

Summary of SRC Database Changes February - May 2026

Change	Section	Reason For Change
Revise STEMI PH Inclusion Algorithm to include following footnote “Please note: This algorithm guides database entry eligibility. If base contact is initiated, the base hospital assumes medical control and documentation should follow the base hospital record. For non-base hospitals, eligibility should be determined using the monthly volume reports.”	Data Dictionary Inclusion Criteria for STEMI Patient Algorithm & STEMI? (pgs. 3, 5)	Update to include role of the base hospital in Pre-hospital standards for routing decision of a STEMI patient
Revise second bullet to “ECPR was required to stabilize the patient in the acute phase of care [if a time frame is needed use 6 hours]	Data Dictionary Inclusion Criteria for ECPR Cardiac Arrest Patients (pgs. 4, 6)	Timeframe included to qualify ECPR patients eligible for SRC/ECPR database entry
Removed “VE: Ventura County Fire” “EX: Explorer 1 Ambulance, LLC” and “SO: Symbiosis (Di Biassi) added “BR: Brougham Ambulance” “HL: Helinet Aviation, LLC” and “TI: MTI Transit LLC dba MTI Ambulance”	Data Dictionary Provider (p. 10, 11)	Reflects changes in approved Public and Private Ambulance companies in 2025 or outdated codes still listed in SRC Database and Data Dictionary
Added Field “Hospital Discharge Time”	Database Gen Info Tab/Data Dictionary Hospital Discharge Time (p. 25)	CARES database requires hospital discharge time
Added logic “If Acute: Other Acute Care Facility is selected, Transfer Rationale Field Values of EC: Extended Care, HS: Hospice, RH: Rehab grey out and are unselect able	Database Gen Info Tab Hosp. Disposition and Transfer Rationale	Improve data capture by reducing data entry errors in the “Transfer Rationale” Field
Added logic to require entry into the “Transfer Rationale” for patients that were transferred	Database Gen Info Tab Hosp. Disposition and Transfer Rationale	Transfer rationale provides further outcome data
Added logic: '1st SRF STEMI ECG Date/Time' cannot be before 'SRF ED Arrival Date/Time' or '1st SRF ED ECG Date/Time'	Database SRC Tab 1 st SRF STEMI ECG Date/Time	Eliminates negative values from calculated fields “FD2SRFECG” and “FD2SRFMIECG” and reduces data entry errors

Summary of SRC Database Changes February - May 2026

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Added new Field "Notification of PH ECG Transmission Prior to Patient Arrival?" with "Y: Yes", "N: No" "ND: Not Documented" Field Values	Database SRC Tab/Data Dictionary Was the SRC Notified of the PH ECG Transmission Prior to Pt. Arrival? (p. 62)	New Field confirms that EMS contacted the SRC of the PH ECG transmission to SRC facility.
Added new Fields "Notification of the PH ECG Transmission Date/Time"	Database SRC Tab/Data Dictionary Notification of the PH ECG Transmission Time (pgs. 63, 64)	Captures Date/Time of EMS Notification to SRC of the PH ECG transmission to SRC facility
Revised title of Field "Was the Prehospital ECG Reviewed by the ED MD?" to "Did the Prehospital ECG Have an Initial SRC MD Review?" with Field Values of "Y: Yes", "N: No", and "ND: Not Documented" and revised "ED MD" from data dictionary definition to "SRC MD"	Database SRC Tab/Data Dictionary Did the Prehospital ECG Have an Initial SRC MD Review? (p. 68)	Includes ED MD and/or IVC/Cardiology MD review of PH ECG
Revised Field Title from "ED MD Prehospital ECG Review Date/Time" to "SRC MD Prehospital ECG Review Date/Time" and revised data dictionary definition from "SRC ED MD" to "SRC MD"	Database SRC Tab/Data Dictionary SRC MD Prehospital ECG Review Date/Time (pgs. 69, 70)	Includes ED MD and IVC/Cardiology MD review of PH ECG
Added Field "MD Read as STEMI?" with "Y: Yes", "N: No" "ND: Not Documented" Field Values	Database SRC Tab/Data Dictionary MD Read as STEMI? (p.71)	Field confirms that SRC MD read PH ECG as STEMI upon receipt of PH ECG transmission to SRC.
Added Field "Was Initial SRC ECG a Confirmation ECG?" with "Y: Yes", "N: No" "ND: Not Documented" Field Values	Database SRC Tab/Data Dictionary Was Initial SRC ECG a Confirmation ECG? (pg. 73)	Determines whether initial SRC ECG was performed to confirm PH ECG or as part as a cardiac work-up standard to ED workflow

Summary of SRC Database Changes February - May 2026

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Deleted Field “Was Initial SRC ECG a Confirmation ECG?”	Database SRC Tab/Data Dictionary Was Initial SRC ECG a Confirmation ECG?	AHA/ACC Guidelines recommend that a 12-lead ECG be obtained and interpreted within 10 minutes of ED Arrival. If a patient has a PH ECG identifying a STEMI, they may bypass the ED entirely for the cardiac cath lab, but if they stop in the ED, an immediate ECG is still advised.
Revised Additional Information third bullet for “Inpatient”-Removed “within 24 hours” and changed to “after hospital admission (this includes patients in the ED where admitting orders were placed)	Data Dictionary Location of Patient when Routed to Cath Lab (pg. 101)	All patients transported by 9-1-1 to SRC with suspicion of STEMI that meet inclusion criteria are entered into the database regardless of whether they went to the Cath Lab from Pre-SRC, SRC ED or Inpatient.
Revised Additional Information definition for Emergent defining the necessity to go to the cath lab ASAP due to substantial concerns of ongoing ischemia leading to death, and Salvage addition of a timeframe of 60 seconds related to compressions performed	Data Dictionary Cath Status (p. 104)	Revised Additional Information definition for Emergent and Salvage to align with Cath PCI definitions
Reordered Cardiac Arrest Fields for better flow starting from the Initial Cardiac Arrest fields, moving to ROSC fields, labs, and outcome	Database CA Tab/Data Dictionary Cardiac Arrest Field – Change in Baseline Functional Status Field (pgs. 128-166)	Better flow for data review, aligns with the care timelines and formatting of the SRC patient and ECPR patient data entry
Added Field Value ‘ND: Not Documented’	Database CA Tab/Data Dictionary Init. CA Arrest Rhythm (p. 136)	For the instances that Init. CA Arrest Rhythm is not documented.
Added Field Value ‘IC: Intensive Care Unit’	Database CA Tab/Data Dictionary Init. ROSC Location (p. 147)	Included with consideration to the ECPR patient population and the ability to perform ECPR Cannulation in the ICU

Summary of SRC Database Changes February - May 2026

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Added Field "Re-Arrest?" with "Yes", "No" and "ND: Not Documented" Field Values	Database CA Tab/Data Dictionary Re-Arrest? (p. 148)	Captures the Re-Arrest of a patient who achieved ROSC but went back into cardiac arrest after ROSC
Added Fields "Re-Arrest Date/Time"	Database CA Tab/Data Dictionary 1 st Re-Arrest Date/Time (pgs. 149, 150)	Captures the Date/Time of 1 st Re-Arrest of a patient who achieved ROSC but went back into cardiac arrest after ROSC
Added Field "1 st Re-Arrest Location" with Field Values: PRE: Pre SRC, SRC: SRC ED, CL: Cath Lab, I: Inpatient, ND: Not Documented	Database CA Tab/Data Dictionary 1 st Re-Arrest Location (pgs. 151)	Captures the location of the patient's 1 st Re-Arrest
Removed Field "1 st Re-Arrest Location"	Database CA Tab/Data Dictionary 1 st Re-Arrest Location	EMS Medical and QI Director decision to focus on Re-Arrests in the Prehospital setting
Added "Upon ROSC" to Field '1 st PaO2' Added Additional information third bullet: "If the PaO2 result is not drawn as an Arterial Blood Gas (ABG), enter ND"	Data Dictionary 1 st PaO2 Upon ROSC (p. 158)	Aligns with other lab values collected upon ROSC, If result is not drawn as an ABG, result is not accurate.
Revised "1 st pH Value Upon ROSC" definition from "1 st pH value resulted within 2 hours of ROSC" to "1 st pH value result after achieving ROSC" Added third bullet to Additional information of: "If an Arterial Blood Gas (ABG) is not drawn, it is acceptable to enter the pH level from a drawn Venous Blood Gas (VBG)"	Data Dictionary 1 st pH Value Upon ROSC (p. 159)	Timeframe of first two hours is not needed. Additional information indicating that a VBG is acceptable for pH level post ROSC
Revised "1 st Lactate Value Upon ROSC" definition from "1 st Lactate or lactic acid value resulted within 2 hours of ROSC" to "1 st Lactate or lactic acid value resulted after achieving ROSC" Added to Additional	Data Dictionary 1 st Lactate Value Upon ROSC (p. 160)	Timeframe of first two hours is not needed. Additional information indicating that a VBG is acceptable for Lactate level post ROSC

Summary of SRC Database Changes February - May 2026

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Information second bullet “or Venous Blood Gas (VBG)		
Removed Fields ‘ECMO Performed?’, ‘ECMO Date’ and ECMO Time’	Database Cardiac Arrest Tab/Data Dictionary ECMO Performed? ECMO Date/Time (Was pg. 155, 156 in 2025 Data Dictionary)	ECPR Tab captures these data in the fields ‘ECPR Cannulation’, ‘ECPR date’ and ‘ECPR time’. Removing fields to reduce duplicate fields and data entry inconsistencies
Removed Field Value “UA: Uncontrolled/Recurrent Ventricular dysrhythmia, Revised ‘NF: Poor Neurologic Function’ to ‘NF: Preceding Poor Neurologic Function’	Database TTM Tab Reasons Normothermic TTM Withheld (p. 170)	Uncontrolled/Recurrent Ventricular dysrhythmia is only related to targeted temperature method of induced hypothermia, not targeted temperature method of normothermia
Removed from Data Dictionary Field Values of ‘BL: Active Significant Bleeding’, ‘DC: Delays > 6 hours from ROSC to cooling’, ‘HT: Major Head Trauma’, ‘PO: Hospital Policy’ Field Values, Added Field Value of UA: Uncontrolled/Recurrent Ventricular dysrhythmia. In Database, Revised Field Value ‘NF: Poor neurologic funtion’ to ‘NF: Preceding Poor neurologic function’ (corrected the spelling for “function” and added ‘preceding’	Database TTM Tab/Data Dictionary Reasons Induced Hypothermia Not Initiated (p. 171)	Incorrect version of Data Dictionary field values from 2 versions prior. Corrected spelling error and clarified “preceding poor neurologic function” vs. “poor neurologic function”
Added “Order Set” to Data Source Hierarchy	Data Dictionary TTM Initiated Date/Time (pgs. 172, 173)	Order Sets should be created and referenced to manage TTM
Added Comment to Other free text field with mandatory entry if field value of “Other” selected from field “TTM Modality Used”	Database TTM Tab/Data Dictionary TTM Modality Used Comment to Other	Allows capture of rationale for selecting Field Value of “Other” for TTM Modality Used Field

Summary of SRC Database Changes February - May 2026

Change	Section	Reason For Change
	(p.176)	
Added “Additional Information” of “Duration in hours should align to hospital policy on TTM management of the post ROSC patient (e.g. 24 hours, 48 hours, 72 hours)”	Data Dictionary Target Temperature Management Duration (p.182)	This duration in hours should align to hospital policy on time to manage patient post ROSC with TTM
Added “Additional Information” of “Re-warming fields to be entered for the patient with TTM Approach=Induced Hypothermia”	Data Dictionary Re-Warming Initiated? Re-Warming Init. Date/Time Pt Died During Rewarming? Re-Warming Ended Date/Time (p.183-188)	Clarification on when re-warming data should be entered
Added “Additional Information”: Document adverse events for both normothermic and induced hypothermic methods of treatment.	Database TTM Tab/Data Dictionary Adverse Events during TTM (p.189)	Clarification that all adverse events should be addressed whether normothermia or induced hypothermia was initiated.
Added new calculated field FE2G2RMIECG that subtracts ' 1st SRF STEMI ED ECG Date/Time' from '1st SRF ED ECG Date/Time'	Database SRC Tab/Calculated Fields	Captures time difference in minutes from 1 st SRF ECG to SRF STEMI ECG evidencing whether a patient evolved into a STEMI
Revised title of calculated field “PER2EDMD” to “PER2SRCMD”	SRC Calculations	Reflects change from ED MD ECG read to include Interventionalist ECG reading by expanding to “SRCMD”
Added new calculated field PEN2SRCMD=Notification of PH ECG transmission time to SRC MD ECG Review Time	SRC Calculations	Provides calculation in minutes that subtracts the “SRC MD ECG Review Date/Time” from the new field “Notification of PH ECG transmission Date/Time”
ECPR TAB LOGIC/PLACEMENT/Questions		
Added mandatory entry logic to all Fields in the ECPR Tab	Database ECPR Tab	Improves data capture for the ECPR patient

Summary of SRC Database Changes February - May 2026

Change	Section	Reason For Change
Changed 'eCPR Patients' to "ECPR Patients" on "Add New Patient" Button	Database Add New Patient/Entry Tab	All cap required for the acronym ECPR
Changed SRC Log to ECPR Log in Data Source Hierarchy	Data Dictionary ECPR Routing? (p.191)	Aligns with the ECPR Program/Patient
Added "EMS" to Definition and revised "SRC" to ECPR Center "...EMS notification was received by the ECPR Center's ED prior to the patient's arrival" and changed SRC Log to ECPR Log in Data Source Hierarchy	Data Dictionary ECPR Notification? (p.192)	Clarification that field is capturing notification by EMS personnel, and changing 'SRC' to ECPR Center to align with ECPR Program/Patient
Added "EMS" to Definition and revised "SRC" to ECPR Center and changed SRC Log to ECPR Log in Data Source Hierarchy	Data Dictionary Notification Date/Time (p.193, 194)	Clarification that field is capturing notification by EMS personnel, and changing 'SRC' to ECPR Center to align with ECPR Program/Patient
Added logic: "If ECPR Team Activated='No', then 'Pt Location when ECPR Team Activated', 'ECPR Activation Date', and 'ECPR Activation Time' grey out and autofill with 'NA' In data dictionary: changed SRC Log to ECPR Log in Data Source Hierarchy	Database ECPR Tab/Data Dictionary ECPR Team Activated (p. 195)	Existing logic did not include field 'Pt Location when ECPR Team Activated' included this field to existing logic to reduce data entry errors and data dictionary change aligns with the ECPR Program/Patient
Moved fields 'Pt Location when ECPR Team Activated' and 'ECPR Team Activation Date/Time' after 'ECPR Team Activated?' before Fields 'ECPR Physician Arrival Date/Time'	Database ECPR Tab/Data Dictionary Pt. Location when ECPR Team Activated, ECPR Team Activation Date/Time (p. 196-198)	Better flow for data entry
Revised Field Values from "Pre-SRC: Pre-SRC" to "Pre-ECPR Center: Pre-ECPR" and "SRC Center: SRC ED" to "ECPR Center: ECPR Center"	Database ECPR Tab/Data Dictionary Pt. Location when ECPR Team Activated (p. 196)	Changed to align with ECPR program

Summary of SRC Database Changes February - May 2026

Change	Section	Reason For Change
Revised Additional Information from “CL activation” to “ECPR Team Activation” and removed “Cath Lab Pager” and changed SRC Log to ECPR Log in Data Source Hierarchy list	Data Dictionary ECPR Team Activation Date/Time (pgs. 197, 198)	Changed to align with ECPR program
Changed “at” to “to” in Definition and changed SRC Log to ECPR Log in Data Source Hierarchy list	Data Dictionary ECPR Physician Arrival Date/Time (pgs. 199, 200)	Corrected grammar and changed to align with ECPR program
Removed Field “Persistent Cardiac Arrest?”	Database ECPR Tab/Data Dictionary Persistent Cardiac Arrest? (Was pg. 195 in 2025 Data Dictionary)	“Persistent Cardiac Arrest” Field is similar to “Was Patient in Cardiac Arrest Upon Arrival to ED?” causing redundancy in answering the same question.
Added Cannulation Date/Time	Database ECPR Tab/Data Dictionary ECPR Cannulation Date/Time (pgs. 202, 203)	Captures the Date/Time Cannulation was performed. Important to measuring times of procedures/interventions
Changed SRC Log to ECPR Log in Data Source Hierarchy list	Data Dictionary ECPR Location (pg. 204)	Changed to align with ECPR program
Removed “SRC Log” and “Cath Lab Report” from Data Source Hierarchy list	Data Dictionary ECPR Location Comment to Other (pg. 205)	Removed to align with ECPR program
Reordered/Revised Fields related to Cannula (side, site, and size) after ‘ECPR Location Comment to Other’	Database ECPR Tab/Data Dictionary Side of Cannulation Cannulation Sites Arterial Cannula Size Venous Cannula Size (p. 206-209)	Better flow for data entry

Summary of SRC Database Changes February - May 2026

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Added Additional Information clarifying the use of Field Values 'Unilateral' (both cannulas inserted into the same leg) and 'Bilateral' (arterial and venous cannulas inserted into separate legs)	Database ECPR Tab/Data Dictionary Side of Cannulation (p. 206)	Data entry in the field was not consistent across all programs. Clarification needed to ensure consistency of data entered in this field
Added new Field "Cannulation Sites" with Field Values of "LA: Left Arterial", "LV: Left Venous", "RA: Right Arterial", and "RV: Right Venous"	Database ECPR Tab/Data Dictionary Cannulation Sites (p. 207)	Bilateral/Unilateral Field was not aligning to practice of ECPR across all ECPR Programs. Some programs using Right/Left and documenting in further detail cannulation sites
Revised "Sheath Size" to "Arterial Cannula Size" and revised "sheath" to arterial cannula in Definition	Database ECPR Tab/Data Dictionary Arterial Cannula Size (p. 208)	Sheath is not the correct terminology. Cannula is the correct terminology. Sheath is not always used but Cannula is always used for ECPR procedure
Added new Field "Venous Cannula Size"	Database ECPR Tab/Data Dictionary Venous Cannula Size (p. 209)	Previous capture was only of the arterial cannula size. Addition of new field requires data capture for both cannulas used during ECPR cannulation
Added "ED Records" and "Other Hospital Records" to Data Source Hierarchy list	Data Dictionary No ECPR Cannulation Flow (p. 214)	Includes locations where ECPR is currently performed
Added "ED Records" and "Other Hospital Records" to Data Source Hierarchy list	Data Dictionary No ECPR Cannulation Flow Comment to Other (p. 215)	Includes locations where ECPR is currently performed
Changed "ECPR Date/Time" fields to "ECPR Flow Date/Time"	Database ECPR Tab/Data Dictionary ECPR Date & Time (p. 216, 217)	Captures the time that the cannula is connected to the ECMO machine and flow is achieved
Added new Field "1 st Measured End Tidal CO2 on ED Arrival" allowing numeric free-text entry	Database ECPR Tab/Data Dictionary 1 st Measured End Tidal CO2 on ED Arrival	Enables capture of ETCO2 for ECPR patient vs. the ROSC patient

Summary of SRC Database Changes February - May 2026

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	(p. 218)	
Added new Field "1 st Measured Lactate Value" allowing numeric free-text entry	Database ECPR Tab/Data Dictionary 1 st Measured Lactate Value (p. 219)	Enables capture of Lactate Value for ECPR patient vs. the ROSC patient
Added new Field "1 st Measured Lactate Value Units" with Field Values of "mmol: mol/L", "mg:mg/dl", and mEQ: mEQ/L"	Database ECPR Tab/Data Dictionary 1 st Measured Lactate Value Units (p. 220)	Enables capture of Lactate Value unit for ECPR patient vs. the ROSC patient
Added new Field "1 st Measured PaCO ₂ " allowing numeric free-text entry	Database ECPR Tab/Data Dictionary 1 st Measured PaCO ₂ (p. 221)	Enables capture of PaCO ₂ for ECPR patient vs. the ROSC patient
Added new Field "1 st Measured PaO ₂ " allowing numeric free-text entry	Database ECPR Tab/Data Dictionary 1 st Measured PaO ₂ (p. 222)	Enables capture of PaO ₂ for ECPR patient vs. the ROSC patient
Added new Field "1 st Measured pH" allowing numeric free-text entry	Database ECPR Tab/Data Dictionary 1 st Measured pH (p. 223)	Enables capture of pH for ECPR patient vs. the ROSC patient
Changed "ECPR DC Date/Time" fields to "ECPR Flow DC Date/Time"	Database ECPR Tab/Data Dictionary ECPR DC Date & Time (p. 224, 225)	Captures the time that the cannula is connected to the ECMO machine and flow is achieved
Added Additional Information clarifying critical illness period to be within 14 days of ECPR discontinuation, added examples of Kidney and Liver Organ injury	Data Dictionary ECPR Complications (p. 226)	Timeframe needed to clearly define "critical illness" period, clarification on Liver and Kidney Organ Injury Field Values improves accuracy of data capture

Summary of SRC Database Changes February - May 2026

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Revised "SRC Log" to "ECPR Log" in Data Source Hierarchy list	Data Dictionary ECPR Complications Comment to Other (p. 227)	Changed to align with ECPR program
Added field value "CO: Comorbidities"	Database ECPR Tab/Data Dictionary Rationale for Not Cannulating for ECPR (p. 228)	Comorbidities is another reason that physicians are making the decision not to perform ECPR
Revised "SRC Log" to "ECPR Log" in Data Source Hierarchy list	Data Dictionary Poor Prognostic Indicators Comment to Other (p. 230)	Changed to align with ECPR program
Added Modified Rankin Score table with number scoring with definitions to each number scoring, Added Additional Information indicating that scoring of 6 is "death" and what acceptable personnel can perform mRS scoring	Database ECPR Tab/Data Dictionary mRS 30, mRs 90, & mRS at Discharge (p. 236-238)	Added resource in data dictionary for ease of use for data entry personnel
Added new Field "Organ Referral?" with "Yes" and "No" Field Values	Database ECPR Tab/Data Dictionary Organ Referral? (p. 239)	To differentiate between whether ECPR Programs have an organ donation process established and whether an organ was procured from a deceased patient
Added ECPR calculated fields: <ul style="list-style-type: none"> • Notification Date/Time -ECPR Physician Arrival Date/time (E_N2MD) • Notification Date/Time-ECPR Team Activation Date/Time (E_N2A) 	ECPR Calculations	Assists with QI and system data presentation related to time metrics

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<ul style="list-style-type: none">• SRC ED Arrival Date/Time - ECPR Cannulation Date/Time (E_D2CAN)• SRC ED Arrival Date/Time - ECPR Date/Time (E_D2ECPR)• ECPR Date/Time-ECPR DC Date/Time (E_ECPR2DC)		