Sierra – Sacramento Valley EMS Agency Program Policy			
Interfacility Transport of STEMI Patients			
	Effective: 06/01/2016	Next Review: 11/2018	**506-A**
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PURPOSE:

To provide guidelines for the interfacility transfer of patients diagnosed with ST-elevation myocardial infarction (STEMI) who may require emergent percutaneous coronary intervention (PCI). This system of care is consistent with national standards of achieving a SRF arrival-to-SRC first intervention time of less than ninety (90) minutes for walk in patients, and a 911 call-to-SRC first intervention time of less than 120 minutes for EMS patients initially transported to a SRF.

AUTHORITY:

A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 & 1798.172.

B. California Code of Regulations, Title 13, § 1105(c), Title 22, Division 9, Chapter 4, § 100169.

DEFINITIONS:

A. **STEMI Receiving Center (SRC)** – S-SV EMS designated facilities that have emergency interventional cardiac catheterization capabilities.

B. **STEMI Referring Facility (SRF)** – Facilities that do not have emergency interventional cardiac catheterization capabilities.

POLICY:

A. The EDs of SRFs play a critical role in the care of the STEMI patient. The optimal system of care for STEMI patients consists of a well coordinated relationship between the early recognition/care by ED staff at SRFs, followed by definitive care at SRCs after rapid transfer by EMS transport providers.

B. It is vital to ensure early identification, provide initial stabilizing treatment, and simultaneously make contact with the appropriate SRC for possible transfer/emergent PCI for SRF walk in STEMI patients and STEMI patients originally transported by ambulance to a SRF.

GUIDELINES:

A. Initial Treatment Goals:

1. ECG obtained within ten (10) minutes of patient arrival

2. If STEMI is identified:

- Consider transferring all STEMI patients who are candidates for primary PCI.
- < 30 minutes at SRF ED (door in/door out).

B. Timelines (goal: < 90 minutes SRF arrival-to-SRC first intervention for walk in patients, and < 120 minutes 911 call-to-SRC first intervention time for EMS patients initially transported to a SRF):

1. < 30 minutes 911 call to SRF ED (if EMS patient).

2. < 30 minutes at SRF (door in/door out).

3. < 30 minutes to complete paramedic or critical care interfacility transport.

4. < 30 minutes at SRC before coronary intervention.

If SRF arrival-to-SRC first intervention is anticipated to be > 90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. The goal for door to thrombolytics is < 30 minutes for these patients. Contact the SRC early to discuss coordination of subsequent care.

PROCEDURE:

A. Immediately after a STEMI patient is identified at the SRF, contact the SRC ED physician to arrange an ED to ED transfer.

1. The SRC ED physician will assist in advising the appropriateness of transfer for emergent PCI. The SRC ED physician will contact the SRC interventional cardiologist as needed.

2. SRCs have agreed to accept STEMI patients at all times, irrespective of payer source, unless the SRC is on internal disaster (including cardiac catheterization lab equipment out-of-service) or other patients already being treated would prevent the patient from receiving intervention in < 90 minutes from SRF arrival.

B. Contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of

the initial request. The jurisdictional ALS transport provider may be contacted via 911 when the contracted ALS provider is not available.

1. Unless medically necessary, avoid using medication drips that are outside of the paramedic scope of practice to avoid any delays in transferring of STEMI patients.

2. If patient care has been initiated that exceeds the paramedic scope of practice, the SRF may consider sending one of its nurses or other qualified medical staff with the transporting paramedic unit if deemed necessary due to patient's condition. Nurse staffed critical care transport units may also be utilized if necessary and the response time is appropriate.

C. Provide the ambulance transport team with a complete patient report and all appropriate documentation (diagnostic lab, x-ray, physician and nursing notes, etc.). However, do not delay transport of the patient if complete documentation is not available. If complete documentation is not sent with the transport team, this information may be faxed to SRC when it becomes available.