Supplemental Material

Data S1.

Study Interventions

1. Bring together leading regional health care providers and institutions in a collaborative fashion.
2. Identify and establish regional leadership in emergency cardiac care that includes key physicians and administrators in emergency medicine and cardiology.
3. Appoint 2 national faculty members per region to serve as advisors and neutral brokers of competition in partnership with the local AHA staff. Faculty members bring expertise in regional STEMI system organization, implementation of regional process changes, and utilization of outcomes data to drive improved system performance.
4. Establish regional commitment to STEMI care improvement from all stakeholders: EMS providers, ED physicians, EMS administrators, non-PCI hospital and PCI hospital administrators, state and local government agencies, and professional organizations.
5. Conduct a comprehensive regional evaluation of current STEMI care, including a geographical map of the region with PCI and non-PCI hospitals.
6. Hold regional leader and national faculty pre-intervention conference calls to recruit and plan regional education meeting.
7. Conduct and facilitate a regional meeting to launch the effort with both national faculty and regional leaders to harness representation from all entities and multidisciplinary teams caring for the STEMI patient (EMS, non-PCI hospital, PCI hospital, administration, physicians, nurses, paramedics, quality-improvement officials).
8. Develop consensus-based standardized protocols for EMS and transfer-in patients in accordance with national professional guidelines to address local needs.

9. Discuss specific local STEMI case examples that follow patients from first medical contact to device activation in the PCI hospital.
10. Review quarterly regional STEMI care data with feedback from the NCDR and regional AHA Mission: Lifeline teams.