



Riverside Emergency Medical Services
Information System (REMSIS)
Cardiac Patient Registry
Data Dictionary and Definitions
2026

REVISED APRIL 2026
PREPARED BY RIVERSIDE COUNTY EMS AGENCY, EMERGENCY MANAGEMENT DEPARTMENT

REMSA STEMI Registry Inclusion Criteria (ALL STEMI activations)

Definition:

To ensure consistent data collection across Riverside County and the State STEMI Registry, a STEMI patient is defined as a patient with an ST Elevated Myocardial Infarction (STEMI)

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO:

- ALL STEMI Activations (prehospital and walk-in)
- STEMI/NSTEMI admission
- STEMI Patient transfer via EMS transport (including air ambulance) from one hospital to another hospital, regardless of disposition
- and STEMI and NSTEMI diagnosis at discharge
- Death resulting from Cardiac Arrest (CARES)

Cardiac Long Form:

1. Patients with a hospital diagnosis of ST Elevation MI. Enter data onto the cardiac long form.
2. Exclusions
 - a. Cardiac arrest patients without a STEMI diagnosis or field impression of STEMI. Please enter into the CARES registry only.
 - b. Patients with incorrect diagnoses or field impressions due to documentation error.

Cardiac Short Form:

1. Patients with a primary or secondary impression of STEMI, or a positive 12 lead EKG interpretation by a paramedic of ED provider. Those without a hospital diagnosis of STEMI are entered onto the cardiac short form.

Hospitals may elect to include additional cases in their database that do not meet State or REMSA criteria.

* Centers are not limited to data collection on any patients not meeting REMSA Criteria. Facilities can use additional criteria meeting their individual needs, all available ImageTrend elements are listed in the table of contents.

2026 STEMI DATA SUBMISSION DATES

Date Data Due to REMSA	Date Range of Data
March 14 th , 2026	October 1 st , 2025 – December 31 st , 2025 (Q4 '25)
June 13 th , 2026	January 1 st , 2026 – March 31 st , 2026 (Q1 '26)
September 12 th , 2026	April 1 st , 2026 – June 30 th , 2026 (Q2 '26)
December 12 th , 2026	July 1 st , 2026 – Sept. 30 th , 2026 (Q3 '26)

EMS

1. Incident Address	Description	IT Element	Short Form
Incident Address	Street level address of the incident	TR5.5	TR5.5
Country	The country where the incident took place	TR5.11	TR5.11
Postal Code	The zip code of the Incident location	TR5.6	TR5.6
city	The city where the patient was found-unit responded	TR5.10	TR5.10
county	The county where the patient was found-unit responded	TR5.9	TR5.9
state	The state where the patient was found-unit responded	Tr5.7	Tr5.7
2. Arrived From	Description	IT Element	Short Form
Transported to your Facility By	The method of transport delivering the patient to the hospital	TR8.8	TR8.8
Location Site	ICD-9 Injury Location E drop down =location site	TR5.4 E849.0- E849.9	TR5.4 E849.0- E849.9
3. Prehospital	Description	IT Element	Short Form
Run Number	The EMS Run number assigned by EMS NEMSIS Field eResponse.03	TR7.1	TR7.1
Unit Notified Date	The date unit transporting to the hospital was notified by dispatch.	TR 9.1	TR 9.1
Unit Notified Time	The time the unit transporting to the hospital left the scene	TR 9.3.1	TR 9.3.1
Leave Scene Date	The date the unit transporting to the hospital left the scene	TR 9.3	TR 9.3
Leave Scene Time	The time the unit transporting to the hospital left the scene	TR 9.3.1	TR 9.3.1
Transport Mode	The mode of transport used by EMS to transport patient from the scene to the hospital	TR 8.10	TR 8.10
EMS Report Status		TR15.38	TR15.38
Providers Primary Impression		TR15.61	TR15.61
EMS PCR Number	Patient care report number	TR 9.11	TR 9.11
Arrive Scene Date	The date the unit transporting to the hospital arrived on scene	TR 9.2	TR 9.2
Arrive Scene Time	The time the unit transporting to the hospital arrived on scene	TR 9.2.1	TR 9.2.1
Hospital notification from EMS Date	The date EMS contacted the hospital to provide information on patient and ETA to hospital	TR 9.16	TR 9.16
Hospital Notification from EMS Time	The time EMS contacted the hospital to provide condition and ETA to hospital	TR 9.16.1	TR 9.16.1
Destination Determination	The reason the hospital was chosen to transport the pt to.	TR 15.32	TR 15.32
Pre Hospital Cardiac Arrest	Whether the person suffered a cardiac arrest prior to arrival	TR 15.53	TR 15.53
Method of 1 st Notification	Method of 1 st notification	TR 15	TR 15
Service	The name of the EMS service the patient was transferred from	TR7.3	TR7.3
Patient contact date	Date patient contacted	TR 9.6	TR 9.6

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Patient contact time	Time patient contacted	TR9.5	TR9.5
Arrive hospital date	Unit arrived at hospital date	TR 9.4	TR 9.4
Arrive hospital time	Unit arrived at hospital time	TR 9.41	TR 9.41
Triage destination protocol	Out of hospital triage destination protocol was used to determine patient needed resources at STEMI center	TR 9.13	TR 9.13
Pre hospital fluid volume	Volume of IV fluids pt received PTA	TR 15.51	TR 15.51
Secondary Impression	Secondary problem or most significant condition which led to management of pt.	TR 15	TR 15
4. ECG Lead Grid-prehospital	Description	IT Element	Short Form
Prehospital STEMI or Equivalent Indication	Indicate if the pre-hospital EKG findings demonstrated a STEMI or STEMI equivalent	ST7.3	ST7.3
STEMI/equivalent EKG Findings	If STEMI/Equivalent, specific findings	ST7.4	ST7.4
First EKG Date	Date of the first 12-lead EKG	ST7.1.1	ST7.1.1
First EKG time	Indicate time of first EKG by pre-hospital provider	ST7.1	ST7.1
EKG STEMI first noted on	STEMI or STEMI equivalent first noted on first or subsequent EKG by pre-hospital provider	ST7.5	ST7.5
Interpretation method	Indicate method of EKG interpretation	ST7.7	ST7.7
PH EKG done by	Indicate who accomplished the pre-hospital EKG	ST7.2	ST7.2
Time Subsequent EKG w/STEMI Obtained	Time of subsequent EKG demonstrating STEMI/Equivalent	ST7.6	ST7.6
Date PEKG Transmission	Date of PEKG transmission	ST7.8.1	ST7.8.1
Time PEKG Transmission	Time of subsequent EKG demonstrating STEMI/Equivalent	ST7.6	ST7.6
12 lead EKG performed	Was a 12 lead EKG performed on this patient during this event	ST2.32	ST2.32
12 lead EKG performed date	The date the EKG was performed	ST2.35	ST2.35
12 lead EKG performed time	The time the EKG was performed	ST2.35.1	ST2.35.1
EKG findings	What were the results of the 12 lead EKG interpretation	ST2.38	ST2.38
EKG performed location	What location was the 12 lead EKG performed at	ST2.33	ST2.33
Transmission date	The date the EKG transmission Occurred	ST2.36	ST2.36
Transmission time	The time the EKG transmission occurred	ST2.36.1	ST2.36.1
Performed by	Who performed and interpreted the 12 lead EKG	ST2.39	ST2.39
12 lead EKG ordered date	The date the EKG was ordered to be performed	ST2.34	ST2.34
12 lead EKG ordered time	The time the EKG was ordered to be performed	ST2.34.1	ST2.34.1
STEMI/Equivalent noted	Was a STEMI or an equivalent change identified on the 12 lead EKG	ST2.37	ST2.37
Interpretation method	What method was used to interpret the results of the 12 Lead EKG	ST2.40	ST2.40
5. Over Read	Description	IT Element	Short Form
STEMI/Equivalent	If the prehospital EKG findings demonstrated a STEMI or STEMI equivalent as interpreted by an ED provider	ST8.1	ST8.1
Over read EKG STEMI First noted	Over read EKG STEMI first noted	ST8.9	ST8.9

Over Read pEKG with STEMI or STEMI Equivalent Date	The date the prehospital EKG was over read by a hospital provider	ST2.17	ST2.17
Over read EKG with STEMI or STEMI Equivalent Time	The time of the prehospital EKG was STEMI or STEMI equivalent findings	ST2.17.1	ST2.17.1

STEMI REFERRING HOSPITAL

1.Referring Hospital Information	Description	IT Element	Short Form
Referring Facility	Name of referring hospital	TR 33.1	TR 33.1
Transport Arrived Date	Referring transport arrived date	TR 33.	TR 33.
Transport arrived Time	Referring transport arrived time	TR 33.	TR 33.
Referring Hospital initial Vitals Date		TR 33.54	TR 33.54
Referring Hospital initial Vitals Time		TR 33.56	TR 33.56
Resp. rate		TR 33.8	TR 33.8
Date tPA Administered	The date in which tPA was administered	TR 33.38.1	TR 33.38.1
Time tPA Administered	The time in which tPA was administered	TR 33.38.1	TR 33.38.1
Referring Hospital Arrival Date	The date the patient arrived at the outside facility	TR 33.2	TR 33.2
Referring Hospital arrival Time	The time the patient arrived at outside facility	TR 33.3	TR 33.3
Referring Hospital Discharge Date	The date the patient left the outside facility	TR 33.30	TR 33.30
Referring Hospital Discharge Time	The time the patient left the outside facility	TR 33.31	TR 33.31
Sys BP	Referring hospitals documented systolic blood pressure	TR 33.5	TR 33.5
Dia BP	Referring hospitals documented diastolic blood pressure	TR 33.40	TR 33.40
O2 Sat	Referring hospitals documented O2 sats	TR 33.11	TR 33.11
Transport Request Date	Referring transport requested date	TR 33.	TR 33.
Transport Requested Time	Referring transport requested time	TR 33.	TR 33.
Transported to referring facility by	Level of service requested by referring hospital (air ground etc)	TR 33.48	TR 33.48
Pulse Rate		TR 33.6	TR 33.6
CPR Performed	y/n	TR 33.20	TR 33.20
Delay of Departure at the Referring Hospital	The reason for the delay of the departure at the referring hospital	TR 33.62	TR 33.62
STEMI or Equivalent Indication-SRH	Indicate if the SRH EKG findings demonstrated a STEMI or STEMI equivalent	ST9.3	ST9.3
STEMI/Equivalent EKG Findings	If STEMI/Equivalent, specific findings	ST9.4	ST9.4
Transfer to SRC	Was patient transferred to an SRC	ST9.7	ST9.7
Reason to Transfer	Why was the patient not transferred to the SRC	ST9.8	ST9.8
Transfer Type	Was the patient transferred immediately or held in SRH pending thrombolytic administration/stabilization	ST9.9	ST9.9
Time SRC Called	Time the SRC was contacted	ST9.10	ST9.10

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STEMI First Noted	STEMI/Equivalent first noted on first or subsequent EKG in SRH	ST9.5	ST9.5
Reperfusion Candidate	Is patient a reperfusion candidate	ST3.1	ST3.1
Time of Subsequent EKG w/STEMI	Time of subsequent EKG demonstrating STEMI/Equivalent	ST9.6	ST9.6
First EKG Time	Indicate time of first EKG in SRH	ST9.2	ST9.2

DEMOGRAPHICS/CC/HPI/PMH

1. Demographics	Description	IT Element	Short Form
Date Arrived in ED/Acute Care	The date arrived in ED	TR 18.55	TR 18.55
Time Arrived in ED/Acute Care	The time arrived in ED	TR 18.55	TR 18.55
Medical Record Number	Patients medical record number	TR 1.2	TR 1.2
How Patient Arrived at your Hospital	Select POV, transfer, EMS etc	SK38.9	SK38.9
2. Patient Information	Description	IT Element	Short Form
Last Name		TR1.9	TR1.9
Patient's First Name		TR1.8	TR1.8
Middle Initial		TR1.10	TR1.10
Date of Birth		TR1.7	TR1.7
Age		TR1.2	TR1.2
Age Units	Years months days hours	TR1.14	TR1.14
Race		TR1.16	TR1.16
Ethnicity		TR1.17	TR1.17
Gender		TR1.15	TR1.15
Address	Patients home address	TR1.18	TR1.18
Address line 2		TR.18.1	TR.18.1
Country		TR1.19	TR1.19
Postal Code		TR1.20	TR1.20
Zip Code N/A	If patient does not have a US postal service zip	TR1.20.1	TR1.20.1
City		TR1.21	TR1.21
County		TR1.22	TR1.22
State		TR1.23	TR1.23
3. History of Present Illness	Description	IT Element	Short Form
Symptom Onset Date		ST1.2	
System Onset Time		ST1.3	
Primary Ischemic Symptoms/Chief Compliant		ST1.1	
4. Past Medical History	Description	IT Element	Short Form

Risk Factor Present	y/n	ST11.1	
Est Body Weight		TR1.6.5	
Cerebrovascular Disease	y/n	ST11.3	
Prior Stroke	y/n	ST11.4	
Current/Recent Smoker	y/n	ST11.5	
Hypertension	y/n	ST11.6	
Peripheral Artery Disease	y/n	ST11.7	
Currently on Dialysis	y/n	ST11.8	
Diabetes Mellitus	y/n	ST11.9	
Prior PCI	y/n	ST11.10	
Prior Heart Failure	y/n	ST4.5	
Prior Coronary Artery Bypass Graft	y/n	ST11.12	
Chronic Lung Disease	y/n	ST11.24	
Dyslipidemia	y/n	TR 38.14	

STEMI RECEIVING CENTER ED

1. EKG Data	Description	IT Element	Short Form
12 lead EKG	12 lead performed by the hospital	TR 35.20	TR 35.20
STEMI or Equivalent Indication	The SRC EKG findings demonstrated a STEMI or STEMI equivalent	ST2.1	ST2.1
STEMI/Equivalent EKG findings	If STEMI/Equivalent, specific findings (ST elevation, LBBB, isolated posterior MI)	ST2.2	ST2.2
STEMI noted on	The EKG that first showed positive STEMI findings.	ST2.3	ST2.3
First EKG Time	First EKG at the STEMI receiving center	ST9.2	ST9.2
Subsequent EKG	Was there a subsequent EKG in the SRC ED	ST2.4	ST2.4
Time of Subsequent EKG w/STEMI	Time of the subsequent EKG demonstrating STEMI/Equivalent	ST2.5	ST2.5
2. Vital Signs	Description	IT Element	Short Form
Initial Assessment Vitals Date	The date the assessment was performed	TR18.104	TR18.104
Initial Assessment Vitals Time	The time the assessment was performed	TR18.110	TR18.110
Temperature	Initial assessment temperature	TR18.30	TR18.30
Resp Rate	First recorded respiratory rate in the ED	TR18.7	TR18.7
Sys BP	Initial systolic BP	TR18.11	TR18.11
Dia BP	Initial diastolic BP	TR18.13	TR18.13
Temperature Route	Initial ED temp measurement route	TR18.147	TR18.147
Supplemental Oxygen	Presence of supplemental O2	TR18.109	TR18.109
Pulse Rate	First recorded pulse rate in ED	TR18.12	TR18.12

02 sat	Initial assessment oxygen saturation	TR18.31	TR18.31
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REPERFUSION

1.Cath Team Activation	Description	IT Element	Short Form
Cath Lab Team Arrival Date	Date cath lab arrived to SRC	ST2.8	ST2.8
Cath Lab team Arrival Time	Time cath lab team arrived at SRC	ST2.9	ST2.9
Time CCL Cancelled		ST2.6	ST2.6
Reason Cath lab team not activated/cancelled		ST2.7	ST2.7
2. Reperfusion	Description	IT Element	Short Form
Reperfusion Candidate	y/n	ST3.1	ST3.1
Primary PCI	Indicate if patient had primary PCI	ST3.3	ST3.3
Patient Arrive at CCL Time	Time of patient arrival to Cath Lab	ST3.5	
First PCI Date	First percutaneous coronary intervention date	TR35.firstPCI_Date	
First PCI Time	First percutaneous coronary intervention time	TR.35firstPCI_Time	
First Device Activation Date	Indicate the date the first device was activated regardless of type of device used	ST3.14	
First Activation Time	The time the first device was activated regardless of type of device used	ST3.6	
Door to Balloon Time	First device activation date and time-ED admission date/time	ST15.15	
PCI Delay	Was there a non-system delay in PCI	ST3.7	
Reason for Delay in PCI	Nonsystem reason for PCI delay	ST3.8	
Culprit Lesion	Lesion responsible for ACS	ST3.9	
Pre-Procedure TIMI Flow		ST3.10	
Post-Procedure TIMI Flow		ST3.11	
CABG	Indicate if the patient had a CABG during this hospitalization	ST3.12	
3. Thrombolytics	Descriptions	IT Element	Short Form
thrombolytics	y/n	ST3.20	
Reason Not Administered	The primary reason documented in the medical record, that thrombolytics were not administered as reperfusion therapy	ST3.26	
Type of Thrombolytics	The type of thrombolytic first administered	ST3.22	
Dose Start Date	The date of either the first bolus or the beginning of the thrombolytic infusion	ST3.23	
Dose Start Time	The time of either the first bolus or the beginning of the thrombolytic infusion	ST3.23.1	
Strength of Dose	Indicate the strength of the dose given	ST3.21	

EVENT OUTCOMES

1.Clinical Events	Description	IT Element	Short Form
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Reportable Clinical Events	y/n		
Cardiac Arrest	y/n		
Cardiogenic Shock	y/n		
Reinfarction	y/n		
Prior Heart Failure	y/n		
Bleeding Event w/in 72 hours	y/n		
CVA/Stroke	y/n		
Coronary Artery Dissection	y/n		
Coronary Artery Perforation	y/n		
2. Hospital Outcome Data	Description	IT Element	Short Forms
Registry #	Trauma registry number	TR5.12	
Hospital Admission Date		TR25.33	
Hospital Admission Time		TR25.47	
Hospital Discharge Date	The date the patient was discharged from the hospital	TR25.34	
Hospital Discharge Time	The time the patient was discharged from the hospital	TR25.48	
Hospital Length of Stay- Calendar Days		TR25.44	TR25.44
ED Disposition	The disposition of the patient at the time of discharge from the ED	TR17.27	TR17.27
Hospital Discharge Disposition	The disposition of the patient when discharged from the hospital	TR25.27	
Discharge CPC	Cerebral Performance Category on hospital discharge	ST10.5	
STEMI education provided		ST19.1	
ICD 10 Diagnosis	Primary discharge diagnosis and secondary ICD-10 diagnoses	TR200.1	TR200.1
Discharge Summary	Insert only the physician narrative that describes the patient's hospital course for the discharge summary	TR25.100	TR25.100

Complete Image Trend Table of Contents

Data Section	Description	Data Format	Values
Section ST1	History of Present Illness		
ST1.3	Symptom Onset Time	[Time]	
Section ST2	Stemi Receiving Center		
ST2.9	Time cath lab team arrived at SRC	[DateTime]	
ST2.16	Cardiogenic Shock at First Medical Contact	[Radio]	
ST2.18	Other ECG Findings	[Combo] single-choice	2
ST2.24	PCI Indication	[Combo] single-choice	7
ST2.25	Non-system Reason for Delay in PCI	[Combo] single-choice	8
Section ST3	Reperfusion		
ST3.3.2	Patient Cath Lab Arrival Time	[Time]	
ST3.4	Reason no PCI	[Combo] single-choice	12
ST3.12	CABG	[Radio]	2
ST3.20	Thrombolytics	[Radio]	2
ST3.23.1	Thrombolytics Dose Start Time	[Time]	
ST3.24.readslay	Reason For Lytic Delay	[Combo] multiple-choice	4
ST3.26	Reason Thrombolytics Not Administered	[Radio]	17
Section ST4	Clinical Events		
ST4.CardiacDiagnosis	Cardiac Diagnosis	[Combo] single-choice	6
Section ST5	STEMI Outcome		
ST5.3	Comfort Measures Only	[Radio]	2
ST5.4	Clinical Trial	[Radio]	2
ST5.4	Clinical Trial	[Radio]	2
ST5.4.1	Type of Clinical Trial the Patient is Enrolled in	[Combo] multiple-select	7
ST5.26.1	Reason Why Diagnostic Angiography Was Not Performed	[Combo] multiple-select	4
ST5.33.1	Time that Comfort Care was Documented	[Time]	
Section ST7	Stemi Prehospital		
ST7.1	Time First ECG Obtained	[DateTime]	
Section ST9	Stemi Receiving Hospital		
ST9.3	STEMI or Equivalent Indication - SRH	[Radio]	2
ST9.5	STEMI First Noted	[Combo] single-choice	2
ST9.6	Time of Subsequent ECG w/ STEMI	[DateTime]	
Section ST11	Prior Medical History		
ST11.5	Current/Recent Smoker	[Radio]	2
ST11.11	Most Recent PCI Date	date	
ST11.13	Most Recent CABG Date	date	
ST11.25	History of Vaping	[Combo] single-select	2
Section ST13	Laboratory Results		
ST13.1	Positive Cardiac Markers w/in First 24 Hours	[Radio]	2
ST13.4.1	Initial Troponin Unit	[Combo] single-choice	3
ST13.4	Initial Troponin Value	[Number]	
ST13.51.lldnd	Low-density lipoprotein Not Documented	[booleanCheckbox]	1
ST13.51	LDL Cholesterol	[Number]	
Section ST14	History and Current Medication		
ST14.2	Aspirin in First 24 Hours	[Combo] single-choice	3
ST14.202	Medication	[Combo] single-select	
ST14.202	Medication	[Combo] single-select	
ST14.202	Medication	[Combo] single-select	
ST14.202	Medication	[Combo] single-select	
ST14.203	prescribed	[Combo] single-select	3
ST14.203	prescribed	[Combo] single-select	3
ST14.203	prescribed	[Combo] single-select	3
ST14.203	prescribed	[Combo] single-select	3

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ST14.203	prescribed	[Combo] single-select	3
ST14.203	prescribed	[Combo] single-select	3
ST14.203	prescribed	[Combo] single-select	3
ST14.203	prescribed	[Combo] single-select	3
ST14.203	prescribed	[Combo] single-select	3
ST14.205	Medication Dose	[Combo] single-select	
ST14.205	Medication Dose	[Combo] single-select	
ST14.205	Medication Dose	[Combo] single-select	
ST14.205	Medication Dose	[Combo] single-select	
ST14.205	Medication Dose	[Combo] single-select	
ST14.205	Medication Dose	[Combo] single-select	
ST14.206	Medication Frequency	[Combo] single-select	
ST14.206	Medication Frequency	[Combo] single-select	
ST14.206	Medication Frequency	[Combo] single-select	
ST14.206	Medication Frequency	[Combo] single-select	
ST14.206	Medication Frequency	[Combo] single-select	
ST14.206	Medication Frequency	[Combo] single-select	
ST14.206	Medication Frequency	[Combo] single-select	
ST14.207	Level of Intensity	[Combo] single-select	3
Section TR1 Patient Identification			
TR1.2	Patient's Medical Record Number	[Text]	
TR1.7	PatientDateofBirth	[Date]	
TR1.12	Patient's Age	[Number]	
TR1.15	Gender	[Combo] single-choice	3
TR1.16.18	Race Native Hawaiian	[Combo] multiple-choice	
TR1.16.17	Race Asian	[Combo] multiple-choice	
TR1.16	Race	[Combo] multiple-choice	6
TR1.17	Ethnicity	[Combo] single-choice	2
TR1.17.1	Ethnicity Extension	[Combo] multiple-choice	4
TR1.20	Patient's Zip Code	[Text]	
TR1.27	Account Number		
TR1.6	Height	number	
TR1.6.5	Estimated Body Weight	[number]	
Section TR2 Billing			
TR2.30	Payment Source	[Dynamo] multiple-choice	
Section TR7 911/EMS Identifiers			
TR7.1	EMS Run Number	[Text]	
TR7.3	Name of EMS Service	[Combo] single-choice	
TR7.3	Name of EMS Service	[Combo] single-choice	
TR7.8.1	Time Initial 911 Call	[Time]	
Section TR8 EMS Response			
TR8.10	EMS Transport Mode From Scene	[Combo] single-choice	2
Section TR9 EMS Dates/Times			
TR9.2.1	Time Unit Arrived at Scene	[Time]	
TR9.3.1	The time the unit transporting to the hospital left the scene.	[Time]	
TR9.10	Dispatch Notified Time	[Time]	
TR9.16.1	Trauma Notification Called in by EMS Time	[Time]	
Section TR15 EMS Intervention			
TR15. MethodOfFirstNotification	Method of 1st Notification	[Combo] single-choice	3
Section TR17 ED Practitioner Information			
TR17.25	ED Discharge Date	[Date]	
TR17.61	Hospital Transferred To	[Combo] single-choice	
Section TR18 ED/Admission Vital Signs/Assessment			
TR18.56	ED Admission Time	[Time]	
Section TR25 Hospital Outcome Information			
TR25.27	Discharge Status	[Combo] single-choice	6

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TR25.47	Hospital Admission Time	[Time]	
TR25.48	Hospital Discharge Time	[Time]	
Section TR33	Referring Hospital		
TR33.TransportArrivedTime	Referring Transport Arrived Time	[Time]	
TR33.TransportRequestedTime	Referring Transport Requested Time	[Time]	
TR33.1	Referring Facility Name	[Combo] single-choice	
TR33.3	Referring Hospital Arrival Time	[Time]	
TR33.31	Referring Hospital Discharge Time	[Time]	
Section TR35	STEMI Info		
TR35.FirstPCI_Date	First PCI Date	[Date]	
TR35.FirstPCI_Time	First PCI Time	[Time]	
TR35.lvfobtain	Left Ventricular Function (LVF) Assessment Obtained	[Combo] single-choice	4
TR35.9	LVEF	[Numeric]	
TR35.27	Cath Team Activated Time	[Time]	
Section SK38	Stroke GWTG Fields		
SK38.5	Patient Not Admitted	[Radio]	2
SK38.111	Serum Creatinine	[Numeric]	
SK38.115	Systolic pressure	[Numeric]	
SK38.139	Physician/Provider NPI	[Combo] single-choice	
SK38.250	During This Admission, Was A Standardized Health Related Social Needs Form Or Assessment Completed		
SK38.250.1	If Yes, identify the areas of unmet social need	[Combo] multiple-choice	
SK38.319	Is there documentation that this patient was included in a COVID-19 Vaccination	[Combo] single-choice	
SK38.320	Influenza Vaccination	[Combo] single-choice	

Summary

Total Sections: 22 Total Elements: 109 Data Values:15

California State Data Dictionary

State Submission Instructions:

REMSA will submit all hospital data to the state data registry on a quarterly basis to coincide with hospital submission dates.

149 (REV 11/2025)

STEMI Receiving Hospital STEMI patient data elements:

EMS Intervention EMS Incident Number

Column Header: runnum

Enter the emergency medical services agency Run number. The Run Number is assigned to the responding units through a dispatch process. Multiple EMS units may have the same or differing run numbers depending on the local dispatch processes.

EMS Run Number

Data

Format

[Text]

TR7.1

Definition

The EMS Run number is assigned by the EMS agency that generated the incident. The NEMESIS data section is eResponse.03 (Incident Number)

Data Type	2			
Multiple Entry Configuration	No	Accept NULL Value	Yes	
NTDS Required	No		Maximum Constraint	50

EMS First ECG Obtained Date Time

Column Header: firstecgdt

Enter the date and time of the first 12 lead ECG was obtained. The first ECG may have been obtained prior to the patient's arrival at your hospital.

- Select the MM/DD/YYYY HH24:MI format to record both the date and time
- If only the date is known, select the MM/DD/YYYY format
- 24-hour clock (military time)
- Select Unknown if the date is not known

Time First ECG Obtained

Data
Format
[DateTime]

ST7.1

Definition

Indicate time of first ECG by pre-hospital provider

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

150 (REV 11/2025)
Patient Date of Birth

Column Header: dob

Enter the month, day, and year the patient was born. Format: MM-DD-YYYY.

PatientDateofBirth

Data
Format
[Date]

TR1.7

Definition

The Patient's age at the time of injury (best approximation)

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	Yes		

Patient Age

Column Header: age

Enter the patient age.

Patient's Age

Data
Format
[Number]

TR1.12

Definition

The patient's age at the time of injury (best approximation).

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	Yes		

Patient Gender

Column Header: gender

Enter the gender identity, self-identified by the patient. This may or may not match sex assigned at birth.

Gender

Data Format
 [Combo]
 single-choice

TR1.15

Definition

The patient's gender.

Data Type	1	Accept NULL Value	Yes
Multiple Entry Configuration	No		
NTDS Required	Yes		

Field Values

1 Male
 2 Female
 3 Not Known/Not Recorded

151 (REV 11/2025)
 Patient Race

Column Header: race

Enter the patient's self-assessed race/ethnicity, or if not available, the physician or institution's assessment of the patient's race. Assumptions should not be made based on physical characteristics. This data allows for analysis of race-related patterns of care. If patient is multi-racial, select each race they designate.

Enter UTD if the race is not documented in the patient medical record.

Although the terms "Hispanic" and "Latino" are descriptions of the patient's ethnicity, it is not uncommon to find them referenced as race. If the patient's race is documented only as Hispanic/Latino, select "White". If the race is documented as mixed Hispanic/Latino with another race, use whatever race is given (e.g., Black-Hispanic - select "Black").

If the patient is Asian or Native Hawaiian/Pacific Islander, select the specific sub-category (or sub-categories) of race if known. If a subcategory is not documented, leave the sub-category options blank.

Race

Data Format
 [Combo]
 multiple-choice

TR1.16

Definition

The patient's race.

Data Type	1	Accept NULL Value	Yes
Multiple Entry Configuration	No		
NTDS Required	Yes		

Field Values

1 American Indian or Alaska Native
 2 Black or African American
 3 White
 4 Asian
 5 Native Hawaiian or Other Pacific Islander
 6 Unable To Determine

REMSA Data Dictionary
 Cardiac Patient Registry

Race Asian

Data

Format
 [Combo]
 multiple-
 choice

TR1.16.17

Definition

Race Asian

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Race Native Hawaiian

Data

Format
 [Combo]
 multiple-
 choice

TR1.16.18

Definition

Race Native Hawaiian

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

152 Rev (11/2025)

Emergency Department Acute Care Admission Time

Column Header: arrdt

Enter the time the patient arrived at your hospital.

- Time should be recorded using the 24-hour clock (military time)

ED Admission Time

Data

Format
 [Time]

TR18.56

Definition

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Cath Lab Patient Arrival Time

Column Header: ptarvcth

Enter the time of when the patient arrived at the Cath Lab.

- 24-hour clock (military time)

Patient Cath Lab Arrival Time

Data Format
 [Time]

ST3.3.2

Definition

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

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

153 (REV 11/2025)
 PCI Procedure Performed

Column Header: primarypci

Enter Yes if the patient received PCI at this hospital during this episode of care. Enter No if PCI was not performed at this hospital during this episode of care or unable to determine from medical record documentation.

PCI Procedure

Data Format
 [Radio]

TR35.70

Definition

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

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Field Values

1 Yes

2 No

First PCI Date

Column Header: fstpci

Enter the Date of when the PCI was initiated in the Cath Lab. Team would consist of the minimum number of personnel to perform procedure needed. Additional information: This is a process measure about the timeliness of treatment. It is NOT a clinical outcomes measure based on TIMI flow or clinical reperfusion. It does not matter whether the baseline angiogram showed TIMI 3 flow or if the final post-PCI angiogram showed TIMI 0 flow. What is being measured is the time of the first mechanical treatment of the culprit lesion, not the time when TIMI 3 flow was (or was not) restored.

Enter the date the guidewire was introduced if the lesion could not be crossed.

- Select the MM/DD/YYYY format

First PCI Date

Data
Format
 [Date]

TR35.FirstPCI_Date

Definition

First Percutaneous Coronary Intervention (PCI) Date

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

154 (REV 11/2025)
 First PCI Time

Column Header: fstpci

Enter the Time of when the PCI was initiated in the Cath Lab. Team would consist of the minimum number of personnel to perform procedure needed. Additional information: This is a process measure about the timeliness of treatment. It is NOT a clinical outcomes measure based on TIMI flow or clinical reperfusion. It does not matter whether the baseline angiogram showed TIMI 3 flow or if the final post-PCI angiogram showed TIMI 0 flow. What is being measured is the time of the first mechanical treatment of the culprit lesion, not the time when TIMI 3 flow was (or was not) restored.

Enter the time the guidewire was introduced if the lesion could not be crossed.

- Select the MM/DD/YYYY HH24:MI format to record both the date and time
- 24-hour clock (military time)

First PCI Time

Data
Format
 [Time]

TR35.FirstPCI_Time

Definition

First Percutaneous Coronary Intervention (PCI) Time

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Reason no PCI

Column Header: nperfpci

Enter one primary reason that is documented in the medical record why primary PCI was not performed during this episode of care at this hospital. Select Not Performed if your hospital is not a PCI center and does not perform this procedure. If a reason is not documented in the medical record, enter No reason documented.,

Reason no PCI

Data Format

[Combo]
 single-choice

ST3.4

Definition

If reperfusion indicated and no PCI, why?

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Field Values

- | | |
|--|--|
| 1 Non-compressible vascular puncture(s) | 10 Anatomy not suitable to primary PCI |
| 11 Prior allergic reaction to IV contrast | 2 Spontaneous reperfusion (documented by cath only) |
| 3 Other | 4 Active bleeding on arrival or within 24 hours |
| 5 Patient/family refusal | 6 Not performed (not a PCI center) |
| 7 Quality of life decision | 8 DNR at time of treatment decision |
| 9 No reason documented | |

155 (REV 11/2025)
 Thrombolytics Administered

Column Header: thromb

Enter Yes if a thrombolytic was administered at this hospital during this episode of care or while en route to this hospital. Enter No if a thrombolytic was not administered at this hospital or during this episode of care or unable to determine from medical record documentation.

Thrombolytics

Data Format

[Radio]

ST3.20

Definition

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

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Field Values

- | | |
|--------------|-------------|
| 1 Yes | 2 No |
|--------------|-------------|

Thrombolytics Administered Start Time

Column Header: dosest

Enter the time of thrombolytic administered in patient.

- 24-hour clock (military time)

Thrombolytics Dose Start Time

Data Format
[Time]

ST3.23.1

Definition

Indicate the time of either the first bolus or the beginning of the thrombolytic infusion.

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

156 (REV 11/2025)

Reason Thrombolytics Not Administered

Column Header: nadmlytc

Enter one primary reason that is documented in the medical record why thrombolytics were not administered during this episode of care at this hospital. If a reason is not documented in the medical record, enter No reason documented.

Reason Thrombolytics Not Administered

Data Format
[Radio]

ST3.26

Definition

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

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Field Values

- | | |
|---|--|
| <ul style="list-style-type: none"> 1 Known bleeding diathesis 11 Pregnancy 13 Suspected aortic dissection 15 No reason documented 17 Other 3 Severe uncontrolled hypertension 5 Significant close head or facial trauma (within previous 3 months) 7 Recent bleeding within 4 weeks 9 Traumatic CPR that precludes thrombolytics | <ul style="list-style-type: none"> 10 Any prior intracranial hemorrhage 12 Expected DTB < 90 minutes 14 Intracranial neoplasm, AV malformation, or aneurysm 16 Prior allergic reaction to thrombolytics 2 Recent surgery/trauma 4 Ischemic stroke w/in 3 months (except acute ischemic stroke within 3 hours) 6 DNR at time of treatment decision 8 Active peptic ulcer |
|---|--|

Facility Discharge Time

Column Header: disdate

Enter the time the patient was discharged from acute care, left against medical advice, or expired during this stay (at your hospital).

- 24-hour clock (military time)

Hospital Discharge Time

Data
Format
[Time]

TR25.48

Definition

The time the patient was discharged from the hospital.

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

157 (REV 11/2025)

Referring Facility Arrival Time

Column Header: outhosp

For STEMI patients referred for PCI from another facility, Enter the time the patient arrived to the Referring Hospital.

- 24-hour clock (military time)

Referring Hospital Arrival Time

Data
Format
[Time]

TR33.3

Definition

Indicate the time the patient arrived at the outside facility.

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Referring Facility Discharge Time

Column Header: transout

For STEMI patients referred for PCI from another facility, enter the time the patient was discharged from Referring Hospital, left against medical advice, or expired during this stay (at your hospital).

- 24-hour clock (military time)

Referring Hospital Discharge Time

Data
Format
 [Time]

TR33.31

Definition

Indicate the time the patient left the outside facility.

Data Type	3		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

158 (REV 11/2025)
 Name of Transferring Facility

Column Header: transfac

Enter the name of the transferring facility.

Referring Facility Name

Data
Format
 [Combo]
 single-
 choice

TR33.1

Definition

Data Type	1		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	No		

Facility Discharge Disposition

Column Header: dschstat

Enter the place or setting to which the patient was discharged:

- Home
- Hospice – Home
- Hospice – Health Care Facility
- Acute Care Facility
- Other Health Care Facility
- Expired
- Left Against Medical Advice/AMA
- Not Documented or Unable to Determine (UTD)

REMSA Data Dictionary
Cardiac Patient Registry

Discharge Status

Data Format

[Combo]
single-choice

TR25.27

Definition

The disposition of the patient when discharged from the hospital.

Data Type	2		
Multiple Entry Configuration	No	Accept NULL Value	Yes
NTDS Required	Yes		

Field Values

- | | |
|---|------------------------------|
| 1 Discharged to home or self-care
(routine discharge) | 2 Hospice - Home |
| 3 Hospice - Health Care Facility | 4 Acute care hospital |
| 5 Other | 6 Deceased/Expired |