

Designation Criteria for Level I STEMI Center

1. Personnel
1.1 The center has organizational and administrative support for the program.
1.2 The center has a cardiac care coordinator.
1.3 The center has a defined rapid response team that responds to cardiac emergencies within the facility.
1.4 The center has a cardiac care medical director that is board-certified in cardiology or emergency medicine.
1.5 The center has physicians in the emergency department (ED) 24/7 who are board-certified or board-eligible in emergency medicine, or physicians board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in cardiac care.
1.6 The center has an interventional cardiologist on-site within 30 minutes of cardiac care team activation with an achievement rate of 80%.
1.7 The center has cardiac catheterization (cath) lab staff on-site within 30 minutes of cardiac care team activation with an achievement rate of 80%.
2. Training and Education
2.1 The physicians, midlevel providers, and registered nurses (RNs) on the cardiac care team are current in Advanced Cardiac Life Support (ACLS) or equivalent (or Board-Certified/Board-Eligible emergency medicine physician).
2.2 All of the center's ED RNs are current in ACLS or equivalent.
2.3 All of the center's staff must complete annual education on signs and symptoms of Acute Coronary Syndrome (ACS).
2.4 Interventional cardiologists who perform cardiac catheterizations must have a minimum of 45 hours of interventional continuing medical education (CME) every three years.
2.5 The cardiac care coordinator must have a minimum of 18 hours of continuing education in cardiac care every three years.
2.6 RNs on the cardiac care team complete annual education or training in identifying dysrhythmias, symptoms of ACS, and current American Heart Association (AHA) ACS guidelines.
2.7 The center offers tobacco cessation, nutrition, and other heart-healthy education for its employees and the community at least annually.
2.8 The center provides annual public education on cardiovascular disease prevention, the signs and symptoms of heart attack, and the importance of learning CPR and calling 911 in cardiac emergencies.

2.9 The center provides assistance with training and clinical education for Emergency Medical Services (EMS) in coordination with the EMS Medical Directors, as needed and upon request (e.g. reading electrocardiograms [ECG/EKG] for STEMI patients, appropriate activation of the cardiac care team, etc.).

3. STEMI Services

3.1 The center has diagnostic and interventional cardiac catheterization available 24/7.

3.2 The center has laboratory or point-of-care testing available 24/7.

3.3 The center's pharmacy is adequately staffed by qualified personnel to ensure effective medication management services 24/7.

3.4 The center has Food and Drug Administration (FDA)-approved fibrinolytic therapy available 24/7.

3.5 The center's post cardiopulmonary arrest care protocols are based on current AHA guidelines.

3.6 The center has cardiac surgery or a transfer protocol with cardiac surgery hospital via critical care ground or air.

3.7 The center has an intensive or critical care unit.

3.8 The center has protocols for activating the cardiac care team for patients who arrive via EMS and patients who "walk-in".

3.9 The center has protocols for: ACS, STEMI, triage for "walk-ins" presenting with symptoms of ACS, fibrinolytic therapy, initiation of post arrest care based on current AHA guidelines, and transfer guidelines.

3.10 The center has written protocols with regional Level II STEMI Center(s) to accept all STEMI referrals.

3.11 The center has a policy for referral to cardiac rehabilitation services.

3.12 The center coordinates with local Emergency Medical Services (EMS) agencies on cardiac care, transport policies and procedures, training, and quality improvement.

3.13 The center has a no-divert policy for all patients who meet cardiac care team activation criteria and a backup plan with a communication strategy for situations when the hospital's cardiac care resources are temporarily unavailable.

4. Minimum Requirements

4.1 The center must have performed a minimum of 36 percutaneous coronary intervention (PCI) procedures for STEMI during the most recent rolling 12-month period.

5. Performance Measurement and Quality Improvement

5.1 The center must participate in Idaho's TSE Registry. At least 80% of cases are entered into the TSE Registry within 180 days of treatment. Participation in a national registry and CARES is recommended, but not required.

5.2 The center achieves door-to-balloon time in less than 90 minutes in 85% of cases.

5.3 The center participates in their Regional TSE Committee.

5.4 The center must have a performance improvement (PI) program to ensure optimal care and continuous improvement of care.

5.5 The PI program is supported by a reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement.
5.6 System and process issues (such as documentation and communication), clinical care issues, and transfer decisions must be reviewed by the PI program.
5.7 The STEMI program must use current clinical practice guidelines, protocols, and algorithms derived from evidence-based validation resources to achieve benchmark goals.
5.8 All process and outcome measures must be documented in a written PI plan and updated annually.
5.9 The process of analysis occurs at regular intervals to meet the needs of the program.
5.10 The process demonstrates problem resolution (loop closure).
5.11 The center is able to identify the STEMI patient population for review.
5.12 The PI program must have audit filters to review and improve patient care.
5.13 The center's PI program must work with transferring facilities to provide feedback on all transferred patients.
5.14 The PI program evaluates cardiac catheterization lab availability and delays.
5.15 Delays in cardiologist response time must be monitored and reviewed for cause of delay and opportunities for improvement. Corrective actions must be documented.
5.16 Transfers within 24 hours to a higher level of care must be reviewed to determine the rationale for transfer, adverse outcomes, and opportunities for improvement.
5.17 The PI review is inclusive of all STEMI admissions and transfers.