

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: "Code STEMI": Transfer of Patients with STEMI for PCI		Policy Number 440	
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- I. PURPOSE: To define the "Code STEMI" process by which patients with a STEMI are transferred to a STEMI Receiving Center (SRC) for emergency percutaneous coronary intervention (PCI).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100091.03, 100096.02, 100149.01 and 100149.02
- III. DEFINITIONS:
 - A. STEMI: ST Segment Elevation Myocardial Infarction.
 - B. STEMI Receiving Center (SRC): an acute care hospital with percutaneous coronary intervention (PCI) services that has been designated according to VC EMS Policy 430.
 - C. STEMI Referral Hospital (SRH): an acute care hospital in Ventura County that meets the requirements for a receiving hospital in VC EMS Policy 420 and has been designated according to VC EMS Policy 430.
 - D. PCI: Percutaneous Coronary Intervention.
- IV. POLICY:
 - A. STEMI Referral Hospitals will:
 1. Assemble and maintain a "STEMI Pack" in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County SRCs.
 - b. Preprinted template order sheet with recommended prior-to-transfer treatments.
Treatment guidelines will be developed with input from the SRH and SRC cardiologists.
 - c. Patient Consent/Transfer Forms.
 - d. Treatment summary sheet.
 - e. Ventura County EMS Code STEMI data entry form.
 2. Have policies, procedures, and a quality improvement system in place to minimize door-to-ECG and STEMI-Dx-to-transfer times.

3. Establish policies and procedures to make personnel available to accompany the patient during the transfer to the SRC. These policies will include patient criteria for requiring an RN to accompany patient.

B. Ambulance Dispatch Center will:

1. Respond to a “Code STEMI” transfer request by immediately dispatching the closest available ALS ambulance to the requesting SRH.

C. Ambulance Companies

1. Ambulance Companies will:
 - a. Respond immediately upon request for “Code STEMI” transfer.
 - b. Staff all ambulances with a minimum of one paramedic who has been trained in the use of intravenous heparin and nitroglycerin drips, and the pump being used, according to VC EMS Policy 722.
2. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.

D. STEMI Receiving Centers will:

1. Maintain accurate status information on ReddiNet regarding the availability of a cardiac catheterization lab.
2. Publish a single phone number, that is answered 24/7, to receive notification of a STEMI transfer.
3. Immediately upon initial notification by a transferring physician at an SRH, accept in transfer all patients who have been diagnosed with a STEMI and who, in the judgment of the transferring physician, require urgent PCI.
4. Authorize the emergency physician on duty to confirm the acceptance in transfer of any patient with a STEMI.
5. Establish an internal communications plan that assures the immediate notification of all necessary individuals, including the cardiac catheterization services staff and on-call interventional cardiologist, of the transfer.
6. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for post-PCI care.

V. PROCEDURE:

A. Upon diagnosis of STEMI, and after discussion with the patient, the SRH will:

1. Determine availability of the SRC by checking ReddiNet.
2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
3. Identify their facility to the dispatcher and advise they have a Code STEMI transfer to [SRC].

4. After calling for ambulance, the SRH transferring physician will notify the SRC emergency physician of the transfer.
 5. Perform all indicated diagnostic tests and treatments.
 6. Complete transfer consent, treatment summary, and Code STEMI data forms.
 7. Include copies of the ED face sheet and demographic information.
 8. Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the SRC.
 - a. If, because of unusual and unanticipated circumstances, no healthcare staff is available for transfer, the SRH may contact the responding ambulance company to make a paramedic or EMT available.
 - b. If neither the SRH or ambulance company has available personnel, a CCT transfer may be requested.
 9. Contact SRC for nurse report at the time of, or immediately after, the ambulance departs.
- B. Upon request for “Code STEMI” transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize “MEDxxx Code STEMI from [SRH]”. The SRC will be denoted in the Incident Comments, which will display on the Mobile Data Computer (MDC). If a unit does not have an operational MDC, the SRH will advise the responding ambulance personnel of the SRC.
- C. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the “Code STEMI” transfer.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
1. All forms should be completed prior to ambulance arrival.
 2. Any diagnostic test results may be relayed to the SRC at a later time.
 3. Intravenous drips may be discontinued or remain on the ED pump.
 4. Ambulance personnel will place defibrillation pads on the patient.
- F. Upon notification, the SRC will notify the interventional cardiologist and cardiac catheterization staff, who will respond immediately and prepare for the PCI procedure.
- G. The SRH and SRC shall review all STEMI transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS STEMI CQI Committee.