



دائرة الصحة
DEPARTMENT OF HEALTH

**ST-Segment Elevation Myocardial
Infarction (STEMI) Jawda
Guidance**

Version 1

STEMI Service JAWDA Performance Indicators

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Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This ranges from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care have improved dramatically over the last 20 years, mirroring the economic upturn and population expansion of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework to bring about improvements across the health sector. This guidance pertains to the quality indicators that the Department of Health (DOH) is requiring for quarterly reporting by healthcare facilities operating ST-segment elevation myocardial infarction healthcare services in the Emirate of Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@DoH.gov.ae

This document is subject to review and therefore it is advisable to always utilize online versions available on the DOH.

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About this Guidance

The guidance sets out the definitions and report frequency of JAWDA STEMI performance indicators. The Department of Health (DoH), with consultation from local and international experts, has developed STEMI Performance Indicators that are aimed at assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period.

This Jawda KPI guidance includes measures to monitor **clinical outcomes and care processes** related to the management of STEMI patients, including morbidity and mortality. As healthcare providers are best positioned to assess and improve the quality of STEMI care, it is essential that **clinical leadership plays a central role in defining, implementing, and evaluating performance** across STEMI healthcare services.

Who is this guidance for?

All DoH licensed healthcare facilities providing emergency and urgent care services in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will designate **appropriate staff** to coordinate, collect, monitor, and report STEMI indicator data in accordance with the communicated timelines. The designated healthcare facility lead must, in the first instance, email their contact details (if different from the previous submission) to JAWDA@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What is the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DOH Licensed Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard
- [DOH Standard for Centers of Excellence in the Emirate of Abu Dhabi issued March 2019](#)

STEMI Service JAWDA Performance Indicators

Type: STEMI Quality Indicator

Indicator Number: STEMI001

KPI Description (title):	Door to ECG Time
Domain	Timeliness
Indicator Type	Process
Definition:	Percentage of ED/UCC discharged adult patients aged (18 years and older), with acute STEMI, who performed the 1st ECG within ≤ 10 minutes from the arrival time to the ED/UCC in the facility.
Calculation:	<p><u>Numerator:</u> Number of ED/UCC discharged adult patients aged (18 years and older) with STEMI at the same hospital with 1st ECG done within ≤ 10 minutes from the time of arrival.</p> <p><u>Numerator Guidance:</u> Arrival time is the earlier documented time (Registration Time/Door -In time/Triage time/etc. whichever is earlier)</p> <p><u>Denominator:</u> Total number of ED/UCC discharged adult patients aged (18 years and older) with a final diagnosis of STEMI who were presented to the ED/UCC at the same hospital during the reporting period.</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Patient with In-hospital STEMI (STEMI occurred during hospitalization) • Patients who were transferred (received as a transfer) from another acute care facility • Patients with ECG performed prior to hospital arrival • Patients who did not receive first ECG within 10 minutes of arrival AND had a documented non-system reason for delay in the first ECG due to followings: <ul style="list-style-type: none"> ○ Cardiac Arrest ○ Need for additional PPE for suspected/confirmed infectious disease ○ Need for advanced airway intervention (Intubation) ○ Other concomitant emergent/acute conditions (e.g., stroke or trauma) ○ Patient/family refused/delayed the consent ○ Presenting signs and symptoms inconsistent with ACS • Patients with discharge disposition left against medical advice (LAMA) • Refused to perform ECG
Reporting Frequency:	Quarterly
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)

STEMI Service JAWDA Performance Indicators

Unit of Measure:	Percentage
International comparison if available	AHA GWTG-CAD STEMI Referring Measures ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of ACS
Target	≥90%
Applicability	All Hospitals
Data sources and guidance:	-Patient medical record

STEMI Service JAWDA Performance Indicators

Type: STEMI Quality Indicator

Indicator Number: STEMI002

KPI Description (title):	Door to Needle Time – Time to Thrombolytic Therapy
Domain	Timeliness
Indicator Type	Process
Definition:	Percentage of ED/UCC discharged patients, aged (18 years and older), with STEMI, who receive thrombolytic therapy (as the primary reperfusion modality) within 30 minutes (≤ 30 min) of arrival (OR) If STEMI or STEMI equivalent was first noted on subsequent ECG, patients who received thrombolytics within ≤ 30 minutes of first STEMI-positive ECG.
Calculation:	<p><u>Numerator:</u> Number of adult patients aged (18 years and older) who received thrombolytics within ≤ 30 minutes of arrival to the ED/UCC</p> <p>(OR)</p> <p>If STEMI or STEMI equivalent was first noted on subsequent ECG, patients who received thrombolytics within ≤ 30 minutes of first STEMI-positive ECG in ED/UCC.</p> <p><u>Denominator:</u> Total number of ED/UCC discharged adult patients aged (18 year and older) with a final diagnosis of STEMI who received thrombolytics therapy at this hospital AND had STEMI/STEMI equivalent noted on first ECG during the reporting period.</p> <p>(OR)</p> <p>First noted on subsequent ECG and the subsequent ECG was done after arrival in ED/UCC during the reporting period.</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Patient with In-hospital STEMI (STEMI occurred during hospitalization) • Patients who were transferred from another acute care facility • Patients who did not receive thrombolytic therapy within ≤ 30 minutes AND had a documented non-system reason for delay due to followings: <ul style="list-style-type: none"> ○ Cardiac Arrest ○ Need for additional PPE for suspected/confirmed infectious disease ○ Need for advanced airway placement (Intubation) ○ Other concomitant emergent/acute conditions (e.g., stroke or trauma) ○ Patient/family refused/delayed the consent ○ Presenting signs and symptoms inconsistent with ACS • Patients with STEMI not eligible for thrombolytic therapy due to absolute contraindication.

STEMI Service JAWDA Performance Indicators

	<ul style="list-style-type: none"> Patients with discharge disposition left against medical advice (LAMA)
Reporting Frequency:	Quarterly
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Unit of Measure:	Percentage
International comparison if available	AHA GWTG-CAD STEMI Referring Measures ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of ACS
Target	≥90%
Applicability	All Hospitals
Data sources and guidance:	-Patient medical record

STEMI Service JAWDA Performance Indicators

Type: STEMI Quality Indicator

Indicator Number: STEMI003

KPI Description (title):	Door to Balloon Time – PCI Capable Centers (≤90 Minutes)
Domain	Timeliness
Indicator Type	Process
Definition:	The percentage of discharged adult patients aged (18 years and older) with a final diagnosis of STEMI who present directly to a PCI capable center (not transferred from another hospital) and who underwent primary PCI procedure within ≤90 minutes of arrival time or Subsequent ECG time if STEMI is first diagnosed on a subsequent ECG after arrival.
Calculation:	<p>Numerator: Total number of adult patients aged (18 years and older) STEMI patients who received primary PCI:</p> <p>Within 90 minutes of arrival at the hospital for patients with STEMI first noted on first ECG</p> <p>(OR)</p> <p>Within 90 minutes of subsequent ECG time for patients with STEMI first noted on subsequent ECG AND the subsequent ECG was performed on or after arrival at the hospital’s ED/UCC.</p> <p>(OR)</p> <p>Within 90 minutes of arrival at the hospital for patients with STEMI first noted on subsequent ECG AND the subsequent ECG was performed prior to arrival at the hospital’s ED/UCC.</p> <p>Denominator: Total number of ED/UCC discharged adult patients aged (18 years and older) with a final diagnosis of STEMI who were presented directly to the PCI capable center and who underwent primary PCI during the reporting period.</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p>with</p> <p>CPT Codes for Percutaneous Coronary Intervention (PCI): 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92973</p> <p>Denominator Exclusion:</p> <ul style="list-style-type: none"> • Patient with In-hospital STEMI (STEMI occurred during hospitalization) • Patients who were transferred from another acute care facility. • Patients who receive thrombolytics prior to PCI • Patients enrolled in clinical trials related to reperfusion therapy. • Documented non-system reasons for delaying the PCI: <ul style="list-style-type: none"> ○ Cardiac Arrest ○ Difficult vascular access

STEMI Service JAWDA Performance Indicators

	<ul style="list-style-type: none"> ○ Difficult crossing the culprit lesion ○ Need for additional PPE for suspected or confirmed infectious disease. ○ Need for advanced airways placement (intubation) ○ Needs for mechanical circulatory support prior to PCI. ○ Other concomitant emergent/acute conditions (e.g., stroke or trauma) ○ Patient/family refused/delayed the consent ○ Presenting signs and symptoms inconsistent with ACS ● Patients with discharge disposition left against medical advice (LAMA)
Reporting Frequency:	Quarterly
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Unit of Measure:	Percentage
International comparison if available	AHA GWTG-CAD STEMI Referring Measures ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of ACS
Target:	≥90%
Applicability	Hospitals with Cath Lab
Data sources and guidance:	-Patient medical record

STEMI Service JAWDA Performance Indicators

Type: STEMI Quality Indicator

Indicator Number: STEMI004

KPI Description (title):	Door to Balloon Time – Non-PCI Capable Centers (≤120 Minutes)
Domain	Timeliness
Indicator Type	Process
Definition:	Percentage of discharged adult patients aged 18 year and older with a final diagnosis of STEMI who initially present to a STEMI referring (non-PCI) hospital and were subsequently transferred to a PCI capable center for primary PCI, for whom the primary PCI has been performed within ≤120 minutes of arrival at the first facility (STEMI referring hospital door to device time) or subsequent ECG time if STEMI was first diagnosed on subsequent ECG.
Calculation:	<p><u>Numerator:</u> Number of adult STEMI discharged patients aged 18 years and older patients who initially presented to a referring (non-PCI) hospital and were transferred to a PCI capable center for whom primary PCI has been performed as follows.</p> <ul style="list-style-type: none"> • within ≤ 120 minutes of arrival at the first facility for patients with first STEMI noted on first ECG <p>(OR)</p> <ul style="list-style-type: none"> • within ≤ 120 minutes of subsequent ECG time for patient with STEMI first note on subsequent ECG AND the subsequent ECG was done at the STEMI referring hospital. <p><u>Denominator:</u> Total number of ED/UCC discharged adult patients aged (18 years and older) with a final diagnosis of STEMI who initially presented to a referring (non-PCI capable) hospital and who were transferred to PCI capable hospital and who underwent primary PCI procedure AND for whom time from arrival at the first facility to first device activation is not > 12 hours during the reporting period.</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p>with</p> <p>CPT Codes for Percutaneous Coronary Intervention (PCI): 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92973</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Patient Expired before the procedure. • Patient with In-hospital STEMI (STEMI occurred during hospitalization) • Patients who receive thrombolytics prior to PCI • STEMI was first identified on subsequent ECG done at the receiving hospital • Patients enrolled in clinical trials related to reperfusion therapy.

STEMI Service JAWDA Performance Indicators

	<ul style="list-style-type: none"> • Patients who did not receive primary PCI within 120 minutes AND had a documented non-system reason for delay: <ul style="list-style-type: none"> ○ Cardiac arrest Cardiac Arrest and/or need for (intubation) ○ Difficult vascular access ○ Difficult crossing the culprit lesion ○ Need for additional PPE for suspected or confirmed infectious disease. ○ Need for advanced airways placement (intubation) ○ Needs for mechanical circulatory support prior to PCI. ○ Other concomitant emergent/acute conditions (e.g., stroke or trauma) ○ Patient/family refused/delayed the consent. ○ Presenting signs and symptoms inconsistent with ACS • Patients with discharge disposition left against medical advice (LAMA)
Reporting Frequency:	Quarterly
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Unit of Measure:	Percentage
International comparison if available	AHA GWTG-CAD STEMI Referring Measures
Target:	≥90%
Applicability	Hospitals with Cath Lab
Data sources and guidance:	-Patient medical record

STEMI Service JAWDA Performance Indicators

Type: STEMI Quality Indicator

Indicator Number: STEMI005

KPI Description (title):	Door to Balloon Time – EMS Transported Patients (≤90 or ≤120 Minutes)
Domain	Timeliness
Indicator Type	Process
Definition:	Percentage of discharged adult patients (18 years and older) with a final diagnosis of STEMI who were transported directly to a receiving center by EMS who received primary PCI within 90 minutes of EMS first medical contact OR, when EMS transport time was ≥45 minutes, who received primary PCI within 120 minutes of EMS first medical contact AND within 30 minutes of arrival at the Receiving Center
Calculation:	<p><u>Numerator:</u> Number of patients aged (18 years and older) who received a Primary PCI:</p> <ul style="list-style-type: none"> • Within 90 minutes of EMS first medical contact (OR) • Within 120 minutes of EMS first medical contact AND within 30 minutes of arrival at the PCI Capable Center if EMS transport time is ≥45 minutes <p><u>Denominator:</u> Total number of ED/UCC discharged adult patients aged (18 years and older) with a final diagnosis of STEMI who underwent primary PCI Procedure during the reporting period AND:</p> <ul style="list-style-type: none"> • Who have STEMI or STEMI equivalent first noted on the first ECG AND • Who arrived at the PCI Capable Center via EMS Ambulance • For whom PCI is the primary reperfusion strategy AND • Time from first medical contact to first device activation is not >12 hours <p><u>Denominator Guidance:</u> First device activation: First PCI Date/Time</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p>with</p> <p>CPT Codes for Percutaneous Coronary Intervention (PCI): 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92973</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Patient with In-hospital STEMI (STEMI occurred during hospitalization) • Patients who are transferred from another acute care facility • Patients who receive thrombolytics prior to PCI • Patients enrolled in a clinical trial related to reperfusion therapy • Patients who did not receive primary PCI within 90 minutes AND had a documented non-system reason for delay:

STEMI Service JAWDA Performance Indicators

	<ul style="list-style-type: none"> ○ Cardiac arrest ○ Cardiac Arrest and/or need for (intubation) ○ Difficult vascular access ○ Difficulty crossing the culprit lesion ○ Need for additional PPE for suspected or confirmed infectious disease] ○ Need for advanced airway placement (intubation) ○ Need for Mechanical circulatory support prior to PCI ○ Other concomitant emergent/acute conditions (e.g., stroke or trauma) ○ Patient/family consent ○ Presenting signs and symptoms inconsistent with ACS ● Patients who had an EMS transport time of ≥ 45 minutes AND had a documented EMS reason for scene delay: <ul style="list-style-type: none"> ○ Access to patient (EMS documented) ○ Cardiac Arrest ○ Inclement weather ○ Need for additional PPE for suspected/ confirmed infectious disease ○ Need for advanced airway placement (Intubation) ○ Other concomitant emergent/acute conditions (e.g., stroke or trauma) ○ Patient/ family consent ○ Presenting signs and symptoms inconsistent with ACS
Reporting Frequency:	Quarterly
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Unit of Measure:	Percentage
International comparison if available	AHA GWTG-CAD STEMI Referring Measures
Target:	$\geq 90\%$
Applicability	Hospitals with Cath Lab
Data sources and guidance:	-Patient medical record

STEMI Service JAWDA Performance Indicators

Type: STEMI Quality Indicator

Indicator Number: STEMI006

KPI Description (title):	Door-In-Door-Out Time – Non-PCI Capable Center (≤45 Minutes)
Domain	Timeliness
Indicator Type	Process
Definition:	The percentage of ED/UCC discharged adult patients aged (18 years and older) with a final diagnosis of STEMI who initially presented to a non-PCI (referring) hospital and transferred out to a PCI capable center for whom primary PCI has been performed within ≤ 45 minutes of ED/UCC arrival or subsequent ECG time if STEMI first diagnosed on subsequent ECG.
Calculation:	<p><u>Numerator:</u> Number of adult STEMI patients aged (18 years and older) who were presented to a referring (non-PCI) hospital, who were transferred out for primary PCI within ≤ 45 minutes of:</p> <ul style="list-style-type: none"> • ED / UCC arrival (OR) • Subsequent ECG time if STEMI / STEMI equivalent was first noted on subsequent ECG <p><u>Denominator:</u> Total number of ED/UCC discharged adult patients aged (18 years and older) with a final diagnosis of STEMI who initially presented to a referring (non-PCI) hospital and whom STEMI / STEMI equivalent was noted in first ECG / Subsequent ECG and subsequent ECG was done after arrival at the referring hospital and who were transferred out for Primary PCI and for whom time of arrival to ED/UCC discharge is not >24 hours during the reporting period.</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p>with</p> <p>CPT Codes for Percutaneous Coronary Intervention (PCI): 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92973</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Patient with In-hospital STEMI (STEMI occurred during hospitalization) • Patients who receive thrombolytic therapy at this hospital • Patients administered thrombolytics prior to arrival • Patients who were not transferred out for primary PCI within 45 minutes of arrival AND had a documented non-system reason for delay in transfer to a PCI Center: <ul style="list-style-type: none"> ○ Inclement weather ○ Cardiac Arrest ○ Respiratory failure (Intubation) ○ Other concomitant emergent/acute conditions (e.g., stroke or trauma) ○ Patient/family consent

STEMI Service JAWDA Performance Indicators

	○ Presenting signs and symptoms inconsistent with ACS
Reporting Frequency:	Quarterly
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Unit of Measure:	Percentage.
International comparison if available	AHA GWTG-CAD STEMI Referring Measures
Target:	≥90%
Applicability	Hospitals without Cath Lab
Data sources and guidance:	-Patient medical record

STEMI Service JAWDA Performance Indicators

Type: STEMI Quality Indicator

Indicator Number: STEMI007

KPI Description (title):	30-day all-cause Unplanned Inpatient Readmission Rate for STEMI Patients
Domain	Effectiveness
Indicator Type	Outcome
Definition:	<p>Percentage of unplanned inpatient readmissions for adult patients (18 years and older) with a principal discharge diagnosis of STEMI within 30- days of discharge from the index hospitalization.</p> <p>Note: All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)</p>
Calculation:	<p><u>Numerator:</u> Total number of unplanned adult inpatient (18 years and older) readmissions to hospital within 30- days of discharge from the index hospitalization with a principal discharge diagnosis of STEMI (If a patient has more than one unplanned readmission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator).</p> <p><u>Numerator Exclusion:</u> Presence of at least one of the following:</p> <ul style="list-style-type: none"> • Readmission was for a planned procedure /treatment protocol • Transfer admission from acute care. <p><u>Denominator:</u> Total number of adult inpatients (18 years and older) having a principal discharge diagnosis of acute STEMI during the reporting period.</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Admissions for patients having a principal diagnosis of STEMI during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge. • Patients with discharge disposition left against medical advice (LAMA)
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	American Heart Association
Desired direction:	Lower is better
Applicability	All Hospitals

STEMI Service JAWDA Performance Indicators

Data sources and guidance:	-Patient medical record
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Type: STEMI Quality Indicator

Indicator Number: STEMI008

KPI Description (title):	Mortality rate among STEMI Patients during hospitalization or within 30 days of discharge
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of death occurring during hospitalization or within 30 days of discharge with STEMI diagnosis.
Calculation:	<p>Numerator: Number of STEMI patients (18 years and older) in denominator who died during the hospital stay or within 30 days of the discharge date of the denominator cases.</p> <p>Denominator: Total number of adult inpatients (18 years and older) with a principal discharge diagnosis of STEMI during the reporting period.</p> <p>ICD 10 Codes: Appendix – A: STEMI Diagnosis ICD-10 Codes</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Left against medical advice
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	American Heart Association
Desired direction:	Lower is better
Applicability	All Hospitals
Data sources and guidance:	-Patient medical record

STEMI Service JAWDA Performance Indicators

Appendix - A: STEMI Diagnosis ICD-10 Codes

STEMI	
Code	Short Description
I21.01-I21.09	ST elevation (STEMI) myocardial infarction of anterior wall
I21.11-I21.19	ST elevation (STEMI) myocardial infarction of inferior wall
I21.21-I21.29	ST elevation (STEMI) myocardial infarction of other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.9	Acute myocardial infarction, unspecified
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site