**STEMI Registry Standardization**

|  |
| --- |
| **Comparison of STEMI Registry Options** |
| Registry | American Heart Association (AHA): Get with the Guidelines – Coronary Artery Disease (GWTG-CAD) | American College of Cardiology: National Cardiovascular Data Registry (NCDR) Chest Pain – MI Registry |
| Cost to Hospitals | 2020: $3,400 to $4,500 based on total hospital discharges. 7% discount for a 3-year commitment. | 2020: $4,725 |
| Cost to EMS Agency | 2020: $4,500 – Super User Account with 3 log-ins ($2,250 each additional log-in). After 2020: 3 – 5% annual increase | 2020: EMS Program pilot period – No costAfter 2020: Estimated $1,500 |
| Data Elements | * Less than 110 data elements
* Ability to create custom data elements
 | * More than 110 data elements
* Data elements and definitions are standardized, evidence based. Data dictionary lists each element.
 |
| Data Entry | * Direct data entry (IQVIA Registry Platform) or third party software vendor supported data submission
* Can transfer data from other programs via CSV uploader file
 | Direct entry into NCDR online data collection tool or through certified software vendors |
| Data Validation | Real-time data checks to identify potential entry errors prior to submission for direct data entry users | Submissions evaluated for errors and completeness  |
| Access to Data | Real-time (within 24 hours) access to data and reports | Real-time data available via interactive dashboards |
| Benchmarking | Multiple benchmarking options | Different ways to evaluate and benchmark data |
| Reports | Mission: Lifeline (AHA initiative to advance Systems of Care for patients with STEMI etc.) hospital and regional reports | * Institutional Outcomes Reports, dashboard e-reports
* Quarterly benchmark reports
 |
| Other | * Data platform accepted for accredited STEMI Receiving and Referring Centers
* Allows for EMS & referring hospital feedback & engagement
* STEMI only data submission option
 | Comprehensive network of cardiovascular care providers |

**EMS Staff Recommendations:**  Wait for State EMS Authority to decide which they will use. Hospitals submit data on Excel spreadsheet for now.

Authority:

Section 100270.126 CCR: (a) Local EMS Agency (LEMSA) shall implement a standardized data collection and reporting process for a STEMI critical care system; (b) System shall include the collection of both prehospital and hospital patient care data; (c) Data elements shall be compliant with state and national data systems; (d) All hospitals that receive STEMI patients shall participate in the LEMSA data collection process.

Section 100270.127 CCR: (a) Each STEMI critical care system shall have a quality improvement (QI) process that shall include specified elements; (b) The LEMSA shall be responsible for ongoing performance evaluation and QI of the STEMI critical care system.