



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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## ST ELEVATION MYOCARDIAL INFARCTION CRITICAL CARE SYSTEM DESIGNATION

### I. PURPOSE

To establish standards for the designation of an acute care hospital as a ST Elevation Myocardial Infarction (STEMI) Receiving Center.

### II. POLICY

Hospital requirements for Inland Counties Emergency Medical Agency (ICEMA) STEMI Receiving Center designation:

- Must be a full service general acute care hospital approved by ICEMA as a 9-1-1 receiving hospital.
- Must have a licensure as a Cardiac Catheterization Laboratory (Cath Lab).
- Must be accredited by the American College of Cardiology (ACC) or The Joint Commission (TJC) as a Chest Pain Center with Primary Percutaneous Coronary Intervention (PCI).
- Must have a Cardiovascular surgical services permit.
- Must be in compliance with all requirements listed in the California Code of Regulations, Title 22, Division 9, Chapter 7.1, STEMI Critical Care System Regulations.

### III. STAFFING REQUIREMENTS

The hospital will have the following positions filled prior to becoming a STEMI Receiving Center:

- Medical Directors

The hospital shall designate two (2) physicians as co-directors who are responsible for the medical oversight and ongoing performance of the STEMI Receiving Center program. One (1) physician shall be a board certified interventional cardiologist with active Percutaneous Coronary Intervention (PCI) privileges. The co-director shall be a board certified emergency medicine physician with active privileges to practice in the emergency department.

- STEMI Program Manager

The hospital shall designate a qualified STEMI Program Manager. This individual is responsible for monitoring and evaluating the care of STEMI patients, the coordination of performance improvement and patient safety programs for the STEMI critical care system in conjunction with the STEMI medical director. The STEMI Program Manager must be trained or certified in critical care nursing or have at least two (2) years dedicated STEMI patient management experience.

- On-Call Physician Consultants and Staff

On-call physicians consultants and staff must be promptly available within 30 minutes from notification. A daily roster must include the following on-call physician consultants and staff:

- Interventional Cardiologist with privileges in PCI procedures.
- Cardiovascular Surgeon with privileges in Coronary Artery Bypass Grafting.
- Cath Laboratory Team.
- Hemodynamic support device nurse or technologist.
- Registrar

To ensure accurate and timely data submission, hospitals must have a dedicated registrar to submit required data elements.

  - Depending on the volume this position may be shared between specialty cares.
  - Failure to submit data as outlined above, may result in probation, suspension, fines or rescission of STEMI Receiving Center Designation.

#### IV. INTERNAL STEMI RECEIVING CENTER POLICIES

The STEMI Receiving Center must have:

- The capability to provide STEMI patient care 24 hours per day, seven (7) days per week.
- A single call alert/communication system for notification of incoming STEMI patients, available 24 hours per day, seven (7) days per week (i.e., in-house paging system).
- A process for the treatment and triage of simultaneously arriving STEMI patients.
- A fibrinolytic therapy protocol to be used only in unforeseen circumstances when PCI of a STEMI patient is not possible.
- Prompt acceptance of STEMI patients from STEMI Referral Hospitals that do not have PCI capability. To avoid prolonged door to intervention time the STEMI base hospitals are allowed to facilitate redirection of STEMI patients to nearby STEMI receiving centers physician to physician contact must be made when redirecting patients.
- Acknowledgement that STEMI patients may **only** be diverted during the times of Internal Disaster in accordance to ICEMA Reference #8050 - Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only).

#### V. DATA COLLECTION

All required data elements shall be collected and entered in an ICEMA approved STEMI registry on a regular basis and submitted to ICEMA for review. All hospitals including STEMI receiving centers must participate in Cardiac Arrest Registry to Enhance Survival (CARES).

#### VI. CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM

STEMI Receiving Centers shall develop an on-going CQI program which monitors all aspect of treatment and management of suspected STEMI patients and identify areas needing improvement. The program must, at a minimum, monitor the following parameters:

- Morbidity and mortality related to procedural complications.

- Detail review of cases requiring emergent rescue Coronary Artery Bypass Graph (CABG).
- Tracking of door-to-dilation time and adherence to minimum performance standards set by ICEMA policy, contractual agreement, California Regulations, and the ACC.
- Detailed review of cases requiring redirection of EMS STEMI patients to other STEMI Receiving Centers as a result of over capacity and prolonged delay of door-to-intervention time.
- Active participation in each ICEMA STEMI CQI Committee and STEMI regional peer review process. This will include a review of selected medical records as determined by CQI indicators and presentation of details to peer review committee for adjudication.
- Provide Continuing Education (CE) opportunities twice per year for emergency medical services (EMS) field personnel in areas of 12-lead ECG acquisition and interpretation, as well as assessment and management of STEMI patients.
- Programs in place to promote public education efforts specific to cardiac care.

**VII. PERFORMANCE STANDARD**

Designated STEMI Receiving Centers must comply with the California Code of Regulations, Title 22, Division 9, Chapter 7.1, STEMI Critical Care System, ICEMA policies, and the ACC performance measures, that exist and may change in the future.

**VIII. AMBULANCE PATIENT OFFLOAD DELAY**

- All designated facilities shall maintain compliance with ICEMA APOD Policy 8100.

**IX. DESIGNATION**

- The STEMI Receiving Center applicant shall submit a Letter of Intent to ICEMA, outlining the purpose of the application, proposed timeline, and intended goals.
- The STEMI Receiving Center applicant shall be designated after satisfactory review of written documentation, a potential site survey by ICEMA, and completion of a board approved agreement between the STEMI Receiving Center and ICEMA.
- Initial designation as a STEMI Receiving Center shall be in accordance with terms outlined in the agreement.
- Failure to comply with the approved agreement, or ICEMA policy may result in probation, suspension, fines or rescission of STEMI Receiving Center designation.

**X. REFERENCES**

<u>Number</u>	<u>Name</u>
8050	Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only)
8100	Ambulance Patient Offload Delay (APOD)