IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

STEMI Clarification Document

TSE Standards Manual Edition 2025-1

What is the purpose of the Clarification Document?

The STEMI Clarification Document was created to help provide further insight on what may be required/accepted for compliance of designation criteria. This document coincides with the current edition of the TSE Standards Manual and can be utilized by anyone (i.e. facility program managers, coordinators, TSE Surveyors, etc.).

Please note, not all criteria may be listed in this document. Do not hesitate to contact us with any questions or concerns. We would be happy to help in any way we can to assist you.

Whom do I contact?

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Center Level	Criteria Number	Criteria Element	Criteria Clarification
*A document can be an algorithm, a policy, a protocol, guidelines, a process map, etc.			
1. Personnel			
STEMI I+ STEMI I STEMI II	Criteria 1.1	*Administrative support*	A letter of commitment will be signed by the CEO/President or Board Chair. Intent of the letter is to show support from administration, and Cardiology and emergency services. The Certification Statement will suffice as supporting documentation.
STEMI I+ STEMI I STEMI II	Criteria 1.2	*Cardiac Care Coordinator*	No specific FTE required, but they must have dedicated hours to complete required tasks. Provide a current job description and CV document.
STEMI I+ STEMI I STEMI II	Criteria 1.3	*Rapid response team*	**STEMI I+ & I:** Provide supporting documentation*. A rapid response team (RRT) responds to cardiac emergencies within the facility, generally outside the ED. **STEMI II:** Provide supporting documentation*. ED staff may be part of this response team.
STEMI I+ STEMI I STEMI II	Criteria 1.4	*Cardiac care team*	Provide supporting documentation*. A cardiac care team responds to cardiac emergencies within the ED. The intent is to show there is a pre-determined team to assist with the care of cardiac patients. At minimum, the cardiac care team should consist of at least RN and provider with training in ACS care.
STEMI I+ STEMI I STEMI II	Criteria 1.5	*Cardiac Care Medical Director*	Provide a current job description and CV document.
STEMI I+ STEMI I	Criteria 1.7	*Interventional Cardiologist response time*	Provide contract or other internal document(s) that define 24/7 availability and 30-minute response time. *Note: Facilities will monitor response times as part of their internal process improvement.*
STEMI I+ STEMI I	Criteria 1.8	*Cardiac cath lab response time*	Provide contract or other internal document(s) that define 24/7 availability and 30-minute response time. *Note: Facilities will monitor response times as part of their internal process improvement.*
2. Training and Education			
STEMI I+ STEMI I STEMI II	Criteria 2.1	*Current in ACLS for physicians, APPs, RNs on rapid response & cardiac care teams*	Board-certified or board-eligible emergency medicine physicians are not required to take ACLS as it is part of their certification. Provide a current ACLS roster at time of site survey.
STEMI I+ STEMI I STEMI II	Criteria 2.2	*Current in ACLS for all center ED RNs*	Provide a current ACLS roster at time of site survey.

STEMI I+ STEMI I STEMI II	Criteria 2.3	*All center staff completes annual education on ACS*	Provide education content and completion report. All staff need to know the signs and symptoms of ACS and how to activate emergency systems such as cold blue and rapid response.
STEMI I+ STEMI I STEMI II	Criteria 2.4	*Cardiac Care Medical Director's CME*	Provide CME certificates and/or other internal document(s) demonstrating required amount of annual cardiac-related education for each year of designation (renewal designation) or within previous year (new designation).
STEMI I+ STEMI I STEMI II	Criteria 2.5	*Cardiac Care Coordinator's CE*	Provide CME certificates and/or other internal document(s) demonstrating required amount of annual cardiac-related education for each year of designation (renewal designation) or within previous year (new designation).
STEMI I+ STEMI I STEMI II	Criteria 2.6	*RNs on cardiac care team complete annual education or training*	Provide education content and completion report. The intention is to prepare nursing staff for patients who may have complications associated with ACS. Topics may include common complications that arise waiting for reperfusion strategies or after receiving fibrinolytic therapy. The education should be specific to the organization's treatment strategy. *Note: This goes above and beyond ACLS*. Examples include patients with an inferior STEMI are at high-risk of heart blocks or complications of reduced preload.
STEMI I+ STEMI I STEMI II	Criteria 2.7	*Annual employee & community heart healthy education*	Provide supporting documentation*.
STEMI I+ STEMI I STEMI II	Criteria 2.8	*Annual public heart disease prevention education*	Provide list of events where cardiovascular education was provided.
STEMI I+ STEMI I STEMI II	Criteria 2.9	*EMS agencies training & education*	Provide a list of education opportunities showing facility involvement. Examples of education might be review for reading electrocardiograms [ECG/EKG] for STEMI patients, appropriate activation of the cardiac care team, etc.
3. STEMI Services			
STEMI I+ STEMI I STEMI II	Criteria 3.1	*Pharmacy adequately staffed*	Provide supporting documentation to show how medications are retrieved 24/7. The pharmacy can be physically staffed or have a pharmacist on-call via telemedicine/telephone to assist with access to the medication.
STEMI I+ STEMI I STEMI II	Criteria 3.2	*FDA-approved fibrinolytic therapy*	Provide supporting documentation*.
STEMI I+ STEMI I STEMI II	Criteria 3.3	*TTM process*	**STEMI I+ & I:** Provide documentation of AHA supported TTM initiation and management. **STEMI II:** Provide documentation of AHA supported TTM initiation.

STEMI I+ STEMI I STEMI II	Criteria 3.4	*Patients' arrival via EMS & "walk-in" process*	Provide supporting documentation*.

STEMI I+
STEMI I
STEMI II
	Criteria 3.5	*Written processes: ACS, STEMI, triage for "walk-in", fibrinolytic therapy, initiation of post arrest care, & transfer guidelines*	The purpose of the document is to provide direction and guideline drive care for possible ACS patients. This can be one document or multiple documents that might be incorporated with other content. Documents should include:
			• Triage of chest pain patients
			  ○ ECG goal <10 minutes
			  ○ O2 if SAO2 <90% or signs of respiratory distress
			  ○ STEMI criteria for activation that follows the AHA/ACC guidelines
			• Activation of cardiac care team of STEMI activation at Level I center
			Call process for the cath lab team or STEMI activation at Level I center.

STEMI I+ STEMI I STEMI II	Criteria 3.6	*Transfer process with a cardiac surgery center*	Provide supporting documentation*.
STEMI I+ STEMI I STEMI II	Criteria 3.7	*Collaboration with EMS agencies*	The center and EMS agencies should collaborate on the following pertaining to ACS care: transport policies and procedures, training, and quality improvement. Be prepared to explain to this at time of site survey.
STEMI I+ STEMI I STEMI II	Criteria 3.9 Criteria 3.9 Criteria 3.8	*Patient flow process*	Provide supporting documentation*.
STEMI I+ STEMI I	Criteria 3.10	*Auto-accept process*	Be prepared to provide written agreements at time of site survey.
STEMI I+ STEMI I	Criteria 3.11	*No-divert policy*	Provide supporting documentation*.
4. Minimum Requirements			
STEMI I+	Criteria 4.2 a-d, & g	*Center supported resources*	a. Bi-ventricular devices include Percutaneous/implanted RVAD & LVAD, VA-EMCO, and Ecpella. b. Cardiothoracic surgery coverage 24/7 on-call. c. Cardiogenic shock support team is multidisciplinary team that escalates the patient to advanced care. Provide documentation that includes team membership by titles, team activation, and escalation process. d. Documentation met in criteria 3.3. g. Provide documentation of the air medical agency agreement or training competencies for hospital staff who transport advanced hemodynamic support patients.

5. Performance Measurement and Quality Improvement			
STEMI I+ STEMI I STEMI II	Criteria 5.1	*Idaho TSE Registry submission*	Provide Idaho TSE Registry Letter. Contact the Idaho TSE Registry team at idahotse@teamiha.org.
STEMI I+ STEMI I STEMI II	Criteria 5.2	*Regional TSE Committee participation*	The Certification Statement will suffice as supporting documentation.
STEMI I+ STEMI I STEMI II	Criteria 5.3 and below	*Center has a PI program*	Provide PI documentation for Criteria 5.3 and below. Be prepared to explain to this at time of site survey during PI review.
STEMI I+ STEMI I STEMI II	Criteria 5.5	*Issues & decisions reviewed by PI program*	Examples of system and process issues can be documentation and communication.
STEMI I+ STEMI I STEMI II	Criteria 5.6	*Benchmark goals*	The intent of this criteria is to have facilities tracking metrics that are appropriate for their level of patient care. Recommended benchmark metrics taken from the *2017 AHA/ACC Clinical Performance and Quality Measures for Adults with ST-Elevation and Non-ST Elevation Myocardial Infarction*. Examples of metrics to follow: • PM-1: Aspirin at arrival. • PM-7 (primary fibrinolytic centers): Time to fibrinolytic therapy. • PM-8: Time to primary PCI. • PM-10: Time from ED arrival at STEMI referral facility to ED discharge from STEMI referral facility in patients transferred for primary PCI. For facilities with long transport response times consider tracking door-to-decision to transfer. • PM-11: Time from FMC (at or before ED arrival at STEMI referral facility) to primary PCI at STEMI receiving facility among transferred patients. These resources are available through the Idaho TSE Registry website idahotseregistry.org.
STEMI I+ STEMI I STEMI II	Criteria 5.11	*Feedback on all transferred patients*	Be prepared to explain at time of site survey.
STEMI I+ STEMI I	Criteria 5.14	*First medical contact-to-device response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.

STEMI II	Criteria 5.13	*Divert policy*	Provide supporting documentation*.
STEMI I+ STEMI I	Criteria 5.15	*Door-to-door-device response time*	The intention is to show there is a process in place to work with sending facilities to achieve the door-to-door-to-device (D2D2D) time of less than 120 minutes when possible. Be prepared to explain at time of site survey.
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