

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 320
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References	California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 7.1. STEMI Critical Care System	Effective 09/20/23

I. **POLICY**

The Central California Emergency Medical Services ST Elevation Myocardial Infarction (STEMI) Critical Care System shall operate in accordance with Health and Safety Code Division 2.5, and the California Code of Regulations Title 22, Division 9, Chapter 7.1 and shall be implemented, monitored and evaluated by the EMS Agency.

The STEMI critical care system written plan and EMS policies and procedures are required by the California Code of Regulations and the intent is to provide a clear understanding of the structure of the STEMI system in a manner that effectively utilizes the systems resources.

The following is a list of the policies required by the California Code of Regulations and includes a brief description of the policy and a reference where further policy information can be located.

A. **System Organization and Management**

The Central California EMS Agency is responsible for monitoring the ongoing operation of the regional STEMI critical care system. This is accomplished through the development of EMS policies and procedures and by participation in the various EMS committees. The EMS Agency staff supervises the collection and analysis of data, including ongoing development of the STEMI patient registry.

STEMI hospitals are designated as one of the following:

1. STEMI Receiving Center (SRC) is a licensed general acute hospital that meets the minimum hospital STEMI care requirements and is able to perform primary percutaneous coronary intervention (PCI), 24 hours a day, 7 days a week, 365 days a year; or
2. STEMI Referring Hospital (SRH) is a licensed general acute care hospital that meets the minimum hospital STEMI care requirements 24 hours a day, 7 days a week, 365 days a year.

Approved By	Revision
EMS Director Daniel J. Lynch (Signature on File at EMS Agency)	09/20/2023
EMS Medical Director Jim Andrews, M.D. (Signature on File at EMS Agency)	

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B. STEMI Care Coordination Within the CCEMSA Region

The prehospital care and treatment of STEMI patients shall be in accordance with EMS policy and procedures to ensure consistent application of STEMI services through-out the EMS region. These policies include EMS Policy # 323 – STEMI System Monitoring/Data Management, EMS Policy #510 - Basic Life Support Protocols, EMS Policy #530 - Paramedic Treatment Protocols, EMS Policy #547 – Patient Destination, and other EMS policies and procedures.

C. Collection and Management of Data

The designated STEMI hospitals are responsible for submitting all required or requested data to the EMS Agency on a quarterly basis or as determined by the EMS Agency. The minimum data set as defined in the California Code of Regulations Title 22, Division 9, Chapter 7.1 is required by all participating STEMI facilities. Collection and management of data for the Central California Emergency Medical Services STEMI System is outlined in EMS Policy # 323.

D. STEMI Center Fees for Designation/Re-designation/Evaluation

There are currently no fees for STEMI center designation, re-designation, or evaluation in the Central California Emergency Medical Services region.

E. Designation and Re-designation of a STEMI Facility/including Agreements

Central California EMS Agency designates STEMI hospitals within the EMS Region. STEMI hospital designation is outlined in EMS Policy # 322 – STEMI Receiving Center and STEMI Referring Hospital Designation.

F. Triage to the Appropriate Facility

The prehospital destination to a STEMI Receiving Center is determined by a positive STEMI on a prehospital 12 LEAD ECG. EMS Policy #547 – Patient Destination outlines the required patient destination procedure for prehospital patients.

G. Inter-facility Transfers

The EMS policies and procedures strictly address the coordination and management of inter-facility transfers of patients and are addressed in EMS Policy #341 – Patient Transfers Between Acute Care Facilities, EMS Policy #342 – Transfer Agreements Between Acute Care Hospitals, and EMS Policy #553 – ALS Interfacility Transfers.

H. Resources for Cath Team Response & Staff

STEMI Receiving Centers are required by EMS Policy # 321 – STEMI Center Standards to have internal hospital policies and procedures for activating the percutaneous coronary intervention team, which include the resources and staff required for a Cath team response.

I. Quality Improvement and System Evaluation/ Multidisciplinary Peer Review Committee

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Quality Improvement is a combined effort of hospitals, providers, and the EMS Agency. EMS Policies #703 – Continuous Quality Improvement, and #704 – Quality Improvement Reporting address the access to the continuous quality improvement process. The STEMI critical care system is monitored through the continuous quality improvement process and a peer review committee as outlined in EMS policy # 323 STEMI Critical Care System Monitoring/Data Management.

J. Provider Marketing and Advertising

California Code of Regulations, Title 22, Division 9, Chapter 7.1, states no 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 EMS Agency.