INTERFACILITY TRANSPORT (IFT) OF ST ELEVATION MYOCARDIAL INFARCTION (STEMI) PATIENTS

PURPOSE

To provide guidelines for the IFT of patients diagnosed with STEMI and who may require emergent Percutaneous Coronary Intervention (PCI). This system of care is consistent with national standards of achieving a STEMI Referring Facility arrival-to-STEMI Receiving Center first intervention time of less than (<) ninety (90) minutes for walk in patients, and a 9-1-1 call-to-STEMI Receiving Center first intervention time of < one hundred twenty (120) minutes for Emergency Medical Service (EMS) patients initially transported to a STEMI Referring Facility.

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 2, §§ 1797.67, 1797.88
Health & Safety Code, Division 2.5, Chapter 6, Article 1, § 1798.102
Health & Safety Code, Division 2.5, Chapter 6, Article 2, § 1798.150
Health & Safety Code, Division 2.5, Chapter 6, Article 3, §§ 1798.170, 1798.172
California Code of Regulations, Title 13, Division 2, Chapter 5, Article 1, § 1105 (c)
California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, § 100169

DEFINITIONS

Cardiovascular STEMI Receiving Centers (SRCs) – Yolo County Emergency Medical Services Agency (YEMSA) designated facilities that have emergency interventional cardiac catheterization capabilities available on a twenty-four/seven 24/7 basis.

STEMI Referring Facilities (SRFs) – Facilities that do not have emergency interventional cardiac catheterization capabilities.

POLICY

The Emergency Departments (EDs) of SRFs play a critical role in the care of the STEMI patient. The optimal system of care for STEMI patients consists of a well-coordinated relationship between the early recognition and care by ED staff at SRFs followed by definitive care at SRCs after rapid transfer by EMS Transport Provider Agencies.

While an SRC should be considered as the destination of choice for STEMI patients, for those patients who do not meet the patient destination criteria for immediate transport to a SRC and are transported instead to a SRF and for those patients who walk into a SRF it is vital to identify these patients quickly, provide initial stabilizing treatment, and simultaneously make contact with the appropriate SRC for possible transfer and emergent PCI.

GUIDELINES

I. Initial Treatment Goals
   A. Patients arriving at SRF by EMS or non-EMS:

B. ECG obtained within ten (10) minutes of patient arrival
C. If STEMI is identified:
    1. Consider transferring all STEMI patients who are candidates for primary PCI
    2. < 30 minutes at SRF ED (door in/door out)

II. Timelines
A. Goal: < ninety (90) minutes SRF arrival-to-SRC first intervention for walk in patients and < one hundred twenty (120) minutes 9-1-1 call-to-SRC first intervention time for EMS patients initially transported to a SRF
    1. < thirty (30) minutes 9-1-1 call to SRF ED (if EMS patient)
    2. < thirty (30) minutes at SRF (door in/door out)
    3. < thirty (30) minutes to complete Paramedic or Critical Care IFT
    4. < thirty (30) minutes at SRC before coronary intervention

B. If SRF arrival-to-SRC first intervention is anticipated to be longer than ninety (90) minutes, then administration of lytic agents should be considered in patients that meet thrombolytic eligibility. The goal for door to thrombolytics is < thirty (30) minutes for these patients. Contact the SRC early to discuss coordination of subsequent care.

PROCEDURE

I. In the event that an acute STEMI patient needs to be transferred to a SRC, the SRF ED should:
A. Immediately after a STEMI patient is identified at the SRF, contact the SRC ED Physician to arrange an ED to ED transfer.
B. The SRC ED Physician will assist in advising the appropriateness for transfer for emergent PCI. The SRC ED Physician will contact the SRC Interventional Cardiologist as needed.
C. SRC facilities have agreed to accept STEMI patients at all times irrespective of payer source unless the SRC is on internal disaster diversion (including Cardiac Catheterization Lab equipment out-of-service) or other patients already being treated would prevent the patient from receiving intervention in < ninety (90) minutes from SRF arrival.
D. Contracted Advanced Life Support (ALS) Service Provider Agencies should be utilized when agreements are in place and the ALS transport unit is available within ten (10) minutes of the initial transport request. The jurisdictional ALS Service Provider Agency may be contacted via 9-1-1 when the contracted ALS Service Provider is not available.
E. Unless medically necessary, avoid using medication drips that are outside of the Paramedic Scope of Practice to avoid any delays in transferring of STEMI patients.
F. If patient care has been initiated that exceeds the Paramedic Scope of Practice, the SRF may consider sending one (1) of its Registered Nurses (RNs) or other qualified medical staff with the transporting Paramedic unit if deemed necessary due to patient's condition. Nurse staffed Critical Care Transport (CCT) units may also be utilized if necessary and the response time is appropriate.

G. Provide the ambulance transport team with a complete patient report and all appropriate documentation (diagnostic lab, X-ray, Physician and nursing notes, etc.). However, do not delay transport of the patient if complete documentation is not available. If complete documentation is not sent with the transport team, this information may be faxed to SRC when it becomes available.