



STEMI REGISTRY STANDARDS

Effective: October 28, 2013
Replaces: New
Review: October, 2016

Resources: [Reference 803: STEMI Registry Data Dictionary](#)
[Title XXII State of California Code of Regulations](#)
[American College of Cardiology PCI Registry](#)

I. Purpose

The purpose of this policy is to define the data collection and reporting standards required of prehospital providers to support the quality improvement process for the Cardiac Care System.

II. Definitions

- A. STEMI- ST Elevation Myocardial Infarction
- B. STEMI Registry – The database which stores information about STEMI patients to be analyzed in order to monitor and improve clinical care rendered to the population.

III. Criteria

A. Inclusion

1. Any patient, regardless of mode of transport or chief complaint, who presents to the ED with STEMI on a 12-lead ECG.
2. Any patient, regardless of chief complaint or transport disposition, who presents to prehospital personnel with STEMI on a 12-Lead ECG.

B. Exclusion

1. Any patient without presentation of STEMI on a 12-Lead ECG.

2. Any patient with presentation of STEMI on a 12-Lead ECG who does not present to the ED or to prehospital personnel (i.e. hospital inpatient not in the ED).

IV. Data

A. Collection

1. All SRCs shall submit registry information for all patients who meet inclusion criteria no later than 60 days after the patient is discharged or pronounced.
2. Required data points are defined in the STEMI Registry Data Dictionary (Reference 803: STEMI Registry Data Dictionary)

B. Analysis

1. STEMI Registry data is maintained on a server at the EMS Agency.
2. The EMS Agency will analyze all data submitted to the registry.

C. Reporting

Quarterly performance reports are compiled and presented at each Cardiac Care System Quality Improvement Committee meeting. Reports consist of but are not limited to:

1. Total number of STEMIs recognized in each hospital
2. Breakdown of STEMI patients by mode of arrival at hospital
3. Median D2B time for all patients
4. Median D2B time for EMS Patients
5. Median D2B time for POV patients
6. Median E2B time for EMS patients
7. Median dispatch time to balloon time
8. Median time EMS arrival at patient to 12 L obtained
9. The percentage of patients with a D2B time of 90 minutes or less
10. Cumulative performance data (rolling quarters) for the county

D. System benchmarks

Every 6 months aggregate data will be presented to the Cardiac Care System Committee comparing Santa Clara County system performance with national data, including but not limited to:

1. Mortality rates of PCI patients
2. Morbidity rates of PCI patients

V. Data transfer:

The EMS Agency will forward STEMI Registry information to the State.