

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	<b>Document #</b>	2028.02
	<b>PROGRAM DOCUMENT:</b> <b>STEMI Care Committee</b>	<b>Initial Date:</b>	12/10/18
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		<b>Effective Date:</b>	07/01/21
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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To advise the Sacramento County Emergency Medical Services (SCEMSA) Medical Director on the establishment of STEMI related policies, procedures, and treatment protocols.
- B. To advise the SCEMSA Medical Director on STEMI related education, training, quality improvement, and data collection issues.
- C. To establish the standard of quality for STEMI care in Sacramento County.

**Authority:**

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

**Policy:**

- A. The SCEMSA Medical Director shall serve as the chairperson.
- B. The committee shall meet at least twice a year or at the call of the Chair.
- C. Due to the confidential nature of the committee business, minutes shall be distributed at the beginning of the meeting and collected at the close of each meeting by staff.
- D. The STEMI Care Committee is an advisory committee to SCEMSA on issues related to STEMI care. The STEMI Care Committee will function as a sub-committee of the SCEMSA Quality Improvement (CQI) Committee, per Program Document (PD) #4002.

**Scope of Committee:**

The scope of the work t conducted by the committee will include, but not be limited to:

- A. Reviewing:
  - 1. Pre-hospital STEMI care.
  - 2. Appropriateness of triage criteria and triage destination.
  - 3. Hospital STEMI care.
  - 4. Patient outcome for pre-hospital STEMI quality improvement.
- B. Providing input to SCEMSA on:
  - 1. Development, implementation, and evaluation of SCEMSA STEMI QI.
  - 2. Defining the medical goals of the SCEMSA STEMI Critical Care System.
  - 3. Identifying quality improment in medical care to ensure continued high quality patient care.

C. STEMI Audit Process:

1. Audit screens will be established by the committee to guide them in case review. In every case reviewed, the committee will make a finding of the appropriateness of the care rendered and will, where appropriate, make recommendations regarding changes in the system to ensure appropriate care.

**Membership:**

The membership shall be broad based regionally and shall represent the participants in the STEMI Care system.

- A. SCEMSA Medical Director
- B. SCEMSA Administrator or designee.
- C. The STEMI Medical Director (or equivalent position) from each designated STEMI receiving center.
- D. ALS provider agency representatives.
- E. The STEMI Program Manager (or equivalent position) from each designated STEMI receiving center.
- F. Other individuals who the SCEMSA Medical Director deems necessary, on an adhoc or permanent basis, and appointed by the SCEMSA Medical Director.
- G. Members from non-STEMI receiving centers must represent hospitals, which have agreed to provide data on STEMI patients, as described by the SCEMSA STEMI Critical Care System Plan.
- H. Term- Two (2) years- may renew with approval of chairperson.

**Attendance:**

- A. Committee members are expected to attend all meetings.
- B. If unable to attend a meeting, a member is expected to notify SCEMSA in advance, in writing, and identify a replacement from their institution or agency to fill their position for that meeting.
- C. Any committee member resigning their position on the committee is responsible for having their facility or agency select a replacement, and for notifying SCEMSA, in writing, of the change in advance.

**Voting:**

- A. Due to the "advisory" nature of the committee, many issues will require input rather than a vote process.
- B. Vote process issues will be identified as such by the Chairperson. When voting is required, the majority of the voting members of the committee need to be present.

**Confidentiality:**

- A. All STEMI Care Committee proceedings, documents, and discussions of the are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the Committee are applicable to all proceedings and records of this committee, which is one established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to, STEMI care services. Issues requiring system input may be sent in total to the local EMS agency for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may only be present for the portions of meetings they have been requested to review or testify about.

- B. All members will sign a confidentiality agreement not to divulge or discuss any personal health information (PHI) or clinical care details of cases discussed at meetings. Prior to the guest(s) participating in the meeting, the Chairperson is responsible for explaining, and obtaining, a signed confidentiality agreement from invited guests.

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