



the STEMI (independent of hospital admission or hospital transfer status);

(MM) Percutaneous coronary intervention (PCI)—is a procedure used to open or widen narrowed or blocked blood vessels to restore blood flow supplying the heart. A primary percutaneous coronary intervention is one that is generally done on an emergency basis for a ST-elevation myocardial infarction (STEMI). Treatment occurs while the blood clot is still forming—usually within twenty-four (24) hours of onset, but ideally within two (2) hours of symptoms onset. An elective percutaneous coronary intervention is one that is done on a non-urgent basis to reduce signs and symptoms of angina;

(NN) Percutaneous coronary intervention window—the time frame in which percutaneous coronary intervention is most advantageous and recommended;

(OO) Phase I cardiac rehabilitation—an inpatient program that provides an individualized exercise and education plan for patients with cardiac illnesses;

(PP) Physician—a person licensed as a physician pursuant to Chapter 334, RSMo;

(QQ) Promptly available (PA)—arrival at the hospital at the patient's bedside within thirty (30) minutes after notification of a patient's arrival at the hospital;

(RR) Protocol—a predetermined, written medical care guideline, which may include standing orders;

(SS) Qualified individual—a physician, registered nurse, advanced practice registered nurse, and/or physician assistant that demonstrates administrative ability and shows evidence of educational preparation and clinical experience in the care of STEMI patients and is licensed by the state of Missouri;

(TT) Regional outcome data—data used to assess the regional process for pre-hospital, hospital, and regional patient outcomes;

(UU) Repatriation—the process used to return a STEMI patient to his or her home community from a level I or level II STEMI designated hospital after his or her acute treatment for STEMI has been completed. This allows the patient to be closer to home for continued hospitalization or rehabilitation and follow-up care as indicated by the patient's condition;

(VV) Reperfusion—the process of restoring normal blood flow to an organ or tissue that has had its blood supply cut off, such as after an ischemic stroke or myocardial infarction;

(WW) Requirement (R)—a symbol to indicate that a standard is a requirement for STEMI center designation at a particular level;

(XX) Review—is the inspection of a hospi-

tal to determine compliance with the rules of this chapter;

(YY) ST-elevation myocardial infarction (STEMI)—a myocardial infarction for which the electrocardiogram shows ST-segment elevation, usually in association with an acutely blocked coronary artery. A STEMI is one type of heart attack that is a potentially lethal condition for which specific therapies, administered rapidly, reduce mortality and disability. The more time that passes before blood flow is restored, the more damage that is done to the heart muscle;

(ZZ) STEMI call roster—a schedule that provides twenty-four (24) hours a day, seven (7) days a week cardiology service coverage. The call roster identifies the physicians or qualified individuals on the schedule that are available to manage and coordinate emergent, urgent, and routine assessment, diagnosis, and treatment of the STEMI patients;

(AAA) STEMI care—education, prevention, emergency transport, triage, acute care, and rehabilitative services for STEMI that requires immediate medical or surgical intervention or treatment;

(BBB) STEMI center—a hospital that is currently designated as such by the department to care for patients with ST-segment elevation myocardial infarctions.

1. A level I STEMI center is a receiving center staffed and equipped to provide total care for every aspect of STEMI care, including care for those patients with complications. It functions as a resource center for the hospitals within that region and conducts research.

2. A level II STEMI center is a receiving center staffed and equipped to provide care for a large number of STEMI patients within the region.

3. A level III STEMI center is primarily a referral center that provides prompt assessment, indicated resuscitation, and appropriate emergency intervention for STEMI patients to stabilize and arrange timely transfer to a Level I or II STEMI center, as needed.

4. A level IV STEMI center is a referral center in an area considered rural or where there are insufficient hospital resources to serve the patient population requiring STEMI care. The level IV STEMI center provides prompt assessment, indicated resuscitation, appropriate emergency intervention, and arranges and expedites transfer to a higher level STEMI center as needed;

(CCC) STEMI identification—a diagnosis is made on a basis of symptoms, clinical examination, and electrocardiogram changes, specifically ST-segment elevation;

(DDD) STEMI medical director—a physician designated by the hospital who is respon-

sible for the STEMI service and performance improvement and patient safety programs related to STEMI care;

(EEE) STEMI program—an organizational component of the hospital specializing in the care of STEMI patients;

(FFF) STEMI program manager—a qualified individual designated by the hospital with responsibility for monitoring and evaluating the care of STEMI patients and the coordination of performance improvement and patient safety programs for the STEMI center in conjunction with the physician in charge of STEMI care;

(GGG) STEMI team—a component of the hospital STEMI program which consists of the core team and the clinical team;

(HHH) Symptom onset-to-treatment time—the time from symptom onset to initiation of therapy to restore blood flow in an obstructed blood vessel;

(III) Thrombolytics—drugs, including recombinant tissue plasminogen activator, used to dissolve clots blocking flow in a blood vessel. These thrombolytic drugs are used in the treatment of acute ischemic stroke and acute myocardial infarction; and

(JJJ) Transfer agreement—a document which sets forth the rights and responsibilities of two (2) hospitals regarding the inter-hospital transfer of patients.

*AUTHORITY: section 192.006, RSMo 2000, and sections 190.185 and 190.241, RSMo Supp. 2012.\* Original rule filed Nov. 15, 2012, effective June 30, 2013.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998, 2002; and 190.241, RSMo 1987, amended 1998, 2008.*

### 19 CSR 30-40.750 ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review

*PURPOSE: This rule establishes the requirements for participation in Missouri's STEMI center program.*

(1) Participation in Missouri's STEMI center program is voluntary and no hospital shall be required to participate. No hospital shall hold itself out to the public as a state-designated STEMI center unless it is designated as such by the Department of Health and Senior Services (department). Hospitals desiring STEMI center designation shall apply to the department. Only those hospitals found by review to be in compliance with the requirements of the rules of this chapter shall be designated by the department as STEMI centers.



(A) An application for STEMI center designation shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a fair determination of eligibility for review and designation in accordance with the rules of this chapter. The STEMI center review and designation application form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at [www.health.mo.gov](http://www.health.mo.gov), or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for STEMI center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation.

(B) Both sections A and B of the STEMI center review and designation application form, included herein, shall be complete before the department will arrange a date for the review. The department shall notify the hospital/STEMI center of any apparent omissions or errors in the completion of the STEMI center review and designation application form. When the STEMI center review and designation application form is complete, the department shall contact the hospital/STEMI center to arrange a date for the review.

(C) The hospital/STEMI center shall cooperate with the department in arranging for a mutually suitable date for any announced reviews.

(2) The different types of reviews to be conducted on hospitals/STEMI centers include:

(A) An initial review shall occur on a hospital applying to be initially designated as a STEMI center. An initial review shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter;

(B) A validation review shall occur on a designated STEMI center applying for renewal of its designation as a STEMI center. Validation reviews shall occur no less than every three (3) years. A validation review shall include interviews with designated STEMI center staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter; and

(C) A focus review shall occur on a designated STEMI center in which a validation review was conducted and substantial deficiency(ies) were cited. A review of the physical plant will not be necessary unless a deficiency(ies) was cited in the physical plant in the preceding validation review. The focus review team shall be comprised of a representative from the department and may include a qualified contractor(s) with the required expertise to evaluate corrections in areas where deficiencies were cited.

(3) STEMI center designation shall be valid for a period of three (3) years from the date the STEMI center/hospital is designated.

(A) STEMI center designation shall be site specific and non-transferable when a STEMI center changes location.

(B) Once designated as a STEMI center, a STEMI center may voluntarily surrender the designation at any time without giving cause, by contacting the department in writing. In these cases, the application and review process shall be completed again before the designation may be reinstated.

(4) For the purpose of reviewing previously designated STEMI centers and hospitals applying for STEMI center designation, the department shall use review teams consisting of qualified contractors. These review teams shall consist of one (1) STEMI coordinator or STEMI program manager who has experience in STEMI care and one (1) emergency medicine physician experienced in STEMI care. The review team shall also consist of at least (1) one and no more than two (2) cardiologist(s)/interventional cardiologist(s) who are experts in STEMI care. One (1) representative from the department will also be a participant of the review team. This representative shall coordinate the review with the hospital/STEMI center and the other review team members.

(A) Any individual interested in becoming a qualified contractor to conduct reviews shall—

1. Send the department a curriculum vitae (CV) or resume that includes his or her experience and expertise in STEMI care and whether an individual is in good standing with his or her licensing boards. A qualified contractor shall be in good standing with his or her respective licensing boards;

2. Provide the department evidence of his or her previous site survey experience (state and/or national designation survey process); and

3. Submit a list to the department that details any ownership he or she may have in a Missouri hospital(s), whether he or she has

been terminated from any Missouri hospital(s), any lawsuits he or she has currently or had in the past with any Missouri hospital(s), and any Missouri hospital(s) for which his or her hospital privileges have been revoked.

(B) Qualified contractors for the department shall enter into a written agreement with the department indicating, that among other things, they agree to abide by Chapter 190, RSMo, and the rules in this chapter, during the review process.

(5) Out-of-state review team members shall conduct levels I and II hospital/STEMI center reviews. Review team members are considered out-of-state review team members if they work outside of the state of Missouri. In-state review team members may conduct levels III and IV hospital/STEMI center reviews. Review team members are considered in-state review team members if they work in the state of Missouri. In the event that out-of-state reviewers are unavailable, levels I and II STEMI center reviews may be conducted by in-state reviewers from Emergency Medical Services (EMS) regions as set forth in 19 CSR 30-40.302 other than the region being reviewed with the approval of the director of the department or his/her designee. When utilizing in-state review teams, level I and II hospital/STEMI centers shall have the right to refuse one (1) in-state review team or certain members from one (1) in-state review team.

(6) Hospitals/STEMI centers shall be responsible for paying expenses related to the costs of the qualified contractors to review their respective hospital/STEMI center during initial, validation, and focus reviews. The department shall be responsible for paying the expenses of its representative. Costs of the review to be paid by the hospital/STEMI center include:

(A) An honorarium shall be paid to each qualified contractor of the review team. Qualified contractors of the review team for level I and II STEMI center reviews shall be paid six hundred dollars (\$600) for the day of travel per reviewer and eight hundred fifty dollars (\$850) for the day of the review per reviewer. Qualified contractors of the review team for level III and IV STEMI center reviews shall be paid five hundred dollars (\$500) for the day of travel per reviewer and five hundred dollars (\$500) for the day of the review per reviewer. This honorarium shall be paid to each qualified contractor of the review team at the time the site survey begins;

(B) Airfare shall be paid for each qualified contractor of the review team, if applicable;



(C) Lodging shall be paid for each qualified contractor of the review team. The hospital/STEMI center shall secure the appropriate number of hotel rooms for the qualified contractors and pay the hotel directly; and

(D) Incidental expenses, if applicable, for each qualified contractor of the review team shall not exceed two hundred fifty dollars (\$250) and may include the following:

1. Airport parking;
2. Checking bag charges;
3. Meals during the review; and
4. Mileage to and from the review if no

airfare was charged by the reviewer. Mileage shall be paid at the federal mileage rate for business miles as set by the Internal Revenue Service (IRS). Federal mileage rates can be found at the website [www.irs.gov](http://www.irs.gov).

(7) Upon completion of a review, the qualified contractors from the review team shall submit a report of their findings to the department. This report shall state whether the specific standards for STEMI center designation have or have not been met and if not met, in what way they were not met. This report shall detail the hospital/STEMI center's strengths, weaknesses, deficiencies, and recommendations for areas of improvement. This report shall also include findings from patient chart audits and a narrative summary of the following areas: prehospital, hospital, STEMI service, emergency department, operating room, angiography suites, recovery room, clinical lab, intensive care unit, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The department shall have the final authority to determine compliance with the rules of this chapter.

(8) The department shall return a copy of the report to the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the hospital/STEMI center reviewed. Included within the report shall be notification indicating whether the hospital/STEMI center has met the criteria for STEMI center designation or has failed to meet the criteria for STEMI center designation as requested. Also, if a focus review of the STEMI center is required, the time frame for this focus review will be shared with the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the STEMI center reviewed.

(9) When the hospital/STEMI center is found to have deficiencies, the hospital/STEMI center shall submit a plan of correction to the department. The plan of correction shall

include identified deficiencies, actions to be taken to correct deficiencies, time frame in which the deficiencies are expected to be resolved, and the person responsible for the actions to resolve the deficiencies. A plan of correction form shall be completed by the hospital and returned to the department within thirty (30) days after notification of review findings and designation. If a focus review is required, the STEMI center shall be allowed a minimum period of six (6) months to correct deficiencies.

(10) A STEMI center shall make the department aware in writing within thirty (30) days if there are any changes in the STEMI center's name, address, contact information, chief executive officer, STEMI medical director, or STEMI program manager/coordinator.

(11) Any person aggrieved by an action of the department affecting the STEMI center designation pursuant to Chapter 190, RSMo, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination by the Administrative Hearing Commission under Chapter 621, RSMo. It shall not be a condition to such determination that the person aggrieved seek reconsideration, a rehearing, or exhaust any other procedure within the department.

(12) The department may deny, place on probation, suspend, or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of Chapter 190, RSMo, or any rules or regulations promulgated pursuant to this chapter. If the department has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a STEMI center fails two (2) consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245, RSMo, or rules adopted by the department pursuant to sections 190.001 to 190.245, RSMo, its center designation shall be revoked.



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION OF HEALTH SERVICES AND LICENSURE  
APPLICATION FOR STEMI CENTER REVIEW AND DESIGNATION**

<b>SECTION A</b>		In accordance with the requirements of the Chapter 190 RSMo and the applicable regulations, this application is hereby submitted for review and designation as a STEMI center. Please complete all information applicable to the requested designation level.		Designation Level Requested <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
<b>HOSPITAL INFORMATION</b>					
Name Of Hospital (Name To Appear On Designation Certificate)			Telephone Number		
Address (Street And Number)		City		Zip	
<b>PROFESSIONAL INFORMATION</b>					
Chief Executive Officer		Chairman/President of Board of Trustees			
STEMI Medical Director		STEMI Program Manager			
Medical Director of Emergency Medicine		Medical Director of Intensive Care/Cardiac Care Unit			
<b>RESOURCE INFORMATION</b>					
STEMI Caseload	STEMI Team Activations	Cardiac Cath Lab Team Activations for STEMI	CT Capability <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE		
MRI Capability <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	Cardiothoracic Surgery Capability or Plan	ICU/CCU Beds	Cath Lab Suites		
Cardiac Rehab <input type="checkbox"/> Phase I <input type="checkbox"/> Plan for Rehab	Cardiologists	Interventional Cardiologists	Cardiothoracic Surgeons		
ED Physicians	Anesthesiologists/CRNAs & AAs	Avg Elective PCI/Primary PCIs over the last 3 years (not required for initial review)	Average STEMI cases lytics eligible/STEMI cases that receive lytics in the past 3 years (not required for initial review)		
<b>CERTIFICATION</b>					
We, the undersigned, hereby certify that the information provided in this application for STEMI center review and designation is true and accurate; and give assurance of the intent and ability of the hospital to comply with regulations promulgated under Chapter 190 RSMo.					
We further certify that the hospital will comply with all recommendations for improvement contained in the STEMI center site review reports prepared by the Missouri Department of Health and Senior Services.					
Date of application _____					
Signed _____ Chairman/President of Board of Trustees, Owner, or one Partner of Partnership		Signed _____ Hospital Chief Executive Officer			
Signed _____ STEMI Medical Director		Signed _____ Director of Emergency Medicine			



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION OF HEALTH STANDARDS AND LICENSURE  
APPLICATION FOR STEMI CENTER REVIEW AND DESIGNATION

**SECTION B**

Please attach the following documentation to the application form.

**Name of Hospital:**

- Hospital organizational chart depicting the relationship of the STEMI services to other services and defining the organizational structure of the STEMI service.
- Job descriptions and CV for the STEMI medical director and STEMI coordinator/program manager.
- A narrative description of the administrative commitment for the STEMI center, including how STEMI center designation relates to the overall mission of the hospital.
- A current board resolution supporting the STEMI center.
- A narrative description of the catchment area for the STEMI center.
- A narrative description of the prehospital system including the hospital's participation in medical control, quality assurance, and education of the emergency medicine personnel.
- Hospital diversion policy.
- List of the STEMI medical director and STEMI program coordinator or program manager (core STEMI team) indicating the cardiac related continuing education for each over the past three (3) years. (Do not send continuing education information about the clinical STEMI team. This should be available at the time of the review.)
- Multidisciplinary team policy.
- List of all cardiologists, cardiothoracic surgeons, interventional cardiologists and emergency department physicians indicating cardiac-related CME for each over the past three (3) years.
- List of mentors, if applicable, their relationship to the hospital and the mentor plan.
- Narrative description of the system for notifying/activating STEMI team
- Cardiac catheterization lab team activation protocol.
- One-call cardiac catheterization lab activation by EMS protocol and/or by ED protocol.
- Copies of all transfer agreements pertaining to STEMI.
- Policy for cardiac rehabilitation.
- Protocols on post-discharge and post-transfer follow-up for STEMI patients.
- A narrative description of the STEMI quality improvement (QI) processes utilized by the hospital (Do not send copies of QI minutes or documents. These should be available at the time of review.)
- Examples of STEMI-related educational, outreach, and research projects undertaken by the hospital.