We have designed the first nationwide primary percutaneous coronary intervention (PPCI) program for ST elevation myocardial infarction (STEMI) in Qatar. Guidelines emphasize the door to balloon time (DBT) which should not exceed 90 minutes. This interval reflects the efficiency of the hospital system in the rapid recognition and transfer of the STEMI patient to the catheterization laboratory for PPCI. Although DBT is clearly important and is in the forefront of planning for the wide PPCI program, it is not the only important time interval. Myocardial necrosis begins before the patient arrives to the hospital and even before first medical contact, so time is of the essence. Therefore, our primary PCI program includes a nationwide awareness program for the population and for health care professionals to reduce the pre-hospital delay. We have also taken steps to improve the pre-hospital diagnosis of STEMI. In addition to equipping all ambulances to perform 12-lead ECGs we will establish advanced wireless transmission of the ECG to our heart center and to the smartphone of the consultant on-call for the PPCI service. This will ensure that the patient is transferred directly to the cath lab without unnecessary delay in the emergency rooms. A single phone-call system allows the first medic making the diagnosis to activate the PPCI team. The emergency medical system is acquiring capability to track the exact position of each ambulance using GPS technology to give an accurate estimate of the time needed to arrive to the patient or to the hospital. We also plan for medical helicopter evacuation from far or inaccessible areas. A comprehensive research database is being established to enable specific pioneering research projects and clinical trials, either as a single center or in collaboration with other regional or international centers. The PPCI program is a collaborative effort between the HMC and the QCRC. Qatar will be the first country in the world to have a unified nationwide PPCI program. This program is a model that may be adopted regionally and in developing countries to improve outcomes of patients with STEMI.