

Please complete one survey for each TCD designation you have in your facility. There would be a maximum of three surveys completed if your facility was designated as a trauma, stroke and STEMI center. This is the STEMI survey.

1. Contact Information

Hospital

Name of Person
Completing Survey

Email

2. Does your facility use the state registry for STEMI or a national registry?

State

National

3. If national, which one?

4. Which survey program does your facility use to get your program designated by the state?

State

National

Both

5. If your program is nationally designated, which national program do you use?

6. Which data elements are essential to have in order to evaluate quality performance? Check all that apply.

First, middle and last name

Date of Birth

Social Security Number

Destination/Transferred to Primary Facility Secondary Facility

Emergency Medical Service (EMS) Service

- Patient Zip Code
- Race
- Hispanic or Latino Ethnicity
- Gender
- Admit Source (Emergency Department (ED) versus transfer from another facility)
- Admit Diagnosis
- Discharge Diagnosis
- Cardiogenic Shock at time of presentation
- Heart failure at time of presentation
- Myocardial Infarction at time of presentation
- Cocaine Use at time of presentation
- Illicit Drug Use at time of presentation
- Cardiac Arrest at time of presentation, pre-hospital, outside facility
- Heart Rate
- Systolic Blood Pressure
- Aspirin at arrival
- Aspirin at discharge
- Ace Inhibitor/Angiotensin II Receptor Blocker at Discharge
- Beta Blocker at Discharge
- Acute Oral Antiplatelet
- Adenosine Diphosphate Receptor Inhibitor (ADP) receptor at arrival
- Adenosine Diphosphate Receptor Inhibitor (ADP) receptor at discharge
- Aldosterone Blocker at Discharge
- Acute Beta Blocker
- Acute Ace Inhibitor/Angiotensin II Receptor Blocker
- Anticoagulant
- Glycoprotein IIb/IIIa Inhibitor
- Fibrinolytic administered
- Statin

- Hypertension
- Pulmonary Artery Disease
- Weight
- Height
- Body Mass Index (BMI)
- Dyslipidemia
- Smoker
- Prior Stroke
- Cerebrovascular Accident (CVA)/Cerebral Vascular Disease
- Current Dialysis
- Chronic Lung Disease
- Prior Myocardial Infarction (MI)
- Prior Heart Failure
- Prior Percutaneous Coronary Intervention (PCI)
- Prior Coronary Artery Bypass Graft (CABG)
- Prior valve surgery
- Family history of premature Coronary Artery Disease (CAD)
- Atrial fibrillation/flutter (optional)
- Pacer/Internal Cardiac Defibrillator (optional)
- Persistent symptoms of ischemia
- Level of STEMI center for first facility
- Location of 1st Evaluation (Emergency Department, In-Patient, Field)
- Electrocardiogram (ECG)
- Initial Electrocardiogram (ECG) Interpretation
- Patient transferred for Percutaneous Coronary Intervention (PCI)
- Means of transfer
- Patient transferred for Coronary Artery Bypass Graft (CABG)
- Emergency Department (ED) presentation at referring facility
- Means of transport to first facility
- Non-system reason for delay to Percutaneous Coronary Intervention (PCI)

- Clinical Trail
- Comfort Measures
- Low-density Lipoprotein (LDL) less than 100
- Left Ventricular Systolic Dysfunction
- Party which activates the hospital STEMI team
- Non-system reason for delay in lytic therapy
- Reason no Ace Inhibitor/Angiotensin II Receptor Blocker at discharge
- Reason no aspirin at arrival
- Reason no aspirin at discharge
- Reason no Beta Blocker at discharge
- Reason no Statin at discharge
- Arrival Date and Time at Cardiovascular (CV) lab
- Arrival at outside facility date and time
- Symptom outset date and time
- Symptom time estimated
- First medical contact date and time
- First Electrocardiogram (ECG) date and time
- STEMI or STEMI equivalent first noticed
- Fibrinolytic administered
- Fibrinolytic date and time
- Thrombolytic non-system delay
- First door in; first door out
- Cardiovascular (CV lab yes/no level
- First device date and time
- Coronary Artery Bypass Graft (CABG) date and time
- Discharge date
- Discharge status
- Reperfusion strategy - thrombolytics, Percutaneous Coronary Intervention (PCI), Coronary Artery Bypass Graft (CABG) or not revascularized and reason
- STEMI or STEMI equivalent
- Patient is reperfusion candidate?

- International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Principal Procedural Code
- Percutaneous Coronary Intervention (PCI) Indication
- Non-primary Percutaneous Coronary Intervention (PCI)
- Primary Percutaneous Coronary Intervention (PCI)
- Reason for delay in Percutaneous Coronary Intervention (PCI)
- Troponin - initial and peak
- Pre & Post Creatine Kinase
- Lipids
- Pre & Post hemoglobin
- Hemoglobin A1c
- Creatinine
- Unadjusted mortality rate
- Rick Adjusted Mortality
- Cardiogenic Shock developed after STEMI
- Cardiac Arrest
- Heart Failure developed after STEMI
- Stroke developed after STEMI
- Vascular Access Site Injury
- Emergent Coronary Artery Bypass Graft (CABG) due to complication from STEMI or percutaneous Coronary Intervention (PCI)
- Cardiac Rehab Referral
- Smoking Cessation Advice
- Dietary Modification
- Exercise Counseling
- Medication Education
- The time from first medical contact or pre-hospital Electrocardiogram (ECG) STEMI identification to hospital door to device or balloon time
- Time from first medical contact or pre-hospital Electrocardiogram (ECG) STEMI identification to hospital door or needle time (thrombolytic administration time)

- Did the STEMI patient present within the treatment window for percutaneous coronary interventions and/or thrombolytic administration
- Is this a STEMI patient
- If eligible, was the STEMI patient treated with percutaneous coronary intervention and/or thrombolytic
- If a STEMI, is the patient eligible for Percutaneous Coronary Intervention (PCI) and/or thrombolytic
- Time to operating room from STEMI patient presentation at receiving STEMI center

7. How do you currently loop other stakeholders into data outcomes to make quality changes?

- Quality meetings
- Routine reports
- Third Party (i.e. ESO)

8. If third party, which one?

9. Comments