Designation Criteria for Level II 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 that has sufficient resources to complete required tasks.
1.3 The center has a defined rapid response team that responds to cardiac emergencies within the facility.
1.4 The center has a defined cardiac care team that responds to cardiac emergencies within the Emergency Department (ED).
1.5 The center has a board-certified emergency room physician or an Advanced Cardiac Life Support (ACLS)-certified physician who oversees cardiac care.
2. Training and Education
2.1 The physicians, advanced practice providers, and registered nurses (RNs) on the rapid response and cardiac care teams are current in Advanced Cardiac Life Support (ACLS) or equivalent.
2.2 All center ED RNs are current in ACLS training or equivalent.
2.3 All center staff must complete annual education on the signs and symptoms of Acute Coronary Syndrome (ACS) and the process to activate emergency systems.
2.4 The Cardiac Care Medical Director must have a minimum of 18 hours in 3 years of cardiac-related continuing education.
2.5 The Cardiac Care Coordinator must have a minimum of 18 hours in 3 years of education addressing ACS.
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, risk factors, the signs and symptoms of heart attack, and the importance of learning CPR and 911 activation.
2.9 The center provides assistance with training and clinical education for Emergency Medical Services (EMS) agencies in coordination with the EMS Medical Directors, as needed and upon request.
3. STEMI Services
3.1 The center's pharmacy is adequately staffed by qualified personnel to ensure effective medication management services 24/7.

3.2 The center has Food and Drug Administration (FDA)-approved fibrinolytic therapy available 24/7.
3.3 The center has a Targeted Temperature Management (TTM) process that follows current AHA guidelines.
3.4 The center has a process for activating the cardiac care team for patients who arrive via EMS and patients who "walk-in".
3.5 The center has a written process 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.
3.6 The center has a transfer process in place for rapid transfer of patients requiring a higher level of care.
3.7 The center collaborates with EMS agencies on ACS care.
3.8 The center has a process map outlining the flow from patient's first medical contact to transfer for any STEMI patient that arrives at their facility.
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5. Performance Measurement and Quality Improvement
5.1 The center participates in the Idaho TSE Registry. At least 80% of cases are submitted within 180 days of hospital discharge.
5.2 The center participates in their Regional TSE Committee.
5.3 The center must have a Performance Improvement (PI) program to ensure optimal care and continuous improvement of care.
5.4 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.
5.5 System and process issues, clinical care issues, and all admission and transfer decisions must be reviewed by the PI program.
5.6 The STEMI program must use current clinical practice guidelines derived from evidence-based validation resources to achieve benchmark goals.
5.7 All process and outcome measures must be documented in a written PI plan.
5.8 The process of analysis occurs at regular intervals (at least quarterly) to meet the needs of the program.
5.9 The process demonstrates problem resolution (loop closure).
5.10 The center is able to identify the STEMI patient population for review.
5.11 The center's PI program must work with receiving facilities to provide and obtain feedback on all transferred patients.
5.12 The PI review is inclusive of all STEMI admissions and transfers.
5.13 The center must have a policy to notify dispatch and EMS agencies when on divert status.