

**Mission: Lifeline  
 Baseline Assessment  
 Primary PCI Hospital**

Please return completed Assessments by email or fax to:

<b>Hospital Name:</b>	
<b>City, State:</b>	
<b>Healthcare System</b>	
<b>Key Contact (s):</b>	
<b>Position Held:</b>	

<b>1. Are you Society of Chest Pain Center accredited?</b>	
a. Yes	b. No
<b>2. Does your hospital have a 12 lead ECG triage protocol, "who gets a 12 lead", and is it posted?</b>	
a. Yes, we have one and it is posted.	b. Yes, we have one; but it is not posted.
c. No, but we are working to obtain one.	d. No, we do not have one.
<b>3. Who performs the 12 lead ECG on patients with suspected acute cardiac patients in your ED? Circle all that apply.</b>	
a. ECG Tech	b. ED Nurse
c. ED Tech	d. Other
<b>4. Is this person located within your emergency department?</b>	
a. Yes	b. No
<b>5. Does your hospital ED have an AMI/STEMI order set/treatment protocols?</b>	
a. Yes	b. No

<b>6. Does your hospital have an AMI/STEMI point of entry (triage) and patient pathway plan (diagnosis) including cardiac cath lab activation policies and procedures documentation?</b>	
a. Yes, we have documented plan.	b. Yes, we have an understood plan; but it is not documented at this time.
c. No, we do not have documentation.	
<b>7. Does your hospital have a plan for triage and treatment for simultaneous presentation of STEMI patients?</b>	
a. Yes	b. No
<b>8. Who is the first person a patient sees when arriving at your ED (by personally owned vehicle)?</b>	
a. Greeter.	b. Triage Nurse.
c. Registration Staff.	d. Other
<b>9. Are you a STEMI receiving center available 24 hours/7 days a week to perform primary PCI?</b>	
a. Yes, we are resources and staff 24/7.	b. No, we have resources and staff during our regular business hours.
c. No, we are working to obtain resources	d. No, not at this time.
<b>10. Does a single phone call/page alert the cardiac catheterization lab team including the interventional cardiologist?</b>	
a. Yes	b. No
<b>11. Does your cardiac catheterization laboratory staff including the interventional cardiologist arrive at the hospital within 30 minutes of the activation call/page?</b>	
a. Yes	b. No
<b>12. Does your hospital STEMI system staff have support from your administration/upper level management?</b>	
a. Yes	b. No

<b>13. What is your STEMI data collection tool?</b>	
a. NCDR Action Registry GWTG	b. GWTG-CAD (this program will sunset at the end of 2009)
c. NCDR Cath PCI Registry	d. Other (please specify)
<b>14. Does your hospital provide immediate feedback on D2B time within 24 hours to your in-house STEMI team?</b>	
a. Yes	b. No
<b>15. Does your hospital have a formal continuing education program for staff (ED, Cath lab, house supervisors, clinical educators, etc) around STEMI care?</b>	
a. Yes	b. No
<b>16. If EMS Agency staff communicate that they have identified a STEMI, do you activate your Cath Lab team and interventional cardiologist ahead of the patient's arrival to your emergency department?</b>	
a. Yes	b. No Why Not? _____
c. Yes, for some EMS Agencies	
<b>17. If a patient is brought to your ED by EMS with a pre-hospital ECG identifying STEMI, do you repeat the ECG? Circle all that apply.</b>	
a. Yes, we need to confirm the diagnosis.	b. Yes, we need our own ECG for medical records.
c. No, we treat the patient based on the EMS ECG.	d. Other.
<b>18. If the patient has confirmed STEMI diagnosis in the field by EMS, do they have to be formally re-evaluated by an emergency physician (&gt; 5 minute check) prior to admission to the Cath Lab?</b>	
a. Yes	b. No

<b>19. Within what time period does your hospital provide regular outcome feedback to EMS providers?</b>	
a. Within 48 hours	b. Within 2-7 days
c. Greater than 7 days	d. We do not provide regular outcome feedback
<b>20. If you communicate outcome feedback to EMS providers, what do you provide? Circle all that apply.</b>	
a. Door to balloon time	b. Discharge outcome
c. Cath lab findings	d. Other (please describe)
<b>21. Do you offer your referral hospitals some type of “Hotline” for STEMI patients and “uncertain STEMI” when cardiology consultation is needed?</b>	
a. Yes	b. No
<b>22. If the patient has confirmed STEMI diagnosis at Non-PCI center with plan to transfer for primary PCI, do they bypass <u>your</u> ED and go straight to the Cath Lab when the Cath Lab team is available?</b>	
a. Yes	b. No
<b>23. Within what time period does your hospital provide regular outcome feedback to the referring hospital/non-PCI center?</b>	
a. Within 48 hours	b. Within 2-7 days
c. More than 7 days	d. We do not provide regular outcome feedback

<b>24. If you communicate outcome feedback to the referring hospital, what do you provide? Circle all that apply.</b>	
a. Door to balloon time	b. Discharge outcome
c. Cath lab findings	d. Other (please describe)
<b>25. Does your hospital have an <u>in-house</u> STEMI team, representing all disciplines, that routinely, at least monthly, meets to evaluate your STEMI performance and make improvement recommendations?</b>	
a. Yes	b. No
<b>26. Are EMS agencies and the non-PCI hospitals within and outside of your healthcare system represented and included in those monthly meetings?</b>	
a. Yes	b. No
<b>27. Does your hospital participate in on-going multidisciplinary team meetings that include EMS, non-PCI hospitals/STEMI Referral Centers, and PCI hospitals/STEMI-Receiving Centers to evaluate outcomes and quality improvement data, review operational issues, identify problems and implement solutions?</b>	
a. Yes	b. No
<b>28. How many cardiology groups provide primary PCI at your hospital?</b>	
a. 1	b. 2-3
c. 4-5	d. >5
<b>29. If more than one group, is there a mutual agreement to a shared system for treating “unassigned” STEMI patients?</b>	
a. Yes	b. No

<b>30. When EMS leaves a copy of the run report/patient care record, where does that documentation go?</b>	
a. On the chart	b. In a bin to be collected later by medical records
c. Discarded/Not used	d. Other-please explain
<b>31. Do you have a recognized STEMI Receiving Center liaison/system coordinator and a recognized physician champion?</b>	
a. Yes	b. No
<b>32. Who serves in these capacities? Please list names below</b>	
Liaison/System Coordinator:	Physician Champion:
<b>33. Do each of your interventional cardiologists meet ACC/AHA criteria requiring the performance of at least 11 primary PCI procedures per year and 75 total PCI procedures per year?</b>	
a. Yes	b. No
c. Don't know	
<b>34. Does your hospital meet ACC/AHA criteria requiring the performance of at least 36 primary PCI procedures per year and 200 total PCI procedures per year?</b>	
a. Yes	b. No
c. Don't know	

**The following question lists several data measures. Although the data measures are grouped by EMS, PCI Hospital, Non-PCI Hospital and System, please read each measure to determine whether it is applicable to your group. If you do not capture or record a measure, please leave the column blank for that measure.**

**35. Which of the following STEMI related data measures does your Agency / Hospital currently capture/record? Please refer to the following example. No specific data is requested.**

**E - Electronic, only capture electronically**

**M - Manual, only capture manually**

**B - Both, use both electronic & manual methods**

**EXAMPLES**

<b>Data Measure</b>	<b>Capture / Record?</b>	<b>Method</b>	<b>Comment</b>
Arrival at ED	Y	B	Manual then transferred to electronic record

**EMS Transport**

<b>Data Measure</b>	<b>Capture / Record</b>	<b>Method</b>	<b>Comment</b>
Time interval from EMS dispatch to vehicle arrival at hospital door			
Patient Contact to First 12 Lead ECG			
Time interval from symptom onset to EMS dispatch			
Time from prehospital 12 Lead ECG to balloon inflation (first device used)			
Time from first medical contact to balloon inflation (first device used)			
Percentage of patients confirmed by the Hospital to be STEMI who also had an EMS acquired 12 lead ECG			

<b>PCI / STEMI Receiving Hospital</b>			
<b>Data Measure</b>	<b>Capture / Record?</b>	<b>Method</b>	<b>Comment</b>
Door to first 12 lead ECG (if no EMS ECG)			
Cardiac cath lab staff & interventionalist time interval from notification to arrival			
Interventionalist procedure volume of primary PCI and total PCI			
Facility procedure volume of primary PCI and total PCI			
Track compliance with ACC/AHA Class I therapies (Core Measures)			
In hospital mortality of STEMI patients			
Time from prehospital 12 Lead ECG to balloon inflation (first device used)			
Percentage of reperfusion eligible patients who receive any reperfusion therapy (PCI or Fibrinolysis).			
Percentage of STEMI patients with a door to balloon inflation (first device used) < 90 mins (non-transfer)			
Percentage of STEMI patients with first medical contact to balloon inflation (first device used) < 90 mins (non-transfer)			
Percentage of STEMI patients with first medical contact to balloon inflation (first device used) < 90 mins (transfer)			
Percentage of STEMI patients receiving aspirin within 24 hours			
Percentage of STEMI patients on aspirin at discharge			
Percentage of STEMI patients on beta blocker at discharge			
Percentage of STEMI patients with LDL > 100 who receive statins or lipid lowering drugs			
Percentage of STEMI patients with LVSD on ACEI/ARB at discharge			
Percentage of STEMI patients that smoke with smoking cessation counseling at discharge			

<b>PCI / STEMI Receiving Hospital (continued)</b>			
<b>Data Measure</b>	<b>Capture / Record?</b>	<b>Method</b>	<b>Comment</b>
Percentage of STEMI patients with a door-to-balloon (first device used) < 90 mins			
Percentage of STEMI patients with a door (referring hospital)-to-balloon (first device used) < 90 mins, transfer			
Percentage of STEMI patients with a referral to cardiac rehabilitation at discharge			

<b>Non- PCI / STEMI Referral Hospital</b>			
<b>Data Measure</b>	<b>Capture / Record?</b>	<b>Method</b>	<b>Comment</b>
Percentage of STEMI patients with a door to first ECG time < 10 minutes			
STEMI patient time interval from ED arrival (Non-PCI Center) to ED discharge (Non-PCI Center)			
STEMI patient time interval from ED arrival (Non-PCI Center) to balloon (first device)			
Percentage of PCI eligible STEMI patients with time interval from ED arrival (Non-PCI Center) to balloon (first device) in less than 90 minutes			
In Hospital mortality of STEMI patients			
Percentage of reperfusion eligible patients who receive any reperfusion therapy (PCI or Fibrinolysis)			
Percentage of reperfusion eligible patients with door to needle time within 30 minutes			
Percentage of STEMI patients with LVSD on ACEI/ARB at discharge			
Percentage of STEMI patients that smoke with smoking cessation counseling at discharge			

<b>SYSTEM</b>			
<b>Data Measure</b>	<b>Calculate &amp; Record</b>	<b>Method</b>	<b>Comment</b>
Proportion of STEMI patients who receive reperfusion therapy			
Proportion of patients with field diagnosis of STEMI who receive field activation of cardiac cath lab for intended 1°PCI			
Proportion of patients with field diagnosis of STEMI who do not undergo acute cath due to misdiagnosis			
Proportion of patients with field diagnosis of STEMI who do not undergo acute cath and have no cardiac marker elevation or revascularization in first 24 hrs			
Proportion of suspected cardiac patients > 35 years treated by EMS for whom a 12 Lead ECG was obtained			
Proportion of STEMI patients treated by EMS for whom a 12 Lead ECG was obtained			
Proportion of patients with presumed STEMI and EMS treated VF who are taken to the cardiac cath lab for intended primary PCI			
Survival to hospital discharge for all STEMI patients			
Survival to hospital discharge for all STEMI patients with prehospital VF			
Proportion of transferred STEMI patients with an initial door to balloon (first device used) time within 90 mins			

**Notes and Additional Comments**