


Sierra – Sacramento Valley EMS Agency Program Policy

**STEMI Receiving Centers**

	Effective: 06/01/2016	Next Review: 11/2018	<b>506</b>
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**PURPOSE:**

A STEMI receiving center (SRC) will be the preferred destination for patients who access the 911 system, and who show evidence of a ST-elevation myocardial infarction on a 12-lead electrocardiogram (ECG).

**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** – ST Elevation Myocardial Infarction.
- B. **PCI** – Percutaneous Coronary Intervention.
- C. **STEMI Receiving Center (SRC)** – S-SV EMS designated facilities that have emergency interventional cardiac catheterization capabilities.
- D. **STEMI Referring Facility (SRF)** – Facilities that do not have emergency interventional cardiac catheterization capabilities.

**POLICY:**

The following requirements shall be met for a hospital to be designated as a SRC by the S-SV EMS Agency:

- A. Be licensed by the California Department of Public Health Services as a general acute care hospital.
- B. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of Title 22, Division 5.

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- C. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
- D. Licensure as a cardiac catheterization laboratory.
- E. Intra-aortic balloon pump capability.
- F. Have a cardiovascular surgical services permit. This requirement may be waived by the S-SV EMS Medical Director when appropriate for patient or system needs. The S-SV EMS medical director will evaluate conformance with existing American College of Cardiology/American Heart Association or other professional guidelines.
- G. Communication system for notification of incoming STEMI patients, available twenty four (24) hours per day/seven (7) days per week, including a dedicated 12-lead ECG receiving station and in-house paging system.
- H. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of 12-lead ECG acquisition and interpretation, as well as assessment and management of STEMI patients.
- I. Provide public education about STEMI warning signs and the importance of early utilization of the 9-1-1 system.
- J. The hospital will have the following positions designated and filled prior to becoming a designated SRC, and will maintain such positions at all times while designated:
1. Medical Directors:
    - The hospital shall designate two physicians as co-directors of its SRC program.
    - One physician shall be a board certified/eligible interventional cardiologist with active PCI privileges.
    - The co-director shall be a board certified/eligible emergency medicine physician with active privileges to practice in the emergency department.
  2. Nursing Directors:
    - The hospital shall designate two SRC nursing co-directors.
    - One nursing director shall be an RN trained or certified in critical care nursing and affiliated with the cardiac catheterization laboratory.
    - The co-director shall be an RN trained or certified in critical care nursing and affiliated with the emergency department.
  3. A daily roster of the following on-call physician consultants and staff must be maintained:
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- Cardiologist with percutaneous coronary intervention (PCI) privileges.
  - Cardiovascular surgeon, if cardiovascular surgical services are offered.
    - If cardiovascular surgical services are not available on site, the facility must have a rapid transfer agreement in place with a facility that provides this service. This agreement must be on file with the S-SV EMS Agency. This agreement must include the requirement that the cardiac surgical hospital must agree to accept emergent and non-emergent transfers for additional medical care, cardiac surgery, or intervention.
    - The facility must have a rapid transport agreement with an S-SV EMS approved transport provider. The expectation will be that the patient will arrive at the cardiac surgical hospital within one (1) hour of the decision to operate, in emergency cases.
  - Cardiac catheterization laboratory team.
  - Intra-aortic balloon pump capabilities 24/7.
- K. Internal Hospital Policies. The hospital shall develop internal policies for the following situations:
1. Fibrinolytic therapy protocol to be used only in unforeseen circumstances when PCI for a STEMI patient is not possible.
  2. Diversion of STEMI patients only during times of an internal disaster or when the cardiac catheterization laboratory is otherwise unavailable.
    - Notification shall be made to the following entities at least 24 hours prior to any planned event resulting in the cardiac catheterization lab being unavailable:
      - S-SV EMS Agency.
      - SRC emergency department - to include a status posting on EMResource indicating that the cardiac cath lab is unavailable.
      - Appropriate adjacent SRC(s).
      - Appropriate prehospital provider agencies.
    - In the case of an unplanned event, the following entities shall be notified as soon as possible:
      - SRC emergency department - to include a status posting on EMResource indicating that the cardiac catheterization lab is unavailable.
      - Appropriate adjacent SRC(s).
      - Appropriate prehospital provider agencies.
    - All appropriate entities shall be notified as soon as possible when the cardiac catheterization lab is subsequently available.
    - An ambulance patient diversion form describing such events shall be submitted to the S-SV EMS Agency by the end of the next business day.
  3. Prompt acceptance of appropriate STEMI patients from other STEMI referral centers that do not have PCI capability.

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L. Data Collection, Continuous Quality Improvement and Performance Standards:

1. SRC's shall comply with all data collection, continuous quality improvement and performance standards as defined in SRC contracts.
2. These requirements will be the same for each SRC.

**DESIGNATION:**

- A. The SRC applicant shall be designated after satisfactory review of written documentation and an initial site survey by S-SV EMS or its designees and completion of a contract between the hospital and the S-SV EMS Agency.
- B. Initial designation as a SRC shall be for a period of four (4) years. Thereafter, re-designation shall occur every four (4) years, contingent upon satisfactory review.
- C. Failure to comply with the criteria and performance standards outlined in this policy and/or SRC contracts may result in probation, suspension or rescission of SRC designation. Compliance will be solely determined by the S-SV EMS Agency.

**PATIENT DESTINATION:**

- A. SRCs should be considered the destination of choice if the following criteria are met:
    1. Identified STEMI patients based on machine interpretation of field 12-lead ECG, verified by a paramedic or Advanced EMT II.
    2. Total transport time to the SRC is forty-five (45) minutes or less.
  - B. Prehospital personnel shall notify the SRC emergency department of the patient's pending arrival by advising of a "STEMI ALERT" as soon as possible.
  - C. In the rare instance that the closest SRC cardiac catheterization laboratory is unavailable, the patient shall be transported to the next closest SRC if the total transport time to the alternate SRC is forty-five (45) minutes or less.
  - D. Contact and consultation with the closest base/modified base hospital for appropriate patient destination shall be made in these and similar situations:
    1. Patients in cardiac arrest or with an unmanageable airway should be considered for transport to the closest receiving hospital.
    2. Patients with unstable ventricular tachycardia, second degree type II or third degree heart blocks, or with obvious contraindications to thrombolytic therapy should be directed to the closest SRC based on specific clinical scenario.
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**CROSS REFERENCES:**

- A. 12 Lead EKG Program (440).
- B. Patient Destination (505).
- C. S-SV EMS Base/Receiving Hospital Capabilities (505-A).
- D. Interfacility Transport of STEMI Patients (506-A).
- E. Base/Modified Base/Receiving Hospital Contact (812).
- F. Chest Pain or Suspected Symptoms of Cardiac Origin (C-8).