transport mode *(under "Hospital Transferred To" which is under Hospital Discharge Disposition)*	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.	Drop-down choices are: Ground Ambulance, Helicopter, Fixed-Wing, Not Known/Not Recorded
Cath Lab Team Activation?	Was the Cath Team Activated	Yes or No
Cath Lab Team Activated By	Indicates who activated the Cath Lab Team	ED, EMS, Not Applicable, Not Known, Not Known/Not Recorded
Consulting Services?	Were consulting services needed for this	Yes, No, NA, Not Known/Not Recorded

	patient? (NOTE: This data element is optional)	
Reperfusion Candidate?	Is patient a reperfusion candidate for primary PCI (Percutaneous Coronary Intervention) or Thrombolytic Therapy?	Yes or No
Reason no Reperfusion	Indicate the one primary reason, that reperfusion therapy (thrombolytic therapy or primary PCI) was not indicated	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	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)	Update from STEMI team 11/06/18 define this as "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)"
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	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	Indicate if the patient received thrombolytic therapy as an urgent treatment for STEMI	Yes or No
Reason Thrombolytics not Administered	Indicate the one primary reason, documented in the medical record, that thrombolytics were not administered as reperfusion therapy	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	Indicate the date the initial dose of thrombolytic therapy was administered	MMDDYYYY
Time *(Next to Thrombolytic dose start date)*	Indicate the time the initial dose of thrombolytic therapy was administered	HHMM (military time)
PCI	Indicate if the patient had a percutaneous coronary intervention (PCI)	Yes or No
First Device Activation Date	Indicate the date the first device was activated regardless of type of device used	MMDDYYYY
Time *(Next to First Device Activation Date)*	Indicate the time the first device was activated regardless of type of device used	HHMM (military time)
Non-system Reason for Delay	Indicate if there is documentation of a non-system reason for a delay in doing the first percutaneous coronary	Current drop-down choices are: 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

The following items below are located on the "Optional STEMI Information" tab of the Required STEMI form Enhanced. These not required by Council but, some facilities would like to collect data for them.		
Element Name	**Description**	**Acceptable Answers**
Referred to CV Surgery or CABG During this Admission	Indicate if the patient was referred to CV Surgery or CABG during this admission	Yes or No
Non-EMS Cardiac Arrest	Indicate if the patient had a Non-EMS Cardiac Arrest	Current drop-down choices are: In Hospital Cardiac arrest and Out of Hospital Cardiac arrest

Patient Received Thrombolytics Prior to Admission?	Did this patient receive Thrombolytic medication prior to admission?	Yes or No
Was Aspirin Administered During this Hospital Stay?	Indicate if the patient had Aspirin administered during this hospital stay	Current choices are: No, Yes, or Verbally Stated/Not Recorded

The following items below are proposed new items to be built onto STEMI form by ImageTrend:		
Element Name	**Description**	**Acceptable Answers**
Door-to-balloon timer for Subsequent ECG		
Door-to-Needle Total Elapsed Time	The time elapsed between the patient's arrival at the hospital to the time fibrinolytic agents were administered	HHMM (total elapsed time)
Method of Code STEMI activation		