IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – STEMI REPORTING STANDARDS

Version 2026 – 01.0

Applicable to reportable ST-elevation myocardial infarctions (STEMI) occurring during 2026.

A publication of the
Idaho Time-Sensitive Emergency Registry

Idaho TSE Registry
Trauma, Stroke, STEMI

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IDAHO TIME-SENSITIVE EMERGENCY REGISTRY
Boise, Idaho
https://healthandwelfare.idaho.gov/providers/idaho-time-sensitive-emergency/education-and-resources

Idaho Hospital Association

IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI

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VERSION INFORMATION

Version	Date	Change
2026 – v1.0	2026-03-05	None. Date released.

PREFACE

The Idaho "Time-Sensitive Emergency Registry – ST-elevation myocardial infarctions (STEMI) Reporting Standards" outlines data reporting and submission standards for reportable STEMIs, including state inclusion/exclusion criteria, for all facilities in Idaho that participate in the TSE Registry.

The Time-Sensitive Emergency Registry, a program of the Idaho Hospital Association, collects and analyzes data describing incidence, severity, causes and outcomes of reportable traumatic injury, stroke, and STEMI (time-sensitive emergencies). The TSE Registry also collects data elements required to evaluate the health system's response to time-sensitive emergencies.

Per Title 46, Chapter 9 of Idaho code, the Time-Sensitive Emergency Registry is also responsible for:

1. Establishing the data elements and data dictionary, including child-specific data elements that hospitals must report, and the time frame and format for reporting; and
2. Supporting data collection and abstraction by providing a data collection system and technical assistance to each hospital.

Additional information about Title 46, Chapter 9 may be found here: https://legislature.idaho.gov/statutesrules/idstat/Title46/T46CH9/.

The Idaho Military Division, Office of Emergency Management contracts with, and provides funding to, the Idaho Hospital Association (IHA) to maintain a statewide time-sensitive emergency registry.

SUGGESTED CITATION: Le BE, Rycroft RK, Morawski BM. Time-Sensitive Emergency Registry – ST-elevation myocardial infarctions (STEMI) Reporting Standards, Version 2026 – 01.0. Boise, ID: Idaho Hospital Association Time-Sensitive Emergency Registry; March 2026.

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TSE REGISTRY CONTACT INFORMATION

Mail: P.O. Box 1278, Boise, Idaho 83701-1278
Phone: (208) 338-5100
Email: IdahoTSE@teamiha.org

SUBMISSION GUIDANCE

Idaho code requires that each licensed hospital shall report qualifying instances of STEMI to the Time-Sensitive Emergency (TSE) Registry within 180 days of treatment.

However, to improve the timeliness and overall utility of time-sensitive emergency data, the TSE Registry requests that licensed hospitals report qualifying cases of STEMI to the TSE Registry **within 90 days of treatment**, i.e., on a quarterly basis. Facilities are responsible for entering all required and appliable data on reportable cases of STEMI in ImageTrend. There is one primary mechanism by which to report STEMI data to the TSE Registry in ImageTrend: one at a time (manually).

MANUALLY ENTERING DATA IN IMAGETREND

For reportable ST-elevation myocardial infarctions (STEMI) cases treated in an Idaho facility in 2019 and forward, facilities should complete information on one of three STEMI forms:
1. **CAH Facilities STEMI Form** (solely for critical access hospitals that transfer STEMI patients to another hospital)
2. **Required STEMI Form** (contains core required data elements)
3. **Required STEMI Form Enhanced** (contains core elements and optional elements for facilities that choose to collect optional data)
Data elements on these forms are described in the sections below.

SHARING CONFIDENTIAL DATA WITH THE TSE REGISTRY

For any data transfer outside of ImageTrend that includes PHI/PII, files must be shared via secure means. The TSE Registry prefers that data is shared via the TSE Registry's secure email service NeoCertified, but you may also use your facility's secure email service. Please contact IdahoTSE@teamiha.org with any questions about establishing a NeoCertified account. More information regarding NeoCertified can be found at https://neocertified.com/sso/.

INCLUSION/EXCLUSION CRITERIA

ST-elevation Myocardial Infarction (STEMI) Inclusion/Exclusion Criteria
Effective: January 1, 2026

As part of requirements of the Idaho TSE Program, part of the Idaho Military Division, the Idaho TSE Registry collects data on ST-elevation myocardial infarction cases meeting the below criteria.

STEMI Inclusion Criteria	
STEMI code Descriptions	**ICD-10 codes**
ST Elevation (STEMI)	I21.0 - I21.3
Subsequent ST elevation (STEMI)	I22.0 - I22.9 (except I22.2)

AND	Patient arrived at your facility with chief complaint of acute ischemic symptoms lasting > 10 minutes within the previous 24 hours

AND	
	Was admitted to your facility
OR	Died
OR	Were transferred out by ground or air ambulance
	Were transferred in by ground or air ambulance and admitted to a receiving facility

STEMI Exclusion Criteria
Transfers > 24 hours of arrival to the first acute care facility are not eligible
Patients who present who develop signs and symptoms of STEMI > 24 hours from arrival are not eligible
NSTEMI (ICD-10 Dx code I22.2) patients are not eligible

DESCRIPTION OF TSE REQUIREMENT DESIGNATION VALUES FOR TSE STEMI DATA ELEMENTS

The table below describes how data elements or fields are to be reported to the Time-Sensitive Emergency Registry. The reporting requirements for STEMI data elements range from “required,” i.e., those that must be completed for each reportable STEMI event submitted to the Time-Sensitive Emergency Registry, to “optional” elements that are provided in the XML specification only. The “TSE Requirement” is reflected in the “2026 Data Elements Table” and in the “2026 Data Dictionary” in the description of each element. All possible requirements are listed in the **first column** of the table below. The **second column** of the table below describes each “TSE Requirement” designation in detail.

TSE Requirement	Designation Description
Required	Fields that are required to calculate programmatic metrics and to conduct population-level trauma surveillance, including linking patient events across data sources, e.g., linking STEMI data reported by a facility with death certificate data. Examples of these fields include patient name, date and time of first ECG, and patient date of birth. **Note on Conditional Applicability**: Certain required fields are only applicable in specific situations, e.g., linking STEMI data from a STEMI event for a patient transferred between facilities, BUT that are only applicable in specific situations. These include fields such as Hospital Transferred To and Transport Mode, which would only be reported when a patient is transferred in or out of a facility, and Thrombolytics Dose Start Date/Time, which would only be reported in the event that a patient received thrombolytics.
Optional	Optional fields are elements that are on the State of Idaho’s STEMI form but are not required. Facilities can complete these fields if they want to provide additional data to the TSE Registry or track these items for their facility.
Calculated	Calculated fields are populated using values provided in other fields, e.g., the field “age” will be calculated from required fields DOB and arrival date if age is not entered manually. Some calculated fields may be overwritten or populated manually, e.g., age when date of birth is unknown or unavailable.
Assigned	Assigned fields are those that are populated by the database or data entry system and cannot be overwritten manually, e.g., date and time of last record update.

DATA ELEMENTS TABLE

ImageTrend Data Element	Element Name	Required Status
ST3.8	System reason for Delay in PCI	Required
TR1.13	Alternative Residence	Optional
TR1.21	City	Assigned/Calculated
TR1.22	County	Assigned/Calculated
TR1.23	State	Assigned/Calculated
TR18.55	Date Arrived at your Facility	Required
TR18.56	Time Arrived at your Facility	Required
TR1.9	Last Name	Required
TR1.8	First Name	Required
TR1.10	Middle Initial	Required
N/A	Favorite Locations	N/A
TR1.7	Date of birth	Required
TR1.15	Sex	Required
ST1.2	Date of Ischemic Symptom Onset	Required
ST1.3	Time of Ischemic Symptom Onset	Required
TR16.22	Arrived From	Optional
TR8.8	Mode of arrival to your facility	Required
ST16.9	EMS 1st Medical Contact Date	Required
ST16.10	EMS 1st Medical Contact Time	Required
SK38.4	Pre-Arrival Notification	Required
ST16.7	Location of First Evaluation	Required
ST7.1.1	Date of first ECG	Required
ST7.1	Time of first ECG	Required
ST2.17	Subsequent ECG with STEMI or STEMI Equivalent Date	Required
ST2.17.1	Subsequent ECG with STEMI or STEMI Equivalent Time	Required
TR17.27	ED Discharge disposition	Required
TR25.27	Hospital Discharge disposition	Required
TR35.26	Cath Lab Team Activated Date	Optional
TR35.27	[Cath Lab Team Activated] Time	Optional
ST3.3.1	Cath Lab Arrival Date	Required
ST3.3.2	Cath Lab Arrival Time	Required
TR200.1	ICD-10 Diagnosis	Required
TR1.19	Country	Assigned/Calculated
TR1.20	Postal code	Required
TR1.16	Race	Required
TR1.28	Other Race	Optional
TR1.17	Ethnicity	Required
TR1.12	Age (at date of incident)	Required
TR1.14	Age Units	Required
TR33.1	Referring Facility	Required
TR17.30	Direct Admit/Bypassed ED	Required
ST7.5	ECG STEMI first noted on	Required
TR17.25	Transferred out of Emergency Department Date	Required

ImageTrend Data Element	Element Name	Required Status
TR17.26	[Transferred out of Emergency Department] Time	Required
TR17.99	Length of Stay in ED	Assigned/Calculated
TR17.59	[ED] Destination Determination	Optional
TR17.60	[Discharge] Transport mode	Required
TR25.33	Admission Date	Optional
TR25.47	Admission Time	Optional
TR25.34	Hospital Discharge Date	Optional
TR25.48	Hospital Discharge Time	Optional
TR25.44	Hospital Length of Stay - Calendar Days	Assigned/Calculated
TR25.44.Mins	Hospital Length of Stay - Total Minutes	Assigned/Calculated
TR17.61	Hospital Transferred To [from ED]	Required
TR25.35	Hospital Transferred To [from Hospital]	Required
TR25.42	[Hospital Discharge] Destination Determination	Optional
TR25.43	[Hospital Discharge] Transport mode	Required
ST2.11	Cath Lab Team Activation?	Optional
TR35.23	Cath Lab Team Activated By	Required
TR17.9	Team Member	Optional
TR17.13	Service Type	Optional
TR17.10	Date Called	Optional
TR17.14	Time Called	Optional
TR17.15	Date Arrived	Optional
TR17.11	Time Arrived	Optional
TR17.12	Timely Arrival (Under Cath Lab Team Activation)	Optional
TR17.29	Consulting Services?	Optional
TR17.32	Consulting Service Type	Optional
TR17.33	Consulting Staff	Optional
TR17.7	Date [Consulting Practitioner Requested]	Optional
TR17.8	Time [Consulting Practitioner Requested]	Optional
ST3.1	Reperfusion Candidate?	Required
ST3.2	Reason No Reperfusion	Required
ST3.3	Primary PCI	Required
ST3.4	Reason No Primary PCI	Required
ST3.20	Thrombolytics	Required
ST3.26	Reason Thrombolytics Not Administered	Required
ST3.23	Thrombolytic Dose Start Date	Required
ST3.23.1	[Thrombolytics Dose Start] Time	Required
TR35.70	PCI	Required
ST3.7	PCI Delay	Required
ST3.14	First Device Activation Date	Required
ST3.6	First Device Activation Time	Required
ST2.25	Non-system Reason for Delay in PCI	Required
ST15.15	Door-to-Device Total Elapsed Time	Assigned/Calculated
ST5.15*	Referred to CV Surgery or CABG During this Admission	Optional
TR46.11*	Non-EMS Cardiac Arrest	Optional
TR35.28.4*	Cardiac Rehabilitation Referral	Optional
SK37.7*	Patient Received Thrombolytics Prior to Admission?	Optional

ImageTrend Data Element	Element Name	Required Status
ST14.1*	Was Aspirin Administered During this Hospital Stay?	Optional
ST14.2*	Aspirin (ASA) on arrival/first 24 Hours	Optional
ST14.5*	Aspirin (ASA) at Discharge	Optional
ST14.37*	Beta Blocker at Discharge	Optional
ST14.49*	Statin at Discharge	Optional
ST14.106*	Statin at Discharge Dose	Optional
ST16.2*	Non-EMS First Medical Contact Date	Optional
ST16.2.1*	[Non-EMS First Medical Contact] Time	Optional
TR25.28*	DNR	Optional
ST19.1*	STEMI education provided	Optional
* Fields denoted with an * are found on the “OPTIONAL STEMI INFORMATION” tab of the “REQUIRED STEMI FORM ENHANCED” form. These fields are included herein for facilities that wish to track these data elements for their programmatic needs.		

DESCRIPTION OF INDIVIDUAL DATA ELEMENTS

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System Reason for Delay in PCI

Item #	Element Name	Version Control Year	Required Status
ST3.8	Reason for Delay in PCI	2026	Required

Description
Was there a system reason for PCI delay?

Coding Instructions
Document if there was a system reason for delay in PCI.

Format or Allowable Values
Cath Lab Availability - Limited
Not Applicable
Unable to contact provider
Not Known/Not Recorded/Not Available

Used in Metrics
Yes

Notes
This response shows up conditionally.

Alternative Residence

Item #	Element Name	Version Control Year	Required Status
TR1.13	Alternate Home Residence	2026	Optional

Description
Reason why no city, state, ZIP code and/or country of residence is provided.

Coding Instructions
Documentation of the type of patient without a home zip code.

Format or Allowable Values
Not Applicable
Homeless
Not Known/Not Recorded

Used in Metrics
No

Notes

City

Item #	Element Name	Version Control Year	Required Status
TR1.21	Patient's City	2026	Assigned/Calculated

Description
City, township, or village of patient’s primary residence.

Coding Instructions
Derived from ZIP code; manual override possible if needed.

Format or Allowable Values
Derived from zip code

Used in Metrics
No

Notes

County

Item #	Element Name	Version Control Year	Required Status
TR1.22	Patient's County	2026	Assigned/Calculated

Description
The patient's home county (or parish) of residence.

Coding Instructions

Format or Allowable Values
Derived from zip code

Used in Metrics
No

Notes

State

Item #	Element Name	Version Control Year	Required Status
TR1.23	Patient's State	2026	Assigned/Calculated

Description
The state (including District of Columbia), territory, or province where the patient resides.

Coding Instructions

Format or Allowable Values
Derived from zip code

Used in Metrics
No

Notes

Date Arrived at your Facility

Item #	Element Name	Version Control Year	Required Status
TR.18.55	ED Admission Date	2026	Required

Description
The date the patient arrived at your facility.

Coding Instructions
Cannot be blank.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes

Time Arrived at your Facility

Item #	Element Name	Version Control Year	Required Status
TR18.56	ED Admission Time	2026	Required

Description
The time the patient arrived at your facility.

Coding Instructions
Cannot be blank.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

Notes
Located next to Date Arrived at your Facility.

Last Name

Item #	Element Name	Version Control Year	Required Status
TR1.9	Patient's LastName	2026	Required

Description
Patient's last name.

Coding Instructions
Cannot be blank.
Hyphenated names should be recorded with a hyphen.

Format or Allowable Values
[Last Name]

Used in Metrics
No

Notes

First Name

Item #	Element Name	Version Control Year	Required Status
TR1.8	Patient's FirstName	2026	Required

Description
Patient's first name.

Coding Instructions
Cannot be blank.

Format or Allowable Values
[First Name]

Used in Metrics
No

Notes

Middle Initial

Item #	Element Name	Version Control Year	Required Status
TR1.10	Patient's Middle Initial	2026	Required

Description
The patient's middle initial.

Coding Instructions
Required only when patient provides middle name/initial.

Format or Allowable Values
[Middle Initial]

Used in Metrics
No

Notes
This response shows up conditionally.

Favorite Locations

Item #	Element Name	Version Control Year	Required Status
N/A	Favorite Locations	2026	N/A

Description
This feature of the software is optional to use.

Coding Instructions
Can be documented at your discretion using the drop-down menu.

Format or Allowable Values

Used in Metrics
No

Notes
Saved frequently used location(s) if desired.

Date of birth

Item #	Element Name	Version Control Year	Required Status
TR1.7	PatientDateofBirth	2026	Required

Description
Patient's date of birth.

Coding Instructions
Cannot be blank.
If date of birth not known, estimate Age and Age Units below.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes
Used for age-stratified metrics.

Patient's Sex

Item #	Element Name	Version Control Year	Required Status
TR1.15	Gender	2026	Required

Description

The patient's sex.

Coding Instructions

Cannot be blank.
Document the biological sex assigned at birth or the current sex assignment for patients who have undergone a surgical and/or hormonal sex reassignment.

Format or Allowable Values

Not Known

Male

Female

Non-binary (Intersex or Indeterminate)

Used in Metrics

No

Notes

Date of Ischemic Symptom Onset

Item #	Element Name	Version Control Year	Required Status
ST1.2	Symptom Onset Date	2026	Required

Description

The date the patient first noted ischemic symptoms lasting greater than or equal to 10 minutes.

Coding Instructions

Cannot be blank.

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.

In the event of stuttering symptoms, Acute Coronary Syndrome (ACS) symptom onset is the time at which symptoms became constant in quality or intensity.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

Symptoms may include jaw pain, arm pain, shortness of breath, nausea, vomiting, fatigue/malaise or other equivalent discomfort suggestive of a myocardial infarction.

Time of Ischemic Symptom Onset

Item #	Element Name	Version Control Year	Required Status
ST1.3	Symptom Onset Time	2026	Required

Description

The time the patient first noted ischemic symptoms lasting greater than or equal to 10 minutes.

Coding Instructions

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.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

Located next to Date of Ischemic Symptom Onset.

Arrived From

Item #	Element Name	Version Control Year	Required Status
TR16.22	Arrived From	2026	Optional

Description
The location the patient arrived from.

Coding Instructions

Format or Allowable Values
Scene
Referring Hospital
Clinic/MD Office
Jail
Home
Nursing Home
Supervised Living
Urgent Care
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics
Yes

Notes

Mode of arrival to your facility

Item #	Element Name	Version Control Year	Required Status
TR8.8	EMS Transport Party	2026	Required

Description
The means of transportation to your facility.

Coding Instructions
Document patient's mode of arrival.

Format or Allowable Values
Ground Ambulance
Helicopter Ambulance
Fixed-wing Ambulance
Private/Public Vehicle/Walk-In
Police
Not applicable - In-house STEMI
Other
Not Documented

Used in Metrics
Yes

Notes

Pre-Arrival Notification

Item #	Element Name	Version Control Year	Required Status
SK38.4	Advanced Notification by EMS	2026	Required

Description

Did the transporting EMS agency notify the emergency department of an incoming STEMI patient?

Coding Instructions

Document only when patient is transported by EMS.

Format or Allowable Values

Yes
No
N/A
Not Known/Not Recorded

Used in Metrics

No

Notes

This response shows up conditionally.

Location of First Evaluation

Item #	Element Name	Version Control Year	Required Status
ST16.7	Location of First Evaluation	2026	Required

Description
The location the patient was first evaluated at your facility.

Coding Instructions
Cannot be blank.

Format or Allowable Values
ED
Intensive Care Unit (ICU)
Cath lab
Telemetry
Other
Not Known/Not Recorded

Used in Metrics
No

Notes

Date of first ECG

Item #	Element Name	Version Control Year	Required Status
ST7.1.1	Date of the first 12-lead electrogardiogram (ECG)	2026	Required

Description
The date of the first 12-lead electrocardiogram (ECG).

Coding Instructions
Cannot be blank.
The first value between first medical contact and 24 hours after arrival at first facility.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes
It can be performed by any of the following: EMS, PCP, ED.

Example: Record the first ECG reading after first medical contact. Patient must not have left medical contact. If they left hospital A and drove themselves to hospital B. The clock would start over.

Time of first ECG

Item #	Element Name	Version Control Year	Required Status
ST7.1	Time First ECG Obtained	2026	Required

Description
The time of the first 12-lead electrocardiogram (ECG).

Coding Instructions
Cannot be blank.
The first value between first medical contact and 24 hours after arrival at first facility.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

Notes
Located next to Date of first ECG.

Example: Record the first ECG reading after first medical contact. Patient must not have left medical contact. If they left hospital A and drove themselves to hospital B. The clock would start over.

Subsequent ECG with STEMI or STEMI Equivalent Date

Item #	Element Name	Version Control Year	Required Status
ST2.17	Subsequent ECG with STEMI or STEMI Equivalent Date	2026	Required

Description

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 (MI)).

Coding Instructions

Document only if STEMI was first seen on a subsequent ECG.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

This response shows up conditionally.

Will be used in metrics if date/time of first ECG is not populated.

Subsequent ECG with STEMI or STEMI Equivalent Time

Item #	Element Name	Version Control Year	Required Status
ST2.17.1	Subsequent ECG with STEMI or STEMI Equivalent Time	2026	Required

Description

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 (MI)) was first noted on the ECG.

Coding Instructions

Document only if STEMI was first seen on a subsequent ECG.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

This response shows up conditionally.

Will be used in metrics if date/time of first ECG is not populated.

ED Discharge Disposition

Item #	Element Name	Version Control Year	Required Status
TR17.27	ED Discharge Disposition	2026	Required

Description
The patient's destination upon being discharged from the ED.

Coding Instructions
Leave blank if the patient bypassed the ED.

Format or Allowable Values
Cath Lab
Intensive Care Unit (ICU)
Telemetry/step-down unit (less acuity than ICU)
Operating Room
Transferred to another hospital
Hospice
Left Against Medical Advice
Deceased/Expired
Other (Jail, Institution, etc.)
Not Known/Not Recorded

Used in Metrics
Yes

Notes
This response shows up conditionally.

Hospital Discharge Disposition

Item #	Element Name	Version Control Year	Required Status
TR25.27	Discharge Status	2026	Required

Description
The patient's destination upon being discharged from the hospital.

Coding Instructions
Document only when patient is admitted to your facility.

Format or Allowable Values
Inpatient Rehabilitation Facility (IRF)
Long Term Care Hospital (LTCH)
Short-term General Hospital for Inpatient Care
Intermediate Care Facility (ICF)
Home with Home Health Services
AMA
Deceased/Expired
Discharged to Home or self-care (routine discharge)
Skilled Nursing Facility (SNF)
Hospice care
Rehabilitation or long term facility
Not Known
Another type of institution not defined elsewhere

Used in Metrics
No

Notes
This response shows up conditionally.

Cath Lab Team Activated Date

Item #	Element Name	Version Control Year	Required Status
TR35.26	Cath Team Activated Date	2026	Optional

Description
The date on which the cath lab team was activated.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes
Only opens up if “Yes” for “Cath Lab Team Activation” is selected.

[Cath Lab Team Activated] Time

Item #	Element Name	Version Control Year	Required Status
TR35.27	Cath Team Activated Time	2026	Optional

Description
The time at which the cath lab team was activated.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes
Located next to Cath Lab Team Activated Date.

Only opens up if “Yes” for “Cath Lab Team Activation” is selected.

Cath Lab Arrival Date

Item #	Element Name	Version Control Year	Required Status
ST3.3.1	Patient Cath Lab Arrival Date	2026	Required

Description

The date the patient arrived to the cath lab where the PCI was being performed as documented in the medical record.

Coding Instructions

Document only if PCI = Yes.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

No

Notes

This response shows up conditionally.

Located under PCI.

Only opens up if “Yes” for “PCI” is selected.

Cath Lab Arrival Time

Item #	Element Name	Version Control Year	Required Status
ST3.3.2	Patient Cath Lab Arrival Time	2026	Required

Description

The time the patient arrived to the cath lab where the PCI was being performed as documented in the medical record.

Coding Instructions

Document only if PCI = Yes.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

No

Notes

This response shows up conditionally.

Located next to Cath Lab Arrival Date.

Only opens up if ”Yes” for “PCI” is selected.

ICD-10 Diagnosis

Item #	Element Name	Version Control Year	Required Status
TR200.1	ICD 10 Diagnosis	2026	Required

Description
ICD-10 code indicating a STEMI diagnosis.

Coding Instructions
Cannot be blank.
At least one code is required but multiple codes may be captured.
Search or use lookup to filter ICD codes.

Format or Allowable Values

Used in Metrics
Yes

Notes
Current State inclusion for ICD-10 diagnosis are as follows:

I21.0-I21.3, I22.0-I22.9 (Except I22.2).

Country

Item #	Element Name	Version Control Year	Required Status
TR1.19	Patient's Home Country	2026	Assigned/Calculated

Description
The patient's home country where he/she resides.

Coding Instructions

Format or Allowable Values
Derived from zip code

Used in Metrics
No

Notes

Postal Code

Item #	Element Name	Version Control Year	Required Status
TR1.20	Patient's Zip Code	2026	Required

Description
ZIP code of patient’s primary residence.

Coding Instructions
Cannot be blank.
Zip code must be 5 digits long.

Format or Allowable Values
[#####]

Used in Metrics
No

Notes

Race

Item #	Element Name	Version Control Year	Required Status
TR1.16	Race	2026	Required

Description
The patient's race.

Coding Instructions
Cannot be blank.

Format or Allowable Values
American Indian
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
Other Race
White
Patient refused
Not Known/Not Recorded

Used in Metrics
No

Notes

Other Race

Item #	Element Name	Version Control Year	Required Status
TR1.28	Other Race	2026	Optional

Description
Patient race that is not specified in the race drop down.

Coding Instructions

Format or Allowable Values
[Other Race]

Used in Metrics

Notes
Only opens up if “Other Race” is selected for “Race”.

Ethnicity

Item #	Element Name	Version Control Year	Required Status
TR1.17	Ethnicity	2026	Required

Description
Indicate if the patient's Ethnicity is of Hispanic or Latino.

Coding Instructions
Cannot be blank.

Format or Allowable Values
Not Known
Hispanic or Latino
Not Hispanic or Latino
Not Known/Not Recorded

Used in Metrics
No

Notes

Age (at date of incident)

Item #	Element Name	Version Control Year	Required Status
TR1.12	Patient's Age	2026	Required

Description

The patient's age at the time of injury.

Coding Instructions

Required only when birthdate is not known.
If "Date of birth" is not known you can manually enter an approximated age here.

Format or Allowable Values

0-120

Used in Metrics

Yes

Notes

This is auto-calculated based on “Date of birth”.

Age Units

Item #	Element Name	Version Control Year	Required Status
TR1.14	Age Units	2026	Required

Description

The units used to document the patient's age.

Coding Instructions

Required only when birthdate is not known.
Populate by choosing the unit from the drop-down list.
Otherwise this will autofill based on “Date of birth”.

Format or Allowable Values

Years
Months
Days
Hours
Not Known

Used in Metrics

No

Notes

This response shows up conditionally.

EMS 1st Medical Contact Date

Item #	Element Name	Version Control Year	Required Status
ST16.9	EMS 1st Contact Date	2026	Required

Description
The date where EMS made first medical contact with the patient.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes

EMS 1st Medical Contact Time

Item #	Element Name	Version Control Year	Required Status
ST16.10	EMS 1st Contact Time	2026	Required

Description
The time where EMS made first medical contact with the patient.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

Notes

Referring Facility

Item #	Element Name	Version Control Year	Required Status
TR33.1	Referring Facility Name	2026	Required

Description

This is the name of the facility in which the patient originated from PRIOR to arrival at YOUR facility.

Coding Instructions

Required only when patient is a transfer from another facility.

Format or Allowable Values

Favorites

All Facilities

ID

MT

NV

OR

UT

WA

WY

CA

Other…

[Referring Facility Name]

Used in Metrics

Yes

Notes

This response shows up conditionally.

Direct Admit/Bypassed ED

Item #	Element Name	Version Control Year	Required Status
TR17.30	Direct Admit	2026	Required

Description
Was the patient admitted to hospital directly?

Coding Instructions
Cannot be blank.

Format or Allowable Values
Yes
No
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics
Yes

Notes

ECG STEMI first noted on

Item #	Element Name	Version Control Year	Required Status
ST7.5	ECG STEMI first noted on	2026	Required

Description
STEMI or STEMI Equivalent first noted on first or subsequent ECG.

Coding Instructions
Cannot be blank.

Format or Allowable Values
Subsequent ECG
First ECG
Not Known/Not Recorded

Used in Metrics
No

Notes

Transferred out of Emergency Department Date

Item #	Element Name	Version Control Year	Required Status
TR17.25	ED Discharge Date	2026	Required

Description

The date the patient was moved out of the emergency department, either to another location within your facility or to another acute care center.

Coding Instructions

Leave blank if patient bypassed the ED.

Format or Allowable Values

MM/DD/YYYY

Used in Metrics

Yes

Notes

This response shows up conditionally.

Not applicable for patients that bypass the ED.

[Transferred out of Emergency Department] Time

Item #	Element Name	Version Control Year	Required Status
TR17.26	ED Discharge Time	2026	Required

Description

The time the patient was moved out of the emergency department, either to another location within your facility or to another acute care center.

Coding Instructions

Leave blank if they bypassed the ED.

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Yes

Notes

This response shows up conditionally.

Located next to Transferred out of Emergency Department Date.

Not applicable for patients that bypass the ED.

Length of Stay in ED

Item #	Element Name	Version Control Year	Required Status
TR17.99	Length of Stay in ED (Total Minutes) (Physical D/C)	2026	Assigned/Calculated

Description

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.

Coding Instructions

Not applicable for patients that bypass the ED.

Format or Allowable Values

[Day/Hours/Total Minutes]

Used in Metrics

No

Notes

[ED] Destination Determination

Item #	Element Name	Version Control Year	Required Status
TR17.59	ED Destination Determination	2026	Optional

Description
The reason the facility was chosen as the destination.

Coding Instructions

Format or Allowable Values
Not Applicable
Patient/family request
Referred to Hospital for Higher Level of Care
Resources Unavailable (Beds, Equipment, Staff, MD)
Not Known/Not Recorded

Used in Metrics
Yes

Notes
Located under ED Discharge Disposition.

Only opens up if “Transferred to another hospital” is selected.

[Discharge] Transport Mode

Item #	Element Name	Version Control Year	Required Status
TR17.60	Discharge Transport Mode	2026	Required

Description
The type of transportation used to transfer the patient from the ED to next destination of care.

Coding Instructions
Document only when patient is transferred out of ED to another facility.

Format or Allowable Values
Fixed-Wing
Ground Ambulance
Helicopter
Not Known/Not Recorded

Used in Metrics

Notes
This response shows up conditionally.

Located under Hospital Transferred To [from ED].

Only opens up if “Transferred to another hospital” is selected for “ED Discharge Disposition”.

Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.

Admission Date

Item #	Element Name	Version Control Year	Required Status
TR25.33	Hospital Admission Date	2026	Optional

Description
The date on which the patient was admitted as an inpatient to the hospital.

Coding Instructions
Document only when patient is admitted to your facility.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes

Admission Time

Item #	Element Name	Version Control Year	Required Status
TR25.47	Hospital Admission Time	2026	Optional

Description
The time at which the patient was admitted as an inpatient to the hospital.

Coding Instructions
Document only when patient is admitted to your facility.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

Notes
Located next to Admission Date.

Hospital Discharge Date

Item #	Element Name	Version Control Year	Required Status
TR25.34	Hospital Discharge Date	2026	Optional

Description
The date the patient was discharged from the hospital.

Coding Instructions
Document only when patient is admitted to your facility.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes

Hospital Discharge Time

Item #	Element Name	Version Control Year	Required Status
TR25.48	Hospital Discharge Time	2026	Optional

Description
The time the patient was discharged from the hospital.

Coding Instructions
Document only when patient is admitted to your facility.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes
Located next to Hospital Discharge Date.

Hospital Length of Stay - Calendar Days

Item #	Element Name	Version Control Year	Required Status
TR25.44	Hospital Length of Stay - Calendar Days (Physical D/C)	2026	Assigned/Calculated

Description
Length of Stay in Hospital in Calendar Days.

Coding Instructions
This is auto calculated and is based on the date/time.

Format or Allowable Values
[Total time in Day(s)]

Used in Metrics
No

Notes
Only calculates on admitted patients.

Hospital Discharge Date/Time - Hospital Admission Date/Time.

Hospital Length of Stay - Total Minutes

Item #	Element Name	Version Control Year	Required Status
TR25.44.Mins	Hospital Length of Stay (Total Minutes) (Physical D/C)	2026	Assigned/Calculated

Description
Length of Stay in Hospital.

Coding Instructions
This is auto calculated and is based on the date/time.

Format or Allowable Values
[Total time in Day/Hours/Total Minutes]

Used in Metrics
No

Notes
Only calculates on admitted patients.

Hospital Discharge Date/Time - Hospital Admission Date/Time.

Total time in Day/Hours/Total Minutes.

Hospital Transferred To [from ED]

Item #	Element Name	Version Control Year	Required Status
TR17.61	Hospital Transferred To	2026	Required

Description
Name of the facility the patient was transferred to.

Coding Instructions
Document only when patient is transferred out of ED to another facility.
Choose the state patient is transferring to.
After state selection, choose the specific facility.

Format or Allowable Values
ID
MT
NV
OR
UT
WA
WY
CA
Other…

[Facility Name]

Used in Metrics
No

Notes
This response shows up conditionally.

Located under [ED] Destination Determination.

Only opens up if “Transferred to another hospital” is selected for “ED Discharge Disposition”.

The facility list updates based on your state selection.

Hospital Transferred To [from Hospital]

Item #	Element Name	Version Control Year	Required Status
TR25.35	Hospital Transferred To	2026	Required

Description
Name of the facility the patient was transferred to.

Coding Instructions
Document only when patient is transferred from your hospital to another facility.
Choose the state patient is transferring to.
After state selection, choose the specific facility.

Format or Allowable Values
ID
MT
NV
OR
UT
WA
WY
CA
Other…

[Rehabilitation or Facility Name]

Used in Metrics
No

Notes
This response shows up conditionally.

Located under [Hospital Discharge] Destination Determination.

Only opens up if you select an option from “Hospital Discharge Disposition”.

The facility list updates based on your state selection.

[Hospital Discharge] Destination Determination

Item #	Element Name	Version Control Year	Required Status
TR25.42	Hospital Discharge Destination Determination	2026	Optional

Description
The reason the facility was chosen as the destination.

Coding Instructions

Format or Allowable Values
Not Applicable
Patient/family request
Referred to Hospital for Higher Level of Care
Resources Unavailable (Beds, Equipment, Staff, MD)
Not Known/Not Recorded

Used in Metrics
No

Notes
Selecting a destination from the list in “Hospital Discharge Disposition” will expand more options on the form.

Only opens up if “ED Discharge Disposition” is NOT Transfering to another hospital/facility, Left Against Medical Advice, or Deceased/Expired.

[Hospital Discharge] Transport Mode

Item #	Element Name	Version Control Year	Required Status
TR25.43	Hospital Discharge Transport Mode	2026	Required

Description

The type of transportation used to transfer an admitted patient from hospital to next destination of care.

Coding Instructions

Document only when patient is transferred to another facility.

Format or Allowable Values

Ground Ambulance

Helicopter

Fixed-Wing

Not Known/Not Recorded

Used in Metrics

No

Notes

This response shows up conditionally.

Located under “Hospital Transferred To” which is under “Hospital Discharge Disposition”.

Patients who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.

Cath Lab Team Activation?

Item #	Element Name	Version Control Year	Required Status
ST2.11	Cath Lab Team Activation	2026	Optional

Description
Was the Cath Team Activated?

Coding Instructions

Format or Allowable Values
No
Yes

Used in Metrics
No

Notes
Selecting “Yes” for “Cath Lab Team Activation” will expand more options on the form.

Cath Lab Team Activated By

Item #	Element Name	Version Control Year	Required Status
TR35.23	STEMI Team Activated By	2026	Required

Description
To indicate who activated the Cath Lab Team.

Coding Instructions
Document if Cath Lab Team Activated = Yes.

Format or Allowable Values
Physician
ED
Referring Facility
EMS
Not Applicable
Not Known/Not Recorded

Used in Metrics
No

Notes
This response shows up conditionally.

Only opens up if “Yes” is selected for “Cath Lab Team Activated”.

Team Member

Item #	Element Name	Version Control Year	Required Status
TR17.9	ED Physician	2026	Optional

Description

Enter name of physician or nurse.

Coding Instructions

Click on people icon to enter data and search or look in drop down to see if it's already been added.

Format or Allowable Values

[Team Member Name]

Used in Metrics

No

Notes

To the right there is a box icon to add a staff.

Only opens up if “Yes” is selected for “Cath Lab Team Activated”.

Service Type

Item #	Element Name	Version Control Year	Required Status
TR17.13	ED Physician Service Type	2026	Optional

Description
The service type the team member is from.

Coding Instructions
Select the ED Physician service type from drop down.

Format or Allowable Values
Not Applicable
Cardiac Catherization Lab Technician
Cardiologist
Emergency Medicine
Internal Medicine
Interventional Cardiologist
Nephrologist
Nephrology
Pulmonology
Surgery/Trauma
Certified Nursing Assistant
Float Nurse
RN - Registered Nurse
Anesthesia
Surgery Senior Resident
Neurosurgery
Orthopedic Surgery
Family Practice
Nurse Practitioner
Physician Assistant
Not Known/Not Recorded

Used in Metrics
No

Notes
Open opens up if “Yes” is selected for “Cath Lab Team Activation”.

Example: Neurosurgery, Cardiologist, Radiology, etc.

Date Called

Item #	Element Name	Version Control Year	Required Status
TR17.10	Date Physician Called	2026	Optional

Description
The date the physician or nurse was called.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes
Open opens up if “Yes” is selected for “Cath Lab Team Activation”.

Time Called

Item #	Element Name	Version Control Year	Required Status
TR17.14	Time Physician Called	2026	Optional

Description
The time that the physician or nurse was called.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes
Open opens up if “Yes” is selected for “Cath Lab Team Activation”.

Date Arrived

Item #	Element Name	Version Control Year	Required Status
TR17.15	Date Physician Arrived	2026	Optional

Description
Date physician or nurse arrived.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes
Open opens up if “Yes” is selected for “Cath Lab Team Activation”.

Time Arrived

Item #	Element Name	Version Control Year	Required Status
TR17.11	Time Physician Arrived	2026	Optional

Description
The time physician or nurse arrived.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes
Open opens up if “Yes” is selected for “Cath Lab Team Activation”.

Timely Arrival

Item #	Element Name	Version Control Year	Required Status
TR17.12	Was Trauma Surgeon Arrival in ED Timely	2026	Optional

Description
Was the physician or nurse arrival timely?

Coding Instructions

Format or Allowable Values
N/A
Yes
No
Pending
Not Applicable
Not Known
Not Known/Not Recorded

Used in Metrics
No

Notes
Only opens up if “Yes” is selected for “Cath Lab Team Activation”.

Consulting Services?

Item #	Element Name	Version Control Year	Required Status
TR17.29	Consulting Service	2026	Optional

Description
Were consulting services needed for this patient?

Coding Instructions

Format or Allowable Values
Not Applicable
Yes
No
Not Known
Not Known/Not Recorded

Used in Metrics
No

Notes
Selecting “Yes” for “Consulting Services” will expand more options on the form.

Consulting Service Type

Item #	Element Name	Version Control Year	Required Status
TR17.32	Consulting Service Type	2026	Optional

Description
Type of the consulting service.

Coding Instructions

Format or Allowable Values
Not Applicable
Cardiologist
Neurologist
Radiologist
Tele Medicine
Not Known/Not Recorded

Used in Metrics
No

Notes
Only opens up if “Yes” is selected for “Consulting Services”.

Consulting Staff

Item #	Element Name	Version Control Year	Required Status
TR17.33	Consulting Staff	2026	Optional

Description

Name of physician or nurse.

Coding Instructions

Click on people icon to enter data and search or look in drop down to see if it's already been added.

Format or Allowable Values

[Consulting Staff Name]

Used in Metrics

No

Notes

To the right there is a box icon to add a staff.

Only opens up if “Yes” is selected for “Consulting Services”.

Date [Consulting Practitioner Requested]

Item #	Element Name	Version Control Year	Required Status
TR17.7	Date Consulting Practitioner Requested	2026	Optional

Description
Date Consulting Practitioner Requested.

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
No

Notes
Only opens up if “Yes” is selected for “Consulting Services”.

Time [Consulting Practitioner Requested]

Item #	Element Name	Version Control Year	Required Status
TR17.8	Time Consulting Practitioner Requested	2026	Optional

Description
Time Consulting Practitioner Requested.

Coding Instructions

Format or Allowable Values
HH:MM (military time)

Used in Metrics
No

Notes
Only opens up if “Yes” is selected for “Consulting Services”.

Reperfusion Candidate?

Item #	Element Name	Version Control Year	Required Status
ST3.1	Reperfusion Candidate	2026	Required

Description

Is patient a reperfusion candidate for primary PCI (Percutaneous Coronary Intervention) or Thrombolytic Therapy?

Coding Instructions

Cannot be blank.

Format or Allowable Values

No

Yes

Used in Metrics

Yes

Notes

Selecting “Yes” for “Reperfusion Candidate” will expand more options on the form.

Reason No Reperfusion

Item #	Element Name	Version Control Year	Required Status
ST3.2	Reason no Reperfusion	2026	Required

Description

Select the one primary reason, that reperfusion therapy (thrombolytic therapy or primary PCI) was not indicated.

Coding Instructions

Document if Reperfusion Candidate = No.

Format or Allowable Values

Chest pain resolved
MI diagnosis unclear
MI symptoms onset > 12 hours
No ST elevation/LBBB
No chest pain
Other
Patient went into cardiac arrest on the way to Cath Lab
Patient/family refusal
ST elevation resolved
Hospice/palliative care
Not Known/Not Recorded
Patient received reperfusion at referring facility
Patient's condition declined

Used in Metrics

No

Notes

This response shows up conditionally.

Only opens up if “No” is selected for “Reperfusion Candidate”.

Primary PCI

Item #	Element Name	Version Control Year	Required Status
ST3.3	Primary PCI	2026	Required

Description
Indicate if this patient had a Primary PCI (Percutaneous Coronary Intervention) for STEMI.

Coding Instructions
Document if Reperfusion Candidate = Yes.

Format or Allowable Values
No
Yes

Used in Metrics
No

Notes
This response shows up conditionally.

Only opens up if “Yes” is selected for “Reperfusion Candidate”.

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 Primary PCI

Item #	Element Name	Version Control Year	Required Status
ST3.4	Reason no PCI	2026	Required

Description

If reperfusion indicated and no PCI, why?

Select the one primary reason, documented in the medical record, that primary PCI was not performed as reperfusion therapy.

Coding Instructions

Document if Primary PCI = No.

Format or Allowable Values

Spontaneous reperfusion (documented by cath only)
Thrombolytic Administered
Quality of life decision
Prior allergic reaction to IV contrast
Patient/family refusal
Patient delays in providing consent for procedure
Non-compressible vascular puncture(s)
DNR at time of treatment decision
Anatomy not suitable to Primary PCI
Patient expired during procedure
Not performed (not a PCI center)
No reason documented
Multivessel disease referred for CABG
Multivessel disease
Expired prior to PCI
Cardiac arrest during PCI procedure
Cardiac arrest
Other
Not Known/Not Recorded

Used in Metrics

No

Notes

This response shows up conditionally.

Only opens up if “Yes” is selected for “Reperfusion Candidate” and “No” is selected for “Primary PCI”.

Thrombolytics

Item #	Element Name	Version Control Year	Required Status
ST3.20	Thrombolytics	2026	Required

Description
Indicate if the patient received thrombolytic therapy as an urgent treatment for STEMI.

Coding Instructions
Document if Reperfusion Candidate = Yes.

Format or Allowable Values
No
Yes

Used in Metrics
Yes

Notes
This response shows up conditionally.

Only opens up if “Yes” is selected for “Reperfusion Candidate”.

Examples of thrombolytic therapy drugs include the following:

t-PA (alteplase), TNK (tenecteplase), Reteplase

Reason Thrombolytics Not Administered

Item #	Element Name	Version Control Year	Required Status
ST3.26	Reason Thrombolytics Not Administered	2026	Required

Description

Select the one primary reason, documented in the medical record, that thrombolytics were not administered as reperfusion therapy.

Coding Instructions

Document if Thrombolytics = No.

Format or Allowable Values

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
Other
Pregnancy
Prior allergic reaction to thrombolytics
Recent bleeding within 4 weeks
Recent surgery/trauma
Severe uncontrolled hypertension
Significant closed head or facial trauma (within previous 3 months)
Suspected aortic dissection
Transferred for PCI or Received Thrombolytics at Referring Facility
Traumatic CPR that precludes Thrombolytics

Used in Metrics

No

Notes

This response shows up conditionally.

Only opens up if “No” is selected for “Thrombolytics”.

Thrombolytic Dose Start Date

Item #	Element Name	Version Control Year	Required Status
ST3.23	Thrombolytic dose start date	2026	Required

Description
The date the initial dose of thrombolytic therapy was administered.

Coding Instructions
Document if Thrombolytics = Yes.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes
This response shows up conditionally.

Only opens up if “Yes” is selected for “Thrombolytics”.

[Thrombolytics Dose Start] Time

Item #	Element Name	Version Control Year	Required Status
ST3.23.1	Thrombolytics Dose Start Time	2026	Required

Description
The time the initial dose of thrombolytic therapy was administered.

Coding Instructions
Document if Thrombolytics = Yes.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

Notes
This response shows up conditionally.

Located next to Thrombolytic dose start date.

Only opens up if “Yes” is selected for “Thrombolytics”.

PCI

Item #	Element Name	Version Control Year	Required Status
TR35.70	PCI Procedure	2026	Required

Description
Indicate if the patient had a percutaneous coronary intervention (PCI).

Coding Instructions
Cannot be blank.

Format or Allowable Values
No
Yes

Used in Metrics
No

Notes
Selecting “Yes” for “PCI” will expand more options on the form.

PCI Delay

Item #	Element Name	Version Control Year	Required Status
ST3.7	PCI Delay	2026	Required

Description
Was there a delay in PCI?

Coding Instructions
Document if PCI = Yes.

Format or Allowable Values
No
Yes

Used in Metrics
No

Notes
This response shows up conditionally.

First Device Activation Date

Item #	Element Name	Version Control Year	Required Status
ST3.14	First Device Activation Date	2026	Required

Description
The date the first device was activated regardless of type of device used.

Coding Instructions
Document only if PCI = Yes.

Format or Allowable Values
MM/DD/YYYY

Used in Metrics
Yes

Notes
This response shows up conditionally.

Only opens up if “Yes” is selected for “PCI”.

First Device Activation Time

Item #	Element Name	Version Control Year	Required Status
ST3.6	First Device Activation Time	2026	Required

Description
The time the first device was activated regardless of type of device used.

Coding Instructions
Document only if PCI = Yes.

Format or Allowable Values
HH:MM (military time)

Used in Metrics
Yes

Notes
This response shows up conditionally.

Non-system Reason for Delay in PCI

Item #	Element Name	Version Control Year	Required Status
ST2.25	Non-system Reason for Delay in PCI	2026	Required

Description

Indicate if there is documentation of a non-system reason for a delay in doing the first percutaneous coronary intervention.

Coding Instructions

Document if there was a non-system reason for delay in PCI.

Format or Allowable Values

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
Emergent placement of LV support device
Need for additional PPE for suspected/confirmed infectious disease
None
Other
Patient delays in providing consent for the procedure
STEMI identified on subsequent ECG causing delay

Used in Metrics

No

Notes

This response shows up conditionally.

Door-to-Device Total Elapsed Time

Item #	Element Name	Version Control Year	Required Status
ST15.15	SRC Door To Balloon Interval	2026	Assigned/Calculated

Description

The time elapsed between the patient's arrival at the hospital to the time primary percutaneous coronary intervention is performed.

Coding Instructions

This is auto calculated and is based on the date/time.

Only calculates on patients who receive Percutaneous Coronary Intervention (PCI).

Format or Allowable Values

HH:MM (Total elapsed time)

Used in Metrics

No

Notes

First Device Activation Date/Time - Date/Time arrived at your facility

Referred to CV Surgery or CABG During this Admission

Item #	Element Name	Version Control Year	Required Status
ST5.15	Transfer for CABG	2026	Optional

Description

Indicate if the patient was referred to CV Surgery or CABG during this admission.

Coding Instructions

Format or Allowable Values

No
Yes

Used in Metrics

Notes

Non-EMS Cardiac Arrest

Item #	Element Name	Version Control Year	Required Status
TR46.11	Non-EMS Cardiac Arrest	2026	Optional

Description
Indicate if the patient had a Non-EMS Cardiac Arrest.

Coding Instructions

Format or Allowable Values
In Hospital Cardiac Arrest
Out of Hospital Cardiac Arrest
Not Known/Not Recorded

Used in Metrics

Notes

Cardiac Rehabilitation Referral

Item #	Element Name	Version Control Year	Required Status
TR35.28.4	Cardiac Rehabilitation Referral	2026	Optional

Description
Cardiac Rehabilitation Referral recommended.

Coding Instructions

Format or Allowable Values
Yes
No - Health Care System Reason
No - Medical Reason
No - No Referral
No - Pt Reason/Preference
No - Reason not documented
Ineligible
Not known/Not recorded/Not applicable

Used in Metrics

Notes

Patient Received Thrombolytics Prior to Admission?

Item #	Element Name	Version Control Year	Required Status
SK37.7	Anti Thrombolic Medication	2026	Optional

Description

Did this patient receive Thrombolytic medication prior to admission?

Coding Instructions

Format or Allowable Values

Yes
No

Used in Metrics

Notes

Was Aspirin Administered During this Hospital Stay?

Item #	Element Name	Version Control Year	Required Status
ST14.1	Aspirin at Home	2026	Optional

Description

Indicate if the patient had Aspirin administered during this hospital stay.

Coding Instructions

Format or Allowable Values

No
Yes
Verbally Stated/Not Recorded

Used in Metrics

Notes

Aspirin (ASA) on arrival/first 24 Hours

Item #	Element Name	Version Control Year	Required Status
ST14.2	Aspirin in First 24 Hours	2026	Optional

Description
Indicate if aspirin was administered in the first 24 hours before or after first medical contact.

Coding Instructions

Format or Allowable Values
No
Yes
Contraindicated
Not known/Not recorded

Used in Metrics

Notes
This includes if the patient took their own at home, at the transferring facility or via EMS prior to arrival.

Aspirin (ASA) at Discharge

Item #	Element Name	Version Control Year	Required Status
ST14.5	Aspirin at Discharge	2026	Optional

Description

Indicate if Aspirin was prescribed, not prescribed, or was not prescribed for either a medical or patient reason.

Coding Instructions

Format or Allowable Values

No

Yes

Contraindicated

Not known/Not recorded

Used in Metrics

Notes

Excludes patients that were discharged to “other acute care hospital”, left AMA, receive hospice, or deceased/expired.

Beta Blocker at Discharge

Item #	Element Name	Version Control Year	Required Status
ST14.37	Beta Blocker at Discharge	2026	Optional

Description

Indicate if a Beta Blocker was prescribed, not prescribed, or was not prescribed for either a medical or patient reason.

Coding Instructions

Format or Allowable Values

No

Yes

Contraindicated

Not known/Not recorded

Used in Metrics

Notes

Excludes patients that were discharged to “other acute care hospital”, left AMA, receive hospice, or deceased/expired.

Statin at Discharge

Item #	Element Name	Version Control Year	Required Status
ST14.49	Statin at Discharge	2026	Optional

Description

Indicate if the Statin was prescribed, not prescribed, or was not prescribed for either a medical or patient reason.

Coding Instructions

Format or Allowable Values

No

Yes

Contraindicated

Not known/Not recorded

Used in Metrics

Notes

Excludes patients that were discharged to “other acute care hospital”, left AMA, receive hospice, or deceased/expired.

Statin at Discharge Dose

Item #	Element Name	Version Control Year	Required Status
ST14.106	Statin at Discharge Dose	2026	Optional

Description
The dose of statin prescribed at discharge.

Coding Instructions

Format or Allowable Values
Less Than Intensive Statin Therapy
Intensive Statin Therapy

Used in Metrics

Notes

[Non-EMS First Medical Contact] Date

Item #	Element Name	Version Control Year	Required Status
ST16.2	Non-EMS First Medical Contact Date	2026	Optional

Description
The date the patient received First Medical Contact (Non-EMS).

Coding Instructions

Format or Allowable Values
MM/DD/YYYY

Used in Metrics

Notes

[Non-EMS First Medical Contact] Time

Item #	Element Name	Version Control Year	Required Status
ST16.2.1	Non-EMS First Medical Contact Time	2026	Optional

Description

The time the patient received First Medical Contact (Non-EMS).

Coding Instructions

Format or Allowable Values

HH:MM (military time)

Used in Metrics

Notes

DNR

Item #	Element Name	Version Control Year	Required Status
TR25.28	Advanced Directive	2026	Optional

Description
Is the patient Do Not Resuscitate Status?

Coding Instructions

Format or Allowable Values
Yes
No
Not Known
Not Known/Not Recorded

Used in Metrics

Notes
Only opens up if “Deceased/Expired” is selected for “Hospital Discharge Disposition.”

STEMI education provided

Item #	Element Name	Version Control Year	Required Status
ST19.1	STEMI Education	2026	Optional

Description
STEMI education provided.

Coding Instructions

Format or Allowable Values
Yes
No
Not Done/Documented

Used in Metrics

Notes

2026 Data Dictionary Change Log Notes

General changes in 2026

- None noted.

Element specific changes in 2026

- None noted.

New elements added in 2026

- **ST16.9: EMS 1st Contact Date. Added as a required data element.**
- **ST16.10: EMS 1st Contact Time. Added as a required data element.**

Retired elements in 2026

- None noted.

Elements not changed beyond general changes in 2026

- None noted.

DESCRIPTION OF METRICS CALCULATIONS

The table below describes metrics calculations as of December 31, 2025. Equivalent metrics are also calculated by hospital type and are denoted as “Bch_” or benchmarking data.

Workbook sheet name	Metric
3Fac_Symptom2DeviceNoTrans	Time from symptom onset to device activation date/time among patients transferred between facilities by facility and year (tSymp2DevTransfer)
3Fac_Symptom2DeviceNoTrans	Time from symptom onset to device activation date/time among patients arriving via private vehicle or non-transfer EMS (non-transfer) by facility and year (tSymp2DevNoTransfer)
5Fac_D2D2DeviceTrans	Time from door at 1st facility to device activation at 2nd facility among patients transferred from one facility to another by facility and year (tD2D2D4Transfer) ** These statistics report the same time for the transferring and receiving facilities for each event. **
7Fac_D2DeviceNoTrans	Time from arrival in ED or hospital (direct to cath lab) to device activation among “walk-in” patients (arrive via non-transferring ambulance or private vehicle) by facility and year (tD2DNonTransfer)
9Fac_MedC2DevNoT21	Time from first medical contact (EMS or ED arrival) to device activation time among patients who arrive via private vehicle or non-transferring EMS (direct arrivals/non-transfer patients) by facility and year (tMedContact2Device4NoTransfer) * This metric requires linkage with EMS records and is only available for 2021 cases and forward.
11Fac_MedC2DevT21	Time from first medical contact (EMS or ED arrival) to device activation time among patients who are transferred in from another facility by facility and year (tMedContact2Device4Transfer) * This metric requires linkage with EMS records and is only available for 2021 cases and forward.
13Fac_DCTime	Time from arrival to ED discharge to another facility or cath lab by facility and year (Door2DC)
15Fac_ThrombTime	Time from ED arrival or hospital arrival to time of thrombolytics administration by facility and year (Door2ThromNeedle)
17Fac_Door2ECGTime	Time from arrival (ED or hospital) to first within facility ECG (Door2ECG) by facility and year
19Fac_ArrVolumes	Numbers of cases by arrival type, facility, and year
21Fac_Age_Cat	Numbers of cases by age category at time of event, facility, and year

APPENDIX A: AHA ID/CMS IDENTIFIER

The table below describes Facility AHA ID/CMS Identifiers as of March 5, 2026 and may not be comprehensive. Please contact the Idaho TSE team at IdahoTSE@teamiha.org if a hospital needs to be referenced but it is not listed to have it added to the database.

Facility Name	State	AHA ID/CMS Identifier
Adams County Health Center	ID	131827
Barrett Memorial Hospital	MT	271318
Bear Lake Memorial Hospital	ID	131316
Benewah Community Hospital	ID	131317
Bingham Memorial Hospital	ID	131325
Blue Mountain Hospital	OR	381305
Bonner General Hospital	ID	131328
Boundary Community Hospital and Nursing Home	ID	131301
Bozeman Health Deaconess Hospital	MT	270057
Brigham City Community Hospital	UT	460017
Cache Valley Hospital	UT	460054
Caribou Medical Center	ID	131309
Cascade Medical Center	ID	130779
Cassia Regional Medical Center	ID	131326
Confluence Health Hospital Central Campus	WA	500016
Cheyenne Regional Medical Center	WY	530014
Clark Fork Valley Hospital	MT	271323
Clearwater Valley Health	ID	131320
Community Medical Center	MT	270023
Davis Hospital and Medical Center	UT	460041
Dayton General Hospital	WA	501302
Eastern Idaho Regional Medical Center	ID	130018
Ferry County Health	WA	501322
Franklin County Medical Center	ID	131322
Garfield County Hospital	WA	501301
Good Shepherd Healthcare System	OR	381325
Grande Ronde Hospital	OR	381321
Gritman Medical Center	ID	131327
Harborview Medical Center	WA	500064
Harney District Hospital	OR	381307
Holy Family Hospital	WA	500077
Humboldt General Hospital	NV	291308
Idaho Falls Community Hospital	ID	130074
Idaho State Hospital North	ID	134019
Idaho State Hospital South	ID	134010
Intermountain Hospital	ID	134002
Intermountain Medical Center	UT	460010
Kadlec Regional Medical Center	WA	500058
Kootenai Health	ID	130049

Facility Name	State	AHA ID/CMS Identifier
LDS Hospital	UT	460006
Legacy Emanuel Hospital and Health Center	OR	380007
Lincoln County Hospital	WA	501305
Logan Health	MT	270051
Logan Regional Hospital	UT	460015
Lost Rivers Medical Center	ID	131324
Madison Health	ID	130025
McKay-Dee Hospital	UT	460004
Minidoka Memorial Hospital	ID	131319
Mountain View Hospital	ID	130065
MultiCare Deaconess Hospital	WA	500044
MultiCare Valley Hospital	WA	500119
Nell J. Redfield Memorial Hospital	ID	131303
Newport Community Hospital	WA	501310
North Canyon Medical Center	ID	131302
North Idaho Advanced Care Hospital	ID	132001
North Idaho Falls ER	ID	1300181
Northeastern Nevada Regional Hospital	NV	290008
Northwest Specialty Hospital	ID	130066
Ogden Regional Medical Center	UT	460005
Oregon Health and Science University Hospital	OR	380009
Pinedale Medical Center	WY	530038
Portneuf Medical Center	ID	130028
Post Falls ER & Hospital	ID	1300001
Power County Hospital District	ID	131304
Primary Children's Medical Center	UT	463301
Providence Sacred Heart	WA	509804
Pullman Regional Hospital	WA	501331
Saint Alphonsus Medical Center-Baker City, OR	OR	381315
Saint Alphonsus Medical Center-Nampa	ID	130013
Saint Alphonsus Medical Center-Ontario	OR	380052
Saint Alphonsus Regional Medical Center	ID	130007
Saint Alphonsus Regional Rehabilitation Hospital	ID	133028
Saint Alphonsus-Eagle Emergency Department	ID	1300071
Saint Alphonsus-South Nampa Emergency Department	ID	1300131
SARMC IRF	ID	130007
Seattle Children's Hospital	WA	503300
Shoshone Medical Center	ID	131314
Shriner's Hospital for Children	WA	503302
St. Anthony Hospital	OR	381319
St. Charles Medical Center	OR	380047
St. Elizabeth Health Services	OR	381315
St. James Healthcare	MT	270017
Cabinet Peaks Medical Center	MT	271320

Facility Name	State	AHA ID/CMS Identifier
St. John's Medical Center	WY	530015
St. Joseph Regional Medical Center	ID	130003
St. Luke's Boise Regional Medical Center	ID	130006
St. Luke's Elmore Medical Center	ID	131311
St. Luke's Fruitland Medical Plaza	ID	1300712
St. Luke's Jerome Medical Center	ID	131310
St. Luke's Magic Valley Medical Center	ID	130002
St. Luke's McCall Medical Center	ID	131312
St. Luke's Meridian Medical Center	ID	1300062
St. Luke's Nampa Medical Center	ID	130071
St. Luke's Rehabilitation Hospital (Elks)	ID	133025
St. Luke's Wood River Medical Center	ID	131323
St. Mark's Hospital	UT	460047
St. Mary's Health	ID	131321
St. Patrick Hospital	MT	270014
St. Vincent Healthcare	MT	270049
Star Valley Medical Center	WY	531313
Steele Memorial Medical Center	ID	131305
Syringa General Hospital	ID	131315
Tacoma General Hospital	WA	500129
Teton Valley Hospital	ID	131313
Tri-State Memorial Hospital	WA	501332
UCSF Health	CA	50454
University of Utah Hospital	UT	460009
George E. Wahlen Department of Veterans Affairs Medical Center	UT	46002F
Valor Health	ID	131318
Boise VA Medical Center	ID	13003F
Spokane VA Medical Center	WA	50011F
Virginia Mason Medical Center	WA	509800
Wallowa Memorial Hospital	OR	381306
Weiser Memorial Hospital	ID	131307
Confluence Health Hospital Mares Campus	WA	503938
West Valley Medical Center	ID	130014
Whitman Hospital & Medical Clinics	WA	501327
William Bee Ririe Hospital	NV	291302