

### STEMI Application and Evaluation Matrix

STEMI Receiving Center Designation Requirements	Objective Measurements	Meets Requirements	Comments	Send w/ application	On file with EMSA	Review at site visit
<b>Hospital Services</b>						
A. Current License to provide Basic Emergency Services in San Luis Obispo County	Copy of License	YES NO	Required for designation			X
B. A Base Hospital in San Luis Obispo County	Have entered into a signed Base Hospital Agreement with County of San Luis Obispo	YES NO	Required for designation		X	
C. Participate in a written agreement with San Luis Obispo County identifying the SRC and County roles and responsibilities	Willingness to enter into a signed agreement with designation (in LOI)	YES NO	Required for designation	X		
D. Agree to accept all EMS patients meeting STEMI patient triage criteria except when on internal disaster and a plan for the triage and treatment of simultaneously presenting STEMI patients, regardless of ICU/CCU or ED status	Willingness to accept EMS STEMI patients per policy (in LOI)	YES NO	Required for designation	X		
E.1.a. Cardiac Catheterization Laboratory Services	Copy of License, Number of Cath labs _____ on license	YES NO	Required for designation			X
E.1.b. Intra-aortic balloon capability with staffing to operate 24/7/365	Intra-aortic balloon pump capability: # of patients _____; Staffing policies/procedures to support operations	YES NO	Required for designation	X		
E.1.c. Cardiovascular Surgery (desired)	Calif. Permit number with effective and expiration dates. Number of suites on license _____	YES NO	Desired for designation			X
E.1.c. If no cardiac surgery capability must have: a. Plan for emergency transfer b. Plan to transfer within 1 hour c. Written transfer guidelines and agreements for services (E.4.g.)	Plan, policies/procedures with estimated travel times Supporting policies/procedures Transfer facilities identified	YES NO YES NO YES NO	Required for hospital without CV services; Written guidelines, policies and procedures for rapid transfer of patients requiring additional care - including elective are emergency cardiac surgery or PCI Required if no CV surgery Required if no CV surgery	X		
E.1.d. Cardiac catheterizations laboratory available 24/7/365	On-call schedule for 3 mo. On-call Policy/procedure	YES NO	Required for designation			X
E.1.e. Priority "Specialty Care" phone line	Dedicated, reliable telephone/radio line; Policies /Procedures supporting priority intake information and prompt response	YES NO	Required for designation	X		X

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<b>Hospital Personnel</b>						
E.2.a. SRC Program Medical Director	Name and contact information	YES NO	Required for designation	X		
Qualifications						
1. Board Certified Internal Medicine with subspecialty in Cardiovascular Disease	Copy of current Board Certification	YES NO	Required for designation			X
2. Credentialed member of medical staff with privileges for Primary PCI	Medical Staff Office Confirmation	YES NO	Required for designation			X
Responsibilities						
1. Oversight STEMI Program patient care	Job/Program Description	YES NO	Required for designation	X		
2. Coordinating staff and services						
3. Authority and accountability for CQI						
4. Participates in protocol development						
5. Establishes and monitors quality control, including morbidity and mortality						
6. Participates in SLO EMSA STEMI QI Committee						
E.2.b. SRC RN Program Manager	Name and contact information	YES NO	Required for designation	X		
Qualifications	Job/Program Manager description					
1. Licensed RN with STEMI Experience						
Responsibilities	RN License and CV	YES NO	Required for designation	X		
1. Support SRC Medical Director	Evidence of time allotted to position					
2. Act as EMSA-STEMI program liaison	Policy/Procedures					
3. Assure EMSA- Facility STEMI data sharing						
4. Manage EMSA-Facility STEMI QI activities						
5. Establishes and monitors quality control including morbidity/mortality						
6. Facilitates timely feedback to field providers						
E.2.c. Cardiac Catheterization Lab Manager	Job Description: this position should be an RN if not directly reporting to the SRC program manager	YES NO	Required for designation	X		

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E.2.d. & e. Physician Consultants:						
1. Cardiology Interventionalist	On-call schedules X 3 months Medical Staff Confirmation of Current Board Cert in Cardiovascular Disease	YES NO	Required for designation			X
2. Cardiovascular Surgeon OR 2. CV Surgery Agreements with another facility	On-call schedules X 3 months  Written transfer guidelines and plan for emergency transfer to CV Surgery within one hour	YES NO	Required for designation			X
E.2.f Other appropriate personnel	On-call schedule for 3 mo. On-call Policy /procedure	YES NO	Required for designation	X		
i. Cardiac catheterization nursing and support staff				X		
ii. RN or CV Perfusionist trained in intra-aortic balloon management	Job Description	YES NO	Required for designation	X		
<b>Clinical Requirements</b>						
E.3., Clinical Volume Capabilities						
1. Average volume of past 3 years - evaluated	Roster of On-call "STEMI" interventionalist with annual case total volume for all PCIs and PCIs for STEMI volume for 2006-2008	YES NO	Required for designation	X		
2. Annual case total volume for all PCI cases and primary PCI cases for 2006-2008 by all Interventionalist						
E.3.a. Physician Volume	Primary and Total PCI volume by physician on call list	YES NO	Required for designation - may be met at through more than one facility	X		
E.3.b., Process Performance	(ED)Door-to-balloon times for last 100 cases Acute MI (AMI) report	YES NO	Required for designation	X		
		YES NO	AHA/ACC recommendation -Door-to Balloon Times <90 min (75% compliance)	X		
	Primary Intervention Report	YES NO	If Fibrinolysis administered - # given within 30 min	X		

STEMI Receiving Center Designation Requirements and Procedures	Objective Measurements	Meets Requirements	Comments	Send w/ application	On file with EMSA	Review at site visit
E.4.a. Cardiac Interventionalist Activation	Policy/procedures Internal policies that support STEMI Alert - activation of personnel and resources	YES NO	Required for designation Required internal policies defining which patients receive emergency angiography and those that receive emergent fibrinolysis - based on physician decision for individual patients	X		
E.4.b. Cardiac catheterization laboratory team activation	Policy and Procedures	YES NO	Required	X		
E.4.c. STEMI contingency plan for simultaneously presenting STEMI patients or when on internal disaster diversion	Policies/procedures	YES NO	Required for designation Expectation of No Diversion	X		
E.4.d. Coronary Angiography	Policies/procedures and/or guidelines	YES NO	Required for designation	X		
E.4.e. PCI and use of Fibrinolytics	Policies/procedures and/or guidelines	YES NO	Required for designation - process by which PCI and/or fibrinolytic therapy can be delivered rapidly to meet the following protocols: Door-to balloon time with in 90 min of ED arrival and Fibrinolysis within 30 min of ED arrival for appropriate patients	X		
E.4.f. Inter-facility transfer agreements, policies/procedures	Copy of cooperative transfer agreements and policies/procedures listing all collaborating hospitals and for what type of services	YES NO	Required for designation List of facilities and description of cooperative agreements (SCR and SRH) for cardiovascular surgery and PCI within STEMI time frame standards	X		
E.4.g. Transfer plan and agreements for cardiovascular surgery, as appropriate	Policies/procedures to transfer if program not available	YES NO	Required for designation - for facilities without CV surgery	X		
E.4.h. STEMI patient triage	Policies/procedures and/or guidelines	YES NO	Required for designation	X		

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Performance Improvement Program for EMS Patients						
E.5.a. Designate QI representative and Cardiologist to participate on EMSA SRC QI committee	Identify QI representative and cardiologist	YES NO	Ongoing expectation	X		
E.5.b Regular Multidisciplinary Review Meetings	Provide a program including representation of STEMI Referral Hospitals and prehospital EMS personnel	YES NO	Required for Designation Ongoing expectation	X		
E.5.c. Internal QI Plan/Program	M&M peer review protocol/program description to deal with:  Door-to-Balloon times Death Compliance Emergency CABG rate Vascular complications Cerebrovascular Accident rate Post-procedure nephrotoxicity Sentinel Events System/Organizational Issues	YES NO	Required for Designation  Ongoing expectation	X		
E.5. d. Pre-hospital Review Program	Provide a program description of support to EMS personnel to Include:  Timely pre-hospital feedback Pre-hospital education Cooperative STEMI QI data management	YES NO	QI Plan or policy required for initial designation  Ongoing expectation Data collection and management based on STEMI EMSA data elements (See addendum A)	X		

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<b>Data Collection, Submission and Analysis</b>						
E.6.a. Participate and provide data for National Cardiac Data registry (NCDR)	Member of NCRD Registry: cath lab, STEMI PCI module (In LOI)  See Appendix A - EMSA Data Element	YES NO	Required for designation	X		
E.6.b. Participate with SLO EMSA, Inc. data collection	Procedure in place to collect EMSA Data elements See Appendix A	YES NO	Required for designation - Name and contact information of responsible personnel	X		
E.6. Quarterly STEMI QI Committee data report	Willingness to provide EMSA data reports (In LOI) Data due 3 mos. from end of previous quarter See EMSA data elements - Appendix A	YES NO	Ongoing expectation - not required pre-designation	X		
E.6. Annual SRC Report completed and submitted	Willingness to provide EMSA data report elements (In LOI) Report due 3 mos. from year end See EMSA data elements - Appendix A	YES NO	Ongoing expectation - not required pre-designation	X		
E.6. Implement future data elements for STEMI system performance improvement	Commit to ongoing development and implementation of future STEMI system evaluation data elements ( In LOI)	YES NO	Ongoing expectation - not required pre-designation	X		