

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	6001.03
	PROGRAM DOCUMENT: STEMI Critical Care System: General Provisions	Initial Date:	01/03/19
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Signature on File

Signature on File

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To establish standards and guidelines for the Sacramento County STEMI Critical Care System.
- B. To provide all cardiac patients the accessibility to an organized, multi-disciplinary and inclusive system of cardiac care.
- C. To ensure that all STEMI patients are taken to the time-closest and most appropriate medical facility.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. Multi-disciplinary nature of the STEMI Critical Care System:
 The Sacramento County Emergency Medical Services Agency (SCEMSA) recognizes the multi-disciplinary nature of the systemized approach to cardiac care. SCEMSA has adopted policies, guidelines and triage criteria that provide for the coordination of all resources and ensure the accessibility to the time-closest and most appropriate medical facility for all patients who may be suffering from a ST Elevation Myocardial Infarction.
- B. Public information and education about the STEMI Critical Care System
 - 1. SCEMSA is committed to the establishment of cardiac system support and the promotion of heart and vascular education.
 - 2. SCEMSA facilitates speakers to address public groups, and serves as a resource for cardiac information/education.
 - 3. SCEMSA assists community and professional groups in the development and dissemination of education to the public on such topics as heart attack identification, heart health programs and access to the STEMI Critical Care System.
 - 4. Each designated facility must participate in the development of public awareness and education campaigns for their service area.
- C. Marketing and advertising
 - 1. In accordance with the California Code of Regulations, Title 22, Division 9, Chapter 7.1, Article 2:
“No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with a STEMI critical care system or a STEMI center unless they have been so designated by the local EMS agency in accordance with this chapter.”

2. All marketing and promotional plans, with respect to STEMI center designation shall be submitted to SCEMSA for review and approval, prior to implementation. Such plans will be reviewed by SCEMSA based on the following guidelines:
 - a. Shall provide accurate information;
 - b. Shall not include false claims;
 - c. Shall not be critical of other providers;
 - d. Shall not include financial inducements to any providers or third parties.
 3. Sacramento County has consumer protection ordinances related to advertising and marketing, which shall also be applicable.
- D. Service area for hospitals
Service areas for STEMI centers are determined by the SCEMSA policy of transporting patients to the time-closest and most appropriate facility.
- E. Emergency Medical Services (EMS) dispatching
Each of the cities and fire districts in Sacramento County has approved dispatch policies and procedures for their respective jurisdictions. The dispatch of Basic Life Support and Advanced Life Support units for STEMI patients will continue, as per the operational procedures of SCEMSA and the cities and fire districts.
- F. Communication System
1. All of the cities and fire districts in Sacramento County utilize an enhanced 9-1-1 universal emergency number.
 2. All SCEMSA designated advanced life support provider transporting units shall be equipped with SCEMSA approved radio/ communications system(s) to communicate with all local hospitals.
 3. SCEMSA has developed policies, procedures and protocols that address the requirements for field personnel to:
 - a. Identify, treat and transport patients of suspected STEMI to a STEMI center.
 - b. Perform and transmit a 12-Lead EKG from the field.
 - c. Give a "STEMI alert" in the EMS notification report to receiving hospital.
 - d. Perform procedures and skills on standing orders as outlined in protocol.
- G. Transportation including inter-facility transfers to STEMI centers
1. All hospitals have a role in providing emergency care to patients of suspected STEMI's.
 2. Designated STEMI centers are required to establish and maintain a transfer agreement with other hospitals for the transfer of STEMI patients.
 3. Transferring facilities, in conjunction with the STEMI center, shall be responsible for obtaining the appropriate level of transportation when transferring STEMI patients.
- H. Training
1. Designated facilities will provide training to hospital staff on STEMI system policies and procedures.
- I. EMS / STEMI Care Coordination / and Mutual Aid between neighboring jurisdictions
1. SCEMSA has established reciprocity agreements with neighboring EMS jurisdictions that provide for the coordination of mutual aid within those jurisdictions.
 2. SCEMSA works cooperatively and executes agreements, as necessary, in order to ensure that patients are transported to the time-closest and most appropriate facility.

3. SCEMSA works cooperatively with other EMS agencies in data collection and evaluation efforts when patients from another EMS jurisdiction are served by the SCEMSA STEMI Critical Care System.
 4. SCEMSA maintains contact with neighboring EMS agencies in order to monitor the status of STEMI care systems in surrounding jurisdictions.
- J. Coordinating and integration of STEMI care with non-medical emergency services
1. SCEMSA ensures that all non-medical emergency service providers are apprised of STEMI system activities, as it relates to their agency/organization.
 2. Non-medical emergency service providers are included in the SCEMSA committee memberships, as appropriate.
 3. SCEMSA disseminates information to non-medical emergency service agencies through written communication, as necessary.
- K. Fees, including those of application designation, monitoring and evaluation
1. SCEMSA has developed a fee structure that covers the direct cost of the designation process and to effectively monitor and evaluate the STEMI Critical Care System. Fees are based on the direct SCEMSA cost of administering the STEMI Critical Care System.
- L. Medical control and accountability, including triage and treatment protocols
1. Medical Control shall be accessed by:
 - a. When the receiving STEMI center is also an approved Sacramento County Base Hospital, field personnel may utilize the receiving STEMI center for medical control.
 - b. When the receiving STEMI center is not an approved Sacramento County Base Hospital, field personnel should contact an approved Sacramento County Base Hospital for medical control explaining that the patient is currently enroute to a different STEMI receiving facility.
 - i. Field personnel are still responsible to make a notification report to the STEMI receiving facility prior to their arrival. Any medical control orders that were received from medical control at the base hospital should be relayed at this time.
 2. Each designated STEMI center shall:
 - a. Participate in the SCEMSA data collection system.
 - b. Participate in the SCEMSA continuous quality improvement program.

Cross Reference: PD# 2526 – STEMI Receiving Center Designation
 PD# 2527 – STEMI System Data Elements
 PD# 2028 – STEMI Care Committee
 PD# 7600 – Quality Improvement Plan
 PD# 5050 – Destination
 PD# 5102 – Inter-Facility Transfers
 PD# 8030 – Pain of Suspected Cardiac Origin