



## OFFICE OF CARDIAC CARE STEMI Performance Measures

The ACC/AHA guidelines make a strong recommendation that for patients with STEMI presenting within 12 hours of symptom onset, emergency reperfusion therapy with either primary percutaneous coronary intervention (PCI) or fibrinolytic therapy is recommended.

### EMS: Dispatch

- Target total scene time  $\leq$  **10 minutes** from EMS arrival to departure (including ECG acquisition).
- First positive ECG to STEMI alert  $\leq$  **5 minutes**.

### Level III Centers

- Door to ECG completed & interpreted  $\leq$  **10 minutes**.
- Door-In Door-Out (DIDO) time of  $\leq$  **30 minutes** for hospitals with a predetermined plan for transfer for primary PCI.
- Door to Needle (D2N) time  $\leq$  **30 minutes** for hospitals with a predetermined plan for fibrinolysis. After fibrinolysis, NPCI-Referral hospitals should then aim to transfer patients to a PCI-Receiving hospital within 3-24 hours.
  - *In the absence of contraindications, fibrinolytic therapy should be administered to patients with STEMI at non-PCI-capable hospitals when the anticipated FMC-to-device time at a PCI-capable hospital exceeds 120 minutes because of unavoidable delays.*

### Level I and II Centers

- Door to ECG completed & interpreted  $\leq$  **10 minutes**.
- First positive ECG to STEMI alert  $\leq$  **5 minutes**.
- STEMI alert to cath lab team arrival  $\leq$  **30 minutes**.
- Direct transport to a PCI Center:
  - First Medical Contact to Balloon (FMC2B) time  $\leq$  **90 minutes** when there is no patient centered/systematic delay.
- POV Arrival at a PCI Center:
  - Door to Balloon (D2B) time  $\leq$  **90 minutes** when there is no patient centered/systematic delay.
- First Medical Contact at a non-PCI Center:
  - First Medical Contact to Balloon (FMC2B) time  $\leq$  **120 minutes** when there is no patient centered/systematic delay.