

3. Clinical Capabilities
 - a. ACC/AHA/SCAI guidelines for activity levels of facilities and practitioners for both primary PCI and total PCI events are optimal benchmarks.
 - b. Performance (timeliness) and outcome measures will be assessed initially in the survey process, and will be monitored closely on an ongoing basis.
- D. Appropriate internal (hospital) policies including:
 1. Cardiac Interventionalist activation
 2. Cardiac catheterization lab team activation
 3. STEMI contingency plans for personnel and equipment
 4. Coronary angiography
 5. PCI and use of fibrinolytic
 6. Interfacility transfer STEMI policies/protocols
- E. Performance Improvement Program
 1. Participation in Contra Costa EMS SRC QI Committee Core Membership
 - a. EMS Medical Director
 - b. EMS Quality Improvement Coordinator
 - c. Designated cardiologist from each SRC
 - d. Designated quality improvement representative from each SRC
 2. Meetings to be held on a quarterly basis initially. Meeting frequency to be reviewed following the first year.
 3. Written internal quality improvement plan/program description for STEMI patients shall include appropriate evidence of an internal review process that includes:
 - a. Death rate (within 30 days, related to procedure regardless of mechanism)
 - b. Emergency CABG rate (result of procedure failure or complication)
 - c. Vascular complications (access site, transfusion, or operative intervention required)
 - d. Cerebrovascular accident rate (peri-procedure)
 - e. Post-procedure nephrotoxicity (increase in serum creatinine of >0.5)
 - f. Sentinel event, system and organizational issue review and resolution processes.
 4. Participation in Prehospital STEMI related educational activities.
- F. Data Collection, Submission and Analysis
 1. Participation in National Cardiac Data Registry (NCDR)
 2. Participation in Contra Costa County EMS data collection as defined by *Data Requirements for STEMI Centers* document available at the Contra Costa EMS Agency.

IV. DESIGNATION

- A. SRC designation will be awarded to a hospital following satisfactory review of written documentation and an initial site survey by Contra Costa EMS staff.
- B. SRC designation period will coincide with the period covered in the written agreement between the SRC and the County.

V. BASIS FOR LOSS OF DESIGNATION

- A. Inability to meet and maintain STEMI Receiving Center Designation Criteria
 - B. Failure to provide required data
 - C. Failure to participate in STEMI system QI activities
 - D. Other criteria as defined and reviewed by the SRC QI Committee
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