North Dakota Acute Cardiac Ready Hospital Designation Criteria

PRE-HOSPITAL CARE

- ☐ Collaboration with local EMS to allow for pre-hospital activation of STEMI process
- ☐ Documentation supporting hospitals reaching back to EMS to provide patient outcomes, what went well, opportunities for improvement on cardiac arrest calls (feedback forms, integration of quarterly meetings, etc.)
- ☐ EMS to provide current contact information to hospital facility

EMERGENCY ASSESSMENT OF STEMI PATIENTS

- ☐ ED triage protocol that includes a stat ECG (<10 minutes after arrival) for patients with Acute Coronary Syndrome (ACS) based signs and symptoms, including atypical presentations
- ☐ ED treatment protocol(s) for diagnosis and treatment of the STEMI patient
- ☐ STEMI activation plan
- ☐ STEMI Team with required experience or competency/skills validation in STEMI care
- ☐ STEMI Team ACLS certified
- ☐ STEMI Team response to bedside <20 min.
- ☐ Acute Cardiac Team members have one-hour training and education annually specific to STEMI recognition, identification, treatment, and transfer (not including BLS or ACLS recertification)

TREATMENT

- ☐ Documentation of reperfusion strategy(ies) (Fibrinolytics vs Primary PCI)
- ☐ Protocol that outlines each step in STEMI treatment and transfer process that follows current clinical practice guidelines (Examples include goal metrics for Door to ECG within 10 minutes of arrival, Door to transport activation and Door-in to Door-out within 45 minutes, Arrival to Thrombolytics within 30 minutes)
- ☐ Documentation by provider on why the patient did not receive fibrinolytic therapy
- ☐ Provide STEMI order sets which include current clinical practice guidelines
- ☐ Ensure consent for fibrinolytic therapy (oral/emergent)

FIBRINOLYTIC THERAPY

- ☐ Provide order sets/protocols for fibrinolytic therapy administration
- ☐ Documentation of fibrinolytic checklist use
- ☐ Documentation of the process in place when the STEMI patient is not eligible for fibrinolytic therapy
- ☐ Documentation of annual Tenecteplase (TNK) administration refresher for STEMI Team
- ☐ IV TNK available 24/7 (Recommend: 2 doses TNK available)

TRANSFER PROCESS

- ☐ Transport plans or agreement for STEMI patient to be transferred to a PCI capable center
- ☐ Documentation where expected length of stay in ED for STEMI patients transferred for PCI ≥ 45 minutes (Door-in to Door-out)

PERSONNEL

- ☐ STEMI Coordinator name and leadership roles specific to STEMI Systems of Care
- ☐ Name of Medical Director/Physician Champion and leadership roles specific to STEMI Systems of Care
- ☐ Designated smoke free campus

PROCESS IMPROVEMENT

- ☐ STEMI activation log
- ☐ Process improvement documentation, keeping track of quality metrics and addressing outliers, why the metric is an outlier, and what has been done to improve outliers
- ☐ Report metric data at interdisciplinary meeting (including EMS personnel), can be built into an already existing quarterly meeting or can be a meeting on its own.
- ☐ Use of cardiac registry with capabilities for state reporting
- ☐ Performance improvement program must include, but not limited to, tracking the following metrics:
    - Door to ECG within 10 minutes
    - STEMI positive ECG to EMS transport activation within 10 minutes
    - Door to fibrinolytics (in fibrinolytic eligible patients) ≤30 minutes
    - Door-in door-out time (length of stay) ≤ 45 minutes
    - Aspirin given prior to transfer
    - Loading dose of Plavix or Brilinta prior to transfer
    - Loading dose of weight-based Heparin
    - If fibrinolytics given, initiation of Heparin drip
- ☐ Review of hospital and pre-hospital STEMI care

RECOMMENDATIONS:

- ☐ Documentation supporting annual public awareness campaign provided to community
- ☐ Outreach to local dispatch regarding pre-arrival CPR instruction
- ☐ Participation in Cardiac Arrest Registry to Enhance Survival (CARES)