

# HOTRAC Regional Cardiac PI Summary Report

(circle reporting month/quarter)

1<sup>st</sup> Quarter  
Jan-Feb-Mar

2<sup>nd</sup> Quarter  
Apr-May-June

3<sup>rd</sup> Quarter  
Jul-Aug-Sept

4<sup>th</sup> Quarter  
Oct-Nov Dec

Facility Name: \_\_\_\_\_ Person Submitting Report: \_\_\_\_\_

## Rural Facility

- Total # of **suspected** STEMI Patients: \_\_\_\_\_
- Total # of **all** suspected STEMI Patients Arriving by EMS (ground or air): \_\_\_\_\_
- How many of suspected STEMI patient arriving by EMS were less than 30 minutes from 1<sup>st</sup> Medical Contact (FMC) to hospital: \_\_\_\_\_
- Total # of suspected STEMI patients that received a pre-hospital 12-lead EKG: \_\_\_\_\_
- Total # of suspected STEMI Patients Arriving by POV: \_\_\_\_\_
- DIDO (door in/door out) - REGIONAL GOAL: <30 minutes: \_\_\_\_\_  
Total # less than 30 minutes: \_\_\_\_\_  
Total # greater than 30 minutes: \_\_\_\_\_  
If greater than 90 minutes, how many STEMI patients received 'lytics': \_\_\_\_\_  
*\*\*\*If not, please attached a form with the reasons why summarized.*
- Total # of STEMI Transfers **OUT** of TSA M: \_\_\_\_\_
- **All** STEMI Discharge Status:  
Home \_\_\_\_\_ NH/LTAC \_\_\_\_\_ Hospice \_\_\_\_\_ Expired \_\_\_\_\_ Transfer to PCI \_\_\_\_\_
- Insurance Status: Insured: \_\_\_\_\_ Not Insured: \_\_\_\_\_ Not Recorded: \_\_\_\_\_
- Total # of STEMI Patients Facility Received "Loop Closure" on: \_\_\_\_\_

## PCI Facility

- Total # of **ALL actual** STEMI Patients taken to lab: \_\_\_\_\_
- Total # of patients received from rural facilities that were not taken to lab: \_\_\_\_\_
- Total # of **actual** STEMI patients Arriving by EMS (ground or air) not including transfers in: \_\_\_\_\_
- How many **actual** STEMI patient arriving by EMS were less than 30 minutes from 1<sup>st</sup> Medical Contact (FMC) to hospital not including transfer in: \_\_\_\_\_
- Total # of **actual** STEMI patients that received a pre-hospital 12-lead EKG not including transfers in: \_\_\_\_\_
- Total # of **actual** STEMI Patients Arriving by POV: \_\_\_\_\_
- STEMI Goal (REGIONAL GOAL: 1<sup>st</sup> Medical Contact to Balloon <90 minutes)  
Total # less than 90 minutes: \_\_\_\_\_  
Total # greater than 90 minutes: \_\_\_\_\_  
Why?  
Delayed transfer: \_\_\_\_\_ Difficult access: \_\_\_\_\_ Pacer: \_\_\_\_\_

Other:

Total # of STEMI to lab: \_\_\_\_\_

Total # no primary PCI indicated: \_\_\_\_\_

Why?

Symptoms resolved: \_\_\_\_\_ No blockage: \_\_\_\_\_ CABG: \_\_\_\_\_

Medical Management: \_\_\_\_\_ STEMI cancelled: \_\_\_\_\_ Expired: \_\_\_\_\_

**Total # of Appropriate Activations by EMS: \_\_\_\_\_**

**Total # of Inappropriate Activations by EMS: \_\_\_\_\_**

- Actual STEMI Discharge Status:

Home \_\_\_\_\_ NH/LTAC \_\_\_\_\_ Hospice \_\_\_\_\_ Expired \_\_\_\_\_ Transfers \_\_\_\_\_

- Total # of STEMI Transfers INTO of TSA M: \_\_\_\_\_

- Total # of STEMI Transfers OUT of TSA M: \_\_\_\_\_

- Insurance Status: Insured: \_\_\_\_\_ Not Insured: \_\_\_\_\_ Not Recorded: \_\_\_\_\_

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**TOTAL CPRs including STEMI:**

- **Total # of CPR:** \_\_\_\_\_ Hospital: \_\_\_\_\_ EMS: \_\_\_\_\_ Bystander: \_\_\_\_\_

- **Total # Achieving ROSC:** \_\_\_\_\_ Hospital: \_\_\_\_\_ EMS: \_\_\_\_\_ Bystander: \_\_\_\_\_

- **Total # Discharged:** \_\_\_\_\_  
Home \_\_\_\_\_ NH/LTAC \_\_\_\_\_ Hospice \_\_\_\_\_ Expired \_\_\_\_\_ Transferred \_\_\_\_\_