





		<b>Administrative Policy</b>	<b>5401</b>
		<b>Effective</b> <b>January 23, 2019</b>	<b>Expires</b> <b>March 31, 2019</b>
Policy:	<b>STEMI Center Standards</b>	Approval: Medical Director <b>Reza Vaezazizi, MD</b>	Signed 
Applies To:	<b>STEMI System, EMS System</b>	Approval: REMSA Director <b>Bruce Barton</b>	Signed 

**APPLICATION**

This policy applies to Riverside County designated ST Elevation Myocardial Infarction (STEMI) Receiving Centers (SRC).

**PURPOSE**

The purpose of this policy is to define the requirements for designation as a Riverside County SRC.

**Definitions**

**STEMI Base Hospital** – a licensed general acute care hospital that has been designated as a STEMI Receiving Center by Riverside County EMS Agency (REMSA) and functions as a base hospital.

**STEMI Receiving Center** – A hospital with cardiac capabilities (Cardiac catheterization laboratory licensed to perform emergency Percutaneous Coronary Intervention [PCI] and/ or cardiovascular surgery) and designated by the Riverside County EMS Agency to provide rapid intervention for STEMI patients.

**Cardiac Catheterization Laboratory Team** – Specially trained health care professionals that perform percutaneous coronary intervention. It may include, but is not limited to, an interventional cardiologist, mid-level practitioners, registered nurses, technicians, and other health care professionals.

**STEMI Receiving Centers**

The REMSA Medical Director may designate a hospital as an SRC if all the following requirements are met:

**Hospital Services/ Obligations**

The hospital shall meet the following requirements:

- a. Current designation as a Prehospital Receiving Center.
- b. Meet or exceed STEMI Center requirements contained in CCR Title 22, div. 9, ch 7.1.
- c. The hospital shall have established protocols for triage, diagnosis, and cath lab activation following field notification of an inbound suspected STEMI patient.
- d. The hospital shall have a single call activation system to activate the Cardiac Catheterization Team directly.
- e. Operate a cardiac catheterization laboratory licensed by the Department of Health Services and approved for emergency PCI’s. The hospital shall be available for treatment of STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
- f. Maintain a minimum of 2 (two) cath lab suites capable of PCI.
- g. The hospital shall have a process in place for the treatment and triage of simultaneously arriving STEMI patients.
- h. Hospital shall have the ability to receive ECGs wirelessly transmitted by prehospital personnel.
- i. A Cardiovascular surgery service permit\*  
*\*This requirement may be waived by the REMSA Medical Director when appropriate for patient or system needs. The Medical Director will evaluate conformance with existing ACC/AHA or other existing professional guidelines for standards.*
- j. A dedicated audio recorded phone line or radio system, capable of being answered twenty-four (24) hours per day, seven (7) days per week, used by paramedics to notify SRCs of incoming STEMI patients.
- k. Accreditation as a Chest Pain Center with Primary PCI from the American College of Cardiology.

- I. Hospitals that must temporarily close their cardiac catheterization laboratory due to equipment failure must do the following:
  1. Immediately contact the EMS Duty Officer, the first responders, the transporting ambulance company(ies), the closest SRC, and the STEMI Base Hospital to notify them of the temporary closure and the expected down time.
  2. Once the cath lab is open and functional, make the same contacts to notify the system that the cath lab is now open and functional.
  3. All STEMI patients that were diverted during the down time must be reported to REMSA. The accepting STEMI Receiving Center must do 100% CQI on these patients.
  4. Active participation as a member of the STEMI system committee to include attendance and case review assignments.

## Personnel

The hospital shall have the following designated positions filled:

- a. STEMI Medical Director – A qualified board-certified physician by the American Board of Medical Specialties (ABMS) as defined by the local EMS agency and designated by the hospital that is responsible for the STEMI program, performance improvement, and patient safety programs related to a STEMI critical care system.
- b. STEMI Program Manager– A registered nurse or qualified individual as defined by the local EMS agency, and designated by the hospital responsible for monitoring, coordinating and evaluating the STEMI program.
- c. Additional personnel who must be immediately available upon notification:
  1. Cardiac Catheterization Laboratory Team
- d. Registrar- One full-time equivalent registrar dedicated to the registry must be available to process the data capturing the ACC/NCDR, CARES, and REMSA data sets for each 500–750 patients in the registry. This staffing need increases if additional data elements are collected.

## Policies

Internal policies shall be developed for the following:

- a. Protocol to be used in unforeseen circumstances when PCI of a STEMI patient is not possible, or delay of the cath lab team to the patient exceeds 30 (thirty) minutes.
- b. Diversion of STEMI patients **only** during times of internal disaster designation (see the REMSA Policy for Ambulance Diversion). Immediate notification of the REMSA Duty Officer at (951) 712-3342 is required!

## Data Collection

Data shall be submitted to REMSA via a REMSA approved registry at a minimum quarterly and upon request. This data shall include but not be limited to:

- a. All data elements included in section 100270.126 of CCR Title 22 STEMI requirements.
- b. ACC and National Cardiovascular Data Registry (NCDR) data elements.
- c. CARES registry elements.
- d. Any additional data elements as requested by REMSA.

## Designation

- a. The SRC shall be designated after satisfactory review of written documentation and an initial site survey by REMSA personnel/designees.
- b. Re-designation shall occur every three (3) years,
- c. Failure to comply with the criteria outlined in this policy will result in disciplinary action up to and including suspension or rescission of SRC designation.

## Reporting Requirements

- a. SRC shall notify REMSA in writing of any failure to meet these STEMI Receiving Center Standards within 10 (ten) business days.
  - b. Changes to key STEMI Receiving Center personnel shall be reported to REMSA within 10 (ten) business days to include:
    - a. STEMI Medical Director
    - b. STEMI Program Manager
-