



Contra Costa Emergency Medical Services
STEMI Receiving Center Designation Criteria
Application and Evaluation Tool

Effective 3.1.08

STEMI Designation Contract Standard	Objective Measurement	Meets Standard	Comments
HOSPITAL SERVICES			
A. Current license to provide Basic Emergency Services in Contra Costa County	Copy of License	Y N	Required for designation
B. Cardiac Catheterization Laboratory services	Copy of License. Number Cardiac Catheterization Labs ____ On License.	Y N	Required for designation
C. Cardiac catheterization laboratory available 24/7/365	On-Call Schedules for 3 months. On-Call Policy/Procedure	Y N	Required for designation
D. Intra-aortic balloon pump capability with staffing available to operate 24/7/365	Intra-aortic balloon pump capability # patients: _____ Staffing policies/protocols supporting operations	Y N	Required for designation
E. Priority contact line for ambulance contact with hospital	Reliable telephone/radio line Policies supporting priority phone intake Procedures support prompt response	Y N	Required for designation Description Phone number _____
F. Inter-facility TRANSFER GUIDELINES or COOPERATIVE ARRANGEMENTS	Description of current cooperative practice or copy of supporting policies, procedures or guidelines. List all hospitals collaborating with and for what type services	Y N	Required for designation List of facilities and description of cooperative arrangements (SRC's and Non STEMI centers) for CV surgery and PCI interventions within STEMI time frame standards.
G. Cardiovascular Surgery (<i>desired, but not required</i>)	CA permit number and effective and expiration dates Number of Operating Suites on License	Y D	D=Desired not required ACC/AHA/SCAI guideline conformance for centers without back up CV surgery will be evaluated in consideration of waiver by EMS medical director
1. If no cardiac surgery capability, must have: a. Plan for emergency transport	Plan, Policy, procedure with estimated travel time	Y NA	Required for designation. Hospitals without CV services: Written guidelines or description of current processes for rapid transfer of patients requiring additional care. Including elective or emergency cardiac surgery or PCI.
b. Plan to transfer within 1 hour	Supporting policies and procedures	Y NA	Required if no CV surgery
c. Written transfer guidelines for service	Transfer facilities identified	Y NA	Required if no CV surgery



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HOSPITAL PERSONNEL			
A. SRC PROGRAM MEDICAL DIRECTOR Qualifications: 1. Board Certified in Cardiovascular Disease 2. Board Certified in Interventional Cardiology 3. Credentialed member of medical staff with privileges for Primary PCI 4. Trained in cardiac radiographic imaging and radiation protection Responsibilities: 1. Oversight of STEM program patient care 2. Coordinating staff and services 3. Authority and accountability for quality/ performance improvement 4. Participates in protocol development 5. Establishes and monitors quality control, including Mortality and Morbidity 6. Participates in County STEMI QI Committee	Copy of Current Board Certification	Y N	Required for designation
	Copy of Current Board Certification	Y D	D=Desired not required
	Medical Staff Office Confirmation	Y N	Required for designation
	Documentation of Training	Y N	Required for designation
	Job/Program Director Description	Y N	Required only initial designation
B. SRC RN PROGRAM MANAGER Qualifications: 1. RN License and STEMI program experience Responsibilities: 1. Supports SRC Medical Director Functions 2. Acts as EMS-STEMI Program Liaison 3. Assures EMS-Facility STEMI data sharing 4. Manages EMS-Facility STEMI QI activities 5. Authority and accountability for QI/PI 6. Facilitates timely feedback to the field providers	Job/Program Manager Description Evidence of dedicated FTE to support Policy/Procedure RN License and CV	Y N	Required for designation
C. Cardiac Catheterization Lab Manager/Coordinator	Job Description	Y N	Required for designation
D. Physician Consultants: 1. Cardiology interventionalist	On-Call schedules x 3 months Current Board Certification in Cardiovascular Disease On-Call Policy	Y N	Required for designation



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2. CV Surgeon	On-Call schedules x 3 months	Y N NA	Desired for designation
CLINICAL CAPABILITIES			
A. Clinical Volume Performance: <ul style="list-style-type: none"> Average volume of past 3 years will be evaluated Annual case total volume for all PCI cases and primary PCI cases for 2005-2007 by all interventionalists. 	Roster of On-Call "STEMI" interventionalists with annual case total volume for all PCIs and PCIs for STEMI volume for 2005-2007 at contract facility. Total of ___ PCI procedures per during ___ calendar year.	Y N	Required for designation
B. Physician Volume	Primary and Total PCI volume.	Y N	Required for designation Requirements may be met based on activity at more than one hospital.
C. Process Performance	Door to balloon inflation times for last 100 cases and 2005-2007. Acute MI (AMI) report (AMI parameter) PI report of Improvement.	Y N	Required for designation ACC/AHA/SCAI Recommendations Door to balloon inflation times <90 minutes (75% compliance) If Fibrinolysis administered, given within 30 minutes.



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POLICIES AND PROCEDURES			
A. Cardiac Interventionalist activation	Policy & Procedure Internal policies that support STEMI Alert activation of personnel and resources	Y N	Required for designation. Required internal hospital policies define the patients who shall receive emergency angiography and patients who shall receive emergent fibrinolysis, based on physician decision for individual patients.
B. Cardiac catheterization laboratory team activation	Policy & Procedure	Y N	Required for designation
C. STEMI contingency plans <ul style="list-style-type: none"> ▪ Personnel ▪ Cath Lab facility & equipment 	Description of controls in place to minimize disruptions. Pertinent policy & procedures	Y N	Required for designation. Expectation of no diversion .
D. Coronary angiography	Policy, Procedure, and/or Guidelines	Y N	Required for designation.
E. PCI and use of fibrinolytics	Policy, Procedure, and/or Guidelines	Y N	Required for designation. Processes by which fibrinolytic therapy and PCI can be delivered rapidly to meet the following goals Fibrinolysis within 30 minutes of ED and Door-to-balloon time within 90 minutes of ED arrival
G Interfacility transfer for STEMI policies or protocols	Policy, Procedure, and/or Guidelines	Y N	Required for designation



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PERFORMANCE IMPROVEMENT					
B. Systematic Internal Review Program	M &M Peer review protocol/program description to deal with <ul style="list-style-type: none"> ▪ Deaths ▪ Complications ▪ Sentinel events ▪ System issues ▪ Organizational issues 	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">Y</td> <td style="padding: 0 10px;">N</td> </tr> </table>	Y	N	Policy and procedure or program description only required for designation
Y	N				
C. Systematic Prehospital Review Program	Written quality improvement plan or program description for EMS-transported STEMI patients supporting <ul style="list-style-type: none"> Timely prehospital feedback Prehospital provider education Cooperative STEMI QI data management 	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">Y</td> <td style="padding: 0 10px;">N</td> </tr> </table>	Y	N	QI Plan or policy only required for initial designation Ongoing expectation Data Collection and Management based on STEMI EMS data elements (refer to EMS data element addendum)
Y	N				
D. Mechanism to participate in timely outcome field feedback of STEMI patients	Participation in Field Feedback QI processes	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">Y</td> <td style="padding: 0 10px;">N</td> </tr> </table>	Y	N	EMS to act as point agency to facilitate communication of outcome information for field QI. Ongoing expectation
Y	N				
E. Prehospital STEMI related educational activities	Commitment to STEMI Prehospital Education Plan for prehospital education activities	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">Y</td> <td style="padding: 0 10px;">N</td> </tr> </table>	Y	N	Plan required for initial designation Ongoing expectation
Y	N				



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DATA COLLECTION, SUBMISSION AND ANALYSIS			
A. Participates and provides data from National Cardiac Data Registry (NCDR)	NCDR Registry: Cath Lab STEMI PCI module. See EMS data element Appendix A	Y N	Required for designation
B. Ability to participate with Contra Costa EMS data collection	Mechanisms in place to collect EMS Data elements with Contra Costa EMS See EMS data element Appendix A	Y N	Name and contact information of responsible personnel required for designation
C. Quarterly STEMI QI Committee Data Reports	EMS Data report Data due 3 months from end of previous quarter See EMS data element Appendix A	Y N	Not required pre-designation ongoing expectation
D. Annual SRC Report submitted and complete	EMS Data Report elements Report due 3 months from end of year See EMS data element Appendix A	Y N	Not required pre-designation ongoing expectation
E. Facilitates implementation of future data elements for STEMI system performance improvement	Collaborates with development and implementation process of future STEMI system evaluation	Y N	Ongoing expectation