March 27, 2008

Area Hospital Executives:

We are pleased to announce that the Contra Costa Health Services EMS Agency is prepared to accept letters of intent from hospitals interested in being designated by the County as STEMI (S-T elevation myocardial infarction) Receiving Centers. Paramedics will perform a 12-lead ECG to make the STEMI determination and will communicate with the STEMI receiving facility early on so that resources needed to care for a patient with a STEMI can be quickly made available. Ambulance patients identified as having this specific type of myocardial infarction will be transported directly to a County designated STEMI receiving facility.

Our plan is to implement the STEMI program on September 8, 2008 if at least three hospitals have been designated as STEMI Receiving Centers by the end of August. If your hospital is interested in STEMI Center designation, please send us a Letter of Intent by May 1, 2008. Hospitals interested in STEMI Center designation at a future time may submit a Letter of Intent at any point and we will work with you on a separate time frame.

A local STEMI Advisory Committee, which has included representatives of most hospital administrations and cardiology services, has been meeting for the past year designing standards and policies for the system. Enclosed is a packet of information that more fully describes the STEMI program as well as the STEMI Receiving Center designation process. Hospital Nurse Executives, Medical Staff Presidents, and Chiefs of Cardiology have received identical packets.

A hospital interested in STEMI Receiving Center designation will be required to enter into a contract with Contra Costa County, a sample of which is enclosed. Because this new program will require County staff time to oversee this program and related Quality Improvement activities, the contract will include a provision for a $5,000 annual designation fee to help cover these expenses.
March 27, 2008
Page 2

If you have any questions the STEMI program please contact either of us at (925) 646-4690, or for questions about the designation process contact Pat Frost at the same phone or be email at pfrost@hsd.cccounty.us. We look forward to your participation in this important new program.

Sincerely,

_______________________________________  _________________________________________
Art Lathrop                                 Joseph A. Barger, MD
EMS Director                                EMS Medical Director

Enc.

cc: Nurse Executive
    Medical Staff President
    Chief of Cardiology
Packet Contents

1. Sample Letter of Intent
2. STEMI Receiving Center Application Process and Instructions
3. STEMI Receiving Center Designation Criteria: Application and Evaluation Tool.
4. Data Requirements for STEMI Centers
5. EMS Policy: STEMI Receiving Center Designation
   EMS Policy: STEMI Triage and Destination
6. Template STEMI Receiving Center contract

STEMI System Implementation Time Frame for Initial Program

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Letters of Intent due from at least 3 hospitals</td>
<td>May 1, 2008</td>
</tr>
<tr>
<td>Hospital Applications due</td>
<td>June 1, 2008</td>
</tr>
<tr>
<td>Hospital Assessments/Application review complete</td>
<td>August 1, 2008</td>
</tr>
<tr>
<td>Paramedic training and STEMI Center orientation complete</td>
<td>September 8, 2008</td>
</tr>
<tr>
<td>STEMI program implementation</td>
<td>September 8, 2008</td>
</tr>
</tbody>
</table>
Art Lathrop  
EMS Director  
1340 Arnold Drive Ste 126  
Martinez, CA  94553

Dear Mr. Lathrop,

___________________ (facility name) is interested in participating in the Contra Costa Emergency Medical Services STEMI program by being designated as a STEMI Receiving Center. Our intent is to work through the designation process so that we will be designated in time to participate in STEMI program implementation on September 8, 2008.

Our STEMI administrative contact will be (please include name, title and contact information). This individual will be the main contact with the hospital with respect to the contracting process and other administrative details.

Our STEMI Medical Director will be (please include name, credentials and contact information).

Our STEMI RN Program Manager will be (please include name, credentials and contact information).

Sincerely,

cc:  Joe Barger, EMS Medical Director  
Pat Frost, EMS STEMI Project Manager
Contra Costa Emergency Medical Services
STEW Program

**STEMI Receiving Center Application Process and Instructions**

The following instructions are to assist you in completing the STEMI Receiving Center Designation application process. If you have any questions please contact, Pat Frost EMS STEMI Project Manager, at p frost@hsd.cccounty.us or 925 646-4690.

**Step 1:** Review STEMI Receiving Center Designation Criteria Application and Evaluation Tool.

**Step 2:** Send letter of intent identifying STEMI Medical Director, RN Program Manager, and Administrative contact, and anticipated start date for your facility to EMS.

**Step 3:** Compile and submit to EMS all information and documents requested under “objective measurement” of the STEMI Receiving Center Designation Criteria Application and Evaluation Tool.

**Step 4:** STEMI Center Designation will be presented upon application approval and signed agreement completion.

Official STEMI launch is targeted for September 8, 2008. In order to successfully launch this program countywide we will be need approximately 3-4 facilities to participate.
<table>
<thead>
<tr>
<th>STEMI Designation Contract Standard</th>
<th>Objective Measurement</th>
<th>Meets Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Current license to provide Basic Emergency Services in Contra Costa County</td>
<td>Copy of License</td>
<td>Y N</td>
<td>Required for designation</td>
</tr>
<tr>
<td>B. Cardiac Catheterization Laboratory services</td>
<td>Copy of License. Number Cardiac Catheterization Labs ____ On License.</td>
<td>Y N</td>
<td>Required for designation</td>
</tr>
<tr>
<td>C. Cardiac catheterization laboratory available 24/7/365</td>
<td>On-Call Schedules for 3 months. On-Call Policy/Procedure</td>
<td>Y N</td>
<td>Required for designation</td>
</tr>
<tr>
<td>D. Intra-aortic balloon pump capability with staffing available to operate 24/7/365</td>
<td>Intra-aortic balloon pump capability # patients: _________ Staffing policies/protocols supporting operations</td>
<td>Y N</td>
<td>Required for designation</td>
</tr>
<tr>
<td>E. Priority contact line for ambulance contact with hospital</td>
<td>Reliable telephone/radio line Policies supporting priority phone intake Procedures support prompt response</td>
<td>Y N</td>
<td>Required for designation Description Phone number ___________________</td>
</tr>
<tr>
<td>F. Inter-facility TRANSFER GUIDELINES or COOPERATIVE ARRANGEMENTS</td>
<td>Description of current cooperative practice or copy of supporting policies, procedures or guidelines. List all hospitals collaborating with and for what type services</td>
<td>Y N</td>
<td>Required for designation List of facilities and description of cooperative arrangements ( SRC’s and Non STEMI centers) for CV surgery and PCI interventions within STEMI time frame standards.</td>
</tr>
<tr>
<td>G. Cardiovascular Surgery (desired, but not required)</td>
<td>CA permit number and effective and expiration dates Number of Operating Suites on License</td>
<td>Y D</td>
<td>Desired not required ACC/AHA/SCAI guideline conformance for centers without back up CV surgery will be evaluated in consideration of waiver by EMS medical director</td>
</tr>
<tr>
<td>1. If no cardiac surgery capability, must have:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Plan for emergency transport</td>
<td>Plan, Policy, procedure with estimated travel time</td>
<td>Y NA</td>
<td>Required for designation Hospitals without CV services: Written guidelines or description of current processes for rapid transfer of patients requiring additional care. Including elective or emergency cardiac surgery or PCI.</td>
</tr>
<tr>
<td>b. Plan to transfer within 1 hour</td>
<td>Supporting policies and procedures</td>
<td>Y NA</td>
<td>Required if no CV surgery</td>
</tr>
<tr>
<td>c. Written transfer guidelines for service</td>
<td>Transfer facilities identified</td>
<td>Y NA</td>
<td>Required if no CV surgery</td>
</tr>
</tbody>
</table>
## STEMI Designation Contract Standard

<table>
<thead>
<tr>
<th>Objective Measurement</th>
<th>Meets Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL PERSONNEL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. SRC PROGRAM MEDICAL DIRECTOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Qualifications:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Board Certified in Cardiovascular Disease</td>
<td>Copy of Current Board Certification</td>
<td>Y N</td>
</tr>
<tr>
<td>2. Board Certified in Interventional Cardiology</td>
<td>Copy of Current Board Certification</td>
<td>Y D</td>
</tr>
<tr>
<td>3. Credentialed member of medical staff with privileges for Primary PCI</td>
<td>Medical Staff Office Confirmation</td>
<td>Y N</td>
</tr>
<tr>
<td>4. Trained in cardiac radiographic imaging and radiation protection</td>
<td>Documentation of Training</td>
<td>Y N</td>
</tr>
<tr>
<td><strong>Responsibilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Oversight of STEM program patient care</td>
<td>Job/Program Director Description</td>
<td>Y N</td>
</tr>
<tr>
<td>2. Coordinating staff and services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Authority and accountability for quality/ performance improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Participates in protocol development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Establishes and monitors quality control, including Mortality and Morbidity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Participates in County STEMI QI Committee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. SRC RN PROGRAM MANAGER |               |          |
| **Qualifications:** |               |          |
| 1. RN License and STEMI program experience | Job/Program Manager Description | Y N | Required for designation |
| **Responsibilities:** |               |          |
| 1. Supports SRC Medical Director Functions | Evidence of dedicated FTE to support Policy/Procedure RN License and CV | Y N | |
| 2. Acts as EMS-STEMI Program Liaison | | | |
| 3. Assures EMS-Facility STEMI data sharing | | | |
| 4. Manages EMS-Facility STEMI QI activities | | | |
| 5. Authority and accountability for QI/PI | | | |
| 6. Facilitates timely feedback to the field providers | | | |

| C. Cardiac Catheterization Lab Manager/Coordinator |               |          |
| **Job Description** | | | Required for designation |

<p>| D. Physician Consultants: |               |          |
| 1. Cardiology Interventionalist | On-Call schedules x 3 months Current Board Certification in Cardiovascular Disease On-Call Policy | Y N | Required for designation |</p>
<table>
<thead>
<tr>
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<th>Objective Measurement</th>
<th>Meets Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. CV Surgeon</td>
<td>On-Call schedules x 3 months</td>
<td>Y  N  NA</td>
<td>Desired for designation</td>
</tr>
</tbody>
</table>

**CLINICAL CAPABILITIES**

**A. Clinical Volume Performance:**
- Average volume of past 3 years will be evaluated
- Annual case total volume for all PCI cases and primary PCI cases for 2005-2007 by all interventionalists.

Roster of On-Call “STEMI” interventionalists with annual case total volume for all PCIs and PCIs for STEMI volume for 2005-2007 at contract facility.
Total of ____PCI procedures per during ____calendar year.

**B. Physician Volume**
Primary and Total PCI volume.

**C. Process Performance**
Door to balloon inflation times for last 100 cases and 2005-2007.
Acute MI (AMI) report (AMI parameter)
PI report of Improvement.

ACC/AHA/SCAI Recommendations
Door to balloon inflation times <90 minutes (75% compliance)
If Fibrinolysis administered, given within 30 minutes.
<table>
<thead>
<tr>
<th>STEMI Designation Contract Standard</th>
<th>Objective Measurement</th>
<th>Meets Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLICIES AND PROCEDURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Cardiac Interventionalist activation</td>
<td>Policy &amp; Procedure</td>
<td>Y</td>
<td>Required for designation. Required internal hospital policies define the patients who shall receive emergency angiography and patients who shall receive emergent fibrinolysis, based on physician decision for individual patients.</td>
</tr>
<tr>
<td><strong>B. Cardiac catheterization laboratory team activation</strong></td>
<td>Policy &amp; Procedure</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td><strong>C. STEMI contingency plans</strong></td>
<td>Description of controls in place to minimize disruptions.</td>
<td>N</td>
<td>Required for designation. Expectation of no diversion.</td>
</tr>
<tr>
<td>- Personnel</td>
<td>Pertinent policy &amp; procedures</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>- Cath Lab facility &amp; equipment</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td><strong>D. Coronary angiography</strong></td>
<td>Policy, Procedure, and/or Guidelines</td>
<td>Y</td>
<td>Required for designation.</td>
</tr>
<tr>
<td><strong>E. PCI and use of fibrinolytics</strong></td>
<td>Policy, Procedure, and/or Guidelines</td>
<td>Y</td>
<td>Required for designation. Processes by which fibrinolytic therapy and PCI can be delivered rapidly to meet the following goals Fibrinolysis within 30 minutes of ED and Door-to-balloon time within 90 minutes of ED arrival</td>
</tr>
<tr>
<td><strong>G Interfacility transfer for STEMI policies or protocols</strong></td>
<td>Policy, Procedure, and/or Guidelines</td>
<td>N</td>
<td>Required for designation</td>
</tr>
<tr>
<td>STEMI Designation Contract Standard</td>
<td>Objective Measurement</td>
<td>Rating Meets Standard</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------------</td>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>PERFORMANCE IMPROVEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Systematic Internal Review Program</td>
<td>M &amp; M Peer review protocol/program description to deal with Deaths, Complications, Sentinel events, System issues, Organizational issues</td>
<td>Y N</td>
<td>Policy and procedure or program description only required for designation</td>
</tr>
<tr>
<td>C. Systematic Prehospital Review Program</td>
<td>Written quality improvement plan or program description for EMS-transported STEMI patients supporting Timely prehospital feedback Prehospital provider education Cooperative STEMI QI data management</td>
<td>Y N</td>
<td>QI Plan or policy only required for initial designation Ongoing expectation Data Collection and Management based on STEMI EMS data elements (refer to EMS data element addendum)</td>
</tr>
<tr>
<td>D. Mechanism to participate in timely outcome field feedback of STEMI patients</td>
<td>Participation in Field Feedback QI processes</td>
<td>Y N</td>
<td>EMS to act as point agency to facilitate communication of outcome information for field QI. Ongoing expectation</td>
</tr>
<tr>
<td>E. Prehospital STEMI related educational activities</td>
<td>Commitment to STEMI Prehospital Education Plan for prehospital education activities</td>
<td>Y N</td>
<td>Plan required for initial designation Ongoing expectation</td>
</tr>
<tr>
<td>STEMI Designation Contract Standard</td>
<td>Objective Measurement</td>
<td>Rating Meets Standard</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------</td>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>DATA COLLECTION, SUBMISSION AND ANALYSIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Participates and provides data from National Cardiac Data Registry (NCDR)</td>
<td>NCDR Registry: Cath Lab STEMI PCI module. See EMS data element Appendix A</td>
<td>Y N</td>
<td>Required for designation</td>
</tr>
<tr>
<td>B. Ability to participate with Contra Costa EMS data collection</td>
<td>Mechanisms in place to collect EMS Data elements with Contra Costa EMS See EMS data element Appendix A</td>
<td>Y N</td>
<td>Name and contact information of responsible personnel required for designation</td>
</tr>
<tr>
<td>C. Quarterly STEMI QI Committee Data Reports</td>
<td>EMS Data report Data due 3 months from end of previous quarter See EMS data element Appendix A</td>
<td>Y N</td>
<td>Not required pre-designation ongoing expectation</td>
</tr>
<tr>
<td>D. Annual SRC Report submitted and complete</td>
<td>EMS Data Report elements Report due 3 months from end of year See EMS data element Appendix A</td>
<td>Y N</td>
<td>Not required pre-designation ongoing expectation</td>
</tr>
<tr>
<td>E. Facilitates implementation of future data elements for STEMI system performance improvement</td>
<td>Collaborates with development and implementation process of future STEMI system evaluation</td>
<td>Y N</td>
<td>Ongoing expectation</td>
</tr>
</tbody>
</table>
## APPENDIX A - DATA REQUIREMENTS FOR STEMI CENTERS

| Participation in NCDR Data Registry | NCDR Aggregate Data to be reported: Quarterly (raw) with adjusted data from NCDR when available to include all primary PCI interventions (EMS and non-EMS)  
- Number of patients with primary PCI intervention  
- Median door-to-intervention interval (minutes)  
Percentage and numerator/denominator of patient counts for the following:  
- STEMI Mortality  
- PCI Mortality  
- Procedural Success  
- Vascular Complications  
- ASA upon arrival within 24 hours  
- Beta-blockers upon arrival within 24 hours  
- ASA on discharge  
- Beta-Blockers on discharge  
- ACE Inhibitors or ARM in patients with Ejection Fraction <40% on discharge | Data shall be submitted within 3 months of completion of calendar quarter.  
Data elements may evolve over time. |
| Participation in Contra Costa EMS Data Collection | EMS Data Elements  
- STEMI Alert Called by EMS (Yes/No/Unknown)  
- ED ECG STEMI (Yes/No/Unknown)  
- ED Arrival Time and Date  
- Intervention Done (PCI, thrombolysis or no intervention)  
- Intervention Time and Date | Data shall be submitted within 10 days of date of patient arrival.  
Data elements may evolve over time. |
| Quarterly STEMI QI Committee Data Reports | EMS Data Report to include:  
- Number of STEMI Alerts  
- Number of confirmed STEMI’s (of those with alert)  
- Number of Interventions and Type (PCI or thrombolysis)  
- Door-to-Intervention Interval (median) by type (in minutes)  
- Percentile of Door-to-Intervention 90 minutes or less (PCI), 30 minutes or less (thrombolysis) – (numerator and denominator of both categories) | Data shall be submitted within 3 months of completion of calendar quarter.  
Reports may evolve based on QI findings and data element change. |
| Annual STEMI QI Report | EMS Data Report  
NCDR Data Elements  
Cardiologist Primary and Total PCI volume/year for those treating EMS-transported patients  
Total time and number of episodes per year that catheterization lab not able to function | Data shall be submitted within 3 months of completion of calendar year. |

Effective: 2/21/08
EMS POLICIES AND PROCEDURES

CONTRA COSTA
HEALTH SERVICES

POLICY #: 26
EFFECT DATE: / / 
PAGE: 1 of 2

SUBJECT: EMS STEMI RECEIVING CENTER DESIGNATION

APPROVED BY: Art Lathrop, EMS Director Joseph A. Barger, MD, EMS Medical Director

I. PURPOSE

To define requirements for designation as a Contra Costa County STEMI Receiving Center (SRC) for patients transported via the 911 system with ST-elevation myocardial infarction (STEMI) who may benefit by rapid assessment and percutaneous coronary intervention (PCI).

II. APPLICATION PROCESS

To apply for designation as an EMS STEMI Receiving Center (SRC) for Contra Costa County, an interested hospital shall:

A. Submit a Contra Costa EMS designation application to the Contra Costa EMS Agency.
B. Pay applicable initial application fee and annual designation fee to cover initial and ongoing County costs to support the STEMI program.

III. DESIGNATION CRITERIA

A. Current California licensure as an acute care facility providing Basic Emergency Medical Services.
B. Ability to enter into a written agreement with Contra Costa County identifying SRC and County roles and responsibilities.
C. Meets STEMI Receiving Center Designation Criteria as defined in the STEMI Designation Application. The criteria include:

1. Hospital Services
   a. Special permit for cardiac catheterization laboratory.
   b. Intra-aortic balloon pump capability.
   c. Special permit for cardiovascular surgery service.
      1) The Contra Costa EMS Medical Director may waive this requirement for patient or system needs.
      2) Conformance with the American College of Cardiology/American Heart Association/Society for Cardiovascular Angiography and Intervention (ACC/AHA/SCAI) guidelines for centers without backup cardiovascular surgery will be evaluated in consideration of the waiver.
   d. Continuous availability of PCI resources (24-hours/7-days a week).

2. Hospital-Personnel
   a. STEMI Receiving Center Medical Director
   b. STEMI Receiving Center Program Manager
   c. Cardiac Catheterization Lab Manager/Coordinator
   d. Intra-aortic balloon pump technician(s)
   e. Appropriate Cardiac catheterization nursing and support personnel
   f. Physician Consultants
      1) Cardiology interventionalist
      2) CV Surgeon
SUBJECT: STEMI TRIAGE AND DESTINATION

I. PURPOSE
Utilizing prehospital 12-lead electrocardiograms (P12ECG), patients presenting with ST-segment elevation myocardial infarction (STEMI) shall be triaged and transported, with patient consent, directly to STEMI centers for rapid intervention. This policy outlines the process of triage and transport of STEMI patients.

II. DEFINITIONS

*Prehospital 12-lead ECG (P12ECG):* A 12-lead electrocardiogram obtained by EMS crews or in rare circumstances by a medical facility or office other than a hospital.

*ST- Segment Elevation Myocardial Infarction (STEMI):* A specific finding on 12-lead electrocardiogram showing ST-segment elevation of 1 mm or greater in anatomically contiguous leads, indicating this specific type of myocardial infarction.

*Computer Interpretation of STEMI:* With printout of 12-lead ECG done, a patient with a STEMI is identified distinctly with ***Acute MI*** or ***Acute MI Suspected*** by a computerized algorithm present in the monitor-defibrillator unit (wording varies by manufacturer). Other abnormalities of 12-lead ECG do not signify STEMI.

*STEMI Receiving Center (SRC):* Hospitals designated by Contra Costa EMS as those to which patients with identified STEMI on P12ECG will be transported based on the center’s prompt availability of invasive cardiac care.

*STEMI Alert:* Report from prehospital personnel that notifies a STEMI Receiving Center as early as possible that a patient has a computer-interpreted P12ECG indicating a STEMI. The alert allows the SRC to prepare equipment and personnel for arrival of the patient in order to provide intervention in the most rapid fashion possible.

III. TRIAGE

A. Patients with chest pain or other symptoms suggestive of Acute Coronary Syndrome (ACS) should have a P12ECG performed.
   1. Exceptions include patients who are not cooperative with the procedure or patients in whom the need for critical resuscitative measures preclude performance of the P12ECG.
   2. Paramedic personnel should review the P12ECG tracing in all instances to assure that little or no artifact exists (steady baseline, lack of other electrical interference, complete complexes present in all 12 leads). Repeat ECG may be necessary to obtain an accurate tracing.

B. If computerized interpretation of accurately performed P12ECG indicates either ***Acute MI*** or ***Acute MI Suspected***, the patient qualifies as a candidate for transport to a STEMI Receiving Center. Patients without these findings should be transported utilizing as designated per EMS destination policy.
1. **Contract Identification.**

   Department: Health Services —

   Subject:

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

   Contractor:

   Capacity:

   Legal Address:

   Mailing Address:

3. **Term.** The effective date of this Contract is _________. It terminates on __________ unless sooner terminated as provided herein.

4. **Payment Limit.** County’s total payments to Contractor under this Contract shall not exceed $________.

5. **County’s Obligations.** County shall make to the Contractor those payments described in the Payment Provisions attached hereto which are incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

6. **Contractor’s Obligations.** Contractor shall provide those services and carry out that work described in the Service Plan attached hereto which is incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

7. **General and Special Conditions.** This Contract is subject to the General Conditions and Special Conditions (if any) attached hereto, which are incorporated herein by reference.

8. **Project.** This Contract implements in whole or in part the following described Project, the application and approval documents of which are incorporated herein by reference: Not Applicable
9. **Legal Authority.** This Contract is entered into under and subject to the following legal authorities: California Government Code §§ 26227 and 31000 and all legal authorities cited in the attached HIPAA Business Associate Addendum, which is incorporated herein by reference.

10. **Signatures.** These signatures attest the parties’ agreement hereto:

    COUNTY OF CONTRA COSTA, CALIFORNIA

    | BOARD OF SUPERVISORS | ATTEST: Clerk of the Board of Supervisors |
    |----------------------|------------------------------------------|
    | By __________________ | ByXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
    | Chairman/Designee    | Deputy                                    |

    CONTRACTOR

    | Name of business entity                          | Name of business entity                          |
    |--------------------------------------------------|--------------------------------------------------|
    |                                                  |                                                  |
    | By __________________ (Signature of individual or officer) | By __________________ (Signature of individual or officer) |
    |                                                  |                                                  |
    | (Print name and title A, if applicable)          | (Print name and title B, if applicable)          |

    Note to Contractor: For Corporations (profit or nonprofit), the contract must be signed by two officers. Signature A must be that of the president or vice-president and Signature B must be that of the secretary or assistant secretary (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on form L-2.
APPROVALS

RECOMMENDED BY DEPARTMENT

FORM APPROVED

COUNTY COUNSEL

By: ________________________________
   Designee

By: ________________________________
   Deputy

APPROVED: COUNTY ADMINISTRATOR

By: ________________________________
   Designee

ACKNOWLEDGMENT

STATE OF CALIFORNIA  )
   ) ss.
COUNTY OF CONTRA COSTA  )

On _____________________, before me, ________________________________, personally appeared ________________________________, (insert name and title of the officer), personally appeared ________________________________, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL

__________________________________ (Seal)
Signature

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)
SERVICE PLAN

I. SCOPE OF SERVICES

In consideration of the County’s designation of Hospital as a S-T Elevation Myocardial Infarction or STEMI Receiving Center (SRC) as described in EMS policy, Hospital shall perform the services identified in this Service Plan without interruption, 24 hours per day, 7 days per week, 52 weeks per year for the full term of this Contract as set forth below.

A. Provide all services, equipment, and personnel including maintenance of adequate staffing levels, equipment, and facilities according to STEMI Receiving Center Designation Criteria dated ___________, which is available at the EMS Agency Office or online at www.cccems.org.

B. Accept all Contra Costa County patients triaged as having STEMIs and transported to Hospital and provide appropriate medical management for said victims without regard to the patient’s race, color, national origin, religious affiliation, age, sex, or ability to pay.

II. HOSPITAL SERVICES

Hospital shall keep in effect the following:

A. Licensure under California Health and Safety Code Section 1250 et seq.

B. Permit for Basic or Comprehensive Emergency Medical Services pursuant to the provisions of Title 22, Division 5, of the California Code of Regulations,

C. Cardiac Catheterization Laboratory as a supplemental service pursuant to the provisions of Title 22, Division 5, of the California Code of Regulations,

D. Intra-aortic balloon pump capability with necessary staffing available,

E. Priority telephone line to be used by prehospital personnel to contact Hospital regarding patients with STEMIs,

F. Cardiovascular Surgery availability.
   1. California permit for cardiovascular surgery, or
   2. A plan for emergency transport to a facility with cardiovascular surgery available that describes steps for timely transfer (within 1 hour).

III. HOSPITAL PERSONNEL

Hospital shall provide program oversight staff and shall have available all staff necessary to perform optimal care for patients with STEMIs.

A. SRC Program Medical Director
   1. Qualifications:
      a. Board Certified in Cardiovascular Disease,
      b. Board Certified in Interventional Cardiology (desired),
      c. Credentialed member of medical staff with privileges for primary percutaneous coronary intervention (PCI), and
      d. Trained in cardiac radiographic imaging and radiation protection.
2. Responsibilities:
   a. Oversight of STEMI program patient care,
   b. Coordination of staff and services,
   c. Authority and accountability for quality and performance improvement,
   d. Participation in protocol development,
   e. Establishes and monitors quality control, including Mortality and Morbidity, and,
   f. Participation in County STEMI QI Committee.

B. SRC Program Manager
   1. Qualifications:
      a. California RN License, and,
      b. STEMI program experience.
   2. Responsibilities:
      a. Supports SRC Medical Director Functions
      b. Acts as EMS-STEMI Program Liaison
      c. Assures EMS-Facility STEMI data sharing
      d. Manages EMS-Facility STEMI QI activities
      e. Authority and accountability for QI/PI

C. Physician Consultants:
   Hospital shall maintain a daily on-call roster of:
   1. Cardiologist(s) with PCI privileges and evidence of training/experience in PCI including primary PCI.
   2. Cardiovascular Surgeon(s) if cardiovascular surgery is a service provided by Hospital.

D. Additional personnel:
   1. Intra-aortic balloon pump technician(s),
   2. Cardiac catheterization lab manager/coordinator
   3. Appropriate cardiac catheterization nursing and support personnel.

IV. PERFORMANCE STANDARDS
   Hospital shall strive to meet the following in caring for patients who present to Hospital with identified STEMIs:
   A. Fibrinolysis within 30 minutes of ED arrival if administered.
   B. “Door-to-balloon” time with 90 minutes of ED arrival.

V. HOSPITAL POLICIES AND PROCEDURES
   Hospital shall develop and implement policies and procedures designed to see that patients presenting to Hospital with possible STEMIs receive appropriate care in a timely manner. Such internal policies shall include:
   A. Definition of patients who shall receive emergent angiography and patients who shall receive emergent fibrinolysis, based on physician decision for individual patients.
B. Processes by which fibrinolytic therapy and PCI (including prompt activation of personnel) can be delivered rapidly to meet Performance Standards identified in this Contract:

C. For hospitals without cardiovascular surgery services, written arrangements with a tertiary institution that provides for rapid transfer of patients for any required additional care, including elective or emergency cardiac surgery or PCI.

VI. DATA COLLECTION AND REPORTING

Hospital shall:

A. Provide data, specified in Exhibit A with respect to all patients transported to Hospital by ambulance with suspected STEMIIs and patients treated for STEMIIs at Hospital, within ten (10) business days from date of patient admission.

B. Submit quarterly QI Committee Data Reports and annual performance reports in the format established by the EMS Agency. Said reports shall be submitted within three (3) months of conclusion of calendar quarter or calendar year respectively.

C. Participate by providing data to the National Cardiac Data Registry.

D. Facilitate implementation of future data elements related to STEMI system performance improvement activities.

VII. QUALITY IMPROVEMENT

A. STEMI Program staff shall participate in the Contra Costa EMS SRC QI Committee,

B. Hospital shall maintain a written internal quality improvement plan for STEMI patients that includes, but is not limited to the determination and evaluation of:
   1. Death rate
   2. Complications
   3. Sentinel events
   4. System issues
   5. Organizational issues and resolution processes

C. Hospital shall support EMS Agency QI activities including educational activities for prehospital personnel.

VIII. DESIGNATION MAINTENANCE

A. Meet and maintain SRC designation criteria.

B. Provide data as identified in Section VI.

C. Participate in STEMI system QI activities.

D. Pay a $5,000 annual maintenance fee.
| Participation in NCDR Data Registry | NCDR Aggregate Data to be reported: Quarterly (raw) with adjusted data from NCDR when available to include all primary PCI interventions (EMS and non-EMS)  
- Number of patients with primary PCI intervention  
- Median door-to-intervention interval (minutes)  
  Percentage and numerator/denominator of patient counts for the following:  
  - STEMI Mortality  
  - PCI Mortality  
  - Procedural Success  
  - Vascular Complications  
  - ASA upon arrival within 24 hours  
  - Beta-blockers upon arrival within 24 hours  
  - ASA on discharge  
  - Beta-Blockers on discharge  
  - ACE Inhibitors or ARB in patients with Ejection Fraction <40% on discharge | Data shall be submitted within 3 months of completion of calendar quarter.  
Data elements may evolve over time. |
| Participation in Contra Costa EMS Data Collection | EMS Data Elements  
- STEMI Alert Called by EMS (Yes/No/Unknown)  
- ED ECG STEMI (Yes/No/Unknown)  
- ED Arrival Time and Date  
- Intervention Done (PCI, thrombolysis or no intervention)  
- Intervention Time and Date | Data shall be submitted within 10 days of date of patient arrival.  
Data elements may evolve over time. |
| Quarterly STEMI QI Committee Data Reports | EMS Data Report to include:  
- Number of STEMI Alerts  
- Number of confirmed STEMI’s (of those with alert)  
- Number of Interventions and Type (PCI or thrombolysis)  
- Door-to-Intervention Interval (median) by type (in minutes)  
- Percentile of Door-to-Intervention 90 minutes or less (PCI), 30 minutes or less (thrombolysis) — (numerator and denominator of both categories) | Data shall be submitted within 3 months of completion of calendar quarter.  
Reports may evolve based on QI findings and data element change. |
| Annual STEMI QI Report | - EMS Data Report  
- NCDR Data Elements  
- Cardiologist Primary and Total PCI volume/year for those treating EMS-transported patients  
- Total time and number of episodes per year that catheterization lab not able to function | Data shall be submitted within 3 months of completion of calendar year. |
1. **Compliance with Law.** Contractor shall be subject to and comply with all applicable federal, state and local laws and regulations with respect to its performance under this Contract, including but not limited to, licensing, employment and purchasing practices; and wages, hours and conditions of employment, including nondiscrimination.

2. **Inspection.** Contractor’s performance, place of business and records pertaining to this Contract are subject to monitoring, inspection, review and audit by authorized representatives of the County, the State of California, and the United States Government.

3. **Records.** Contractor shall keep and make available for inspection and copying by authorized representatives of the County, the State of California, and the United States Government, the Contractor’s regular business records and such additional records pertaining to this Contract as may be required by the County.
   
a. **Retention of Records.** Contractor shall retain all documents pertaining to this Contract for five years from the date of submission of Contractor’s final payment demand or final Cost Report; for any further period that is required by law; and until all federal/state audits are complete and exceptions resolved for this contract’s funding period. Upon request, Contractor shall make these records available to authorized representatives of the County, the State of California, and the United States Government.
   
b. **Access to Books and Records of Contractor, Subcontractor.** Pursuant to Section 1861(v)(1) of the Social Security Act, and any regulations promulgated thereunder, Contractor shall, upon written request and until the expiration of four years after the furnishing of services pursuant to this Contract, make available to the County, the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, this Contract and books, documents, and records of Contractor necessary to certify the nature and extent of all costs and charges thereunder.
   
   Further, if Contractor carries out any of the duties of this Contract through a subcontract with a value or cost of $10,000 or more over a twelve-month period, such subcontract shall contain a clause to the effect that upon written request and until the expiration of four years after the furnishing of services pursuant to such subcontract, the subcontractor shall make available to the County, the Secretary, the Comptroller General, or any of their duly authorized representatives, the subcontract and books, documents, and records of the subcontractor necessary to verify the nature and extent of all costs and charges thereunder.
   
   This special condition is in addition to any and all other terms regarding the maintenance or retention of records under this Contract and is binding on the heirs, successors, assigns and representatives of Contractor.

4. **Reporting Requirements.** Pursuant to Government Code Section 7550, Contractor shall include in all documents or written reports completed and submitted to County in accordance with this Contract, a separate section listing the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of each such document or written report. This section shall apply only if the payment limit under this Contract exceeds $5,000.

5. **Termination and Cancellation.**
   
a. **Written Notice.** This Contract may be terminated by either party, in its sole discretion, upon thirty-day advance written notice thereof to the other, and may be cancelled immediately by written mutual consent.
   
b. **Failure to Perform.** County, upon written notice to Contractor, may immediately terminate this Contract should Contractor fail to perform properly any of its obligations hereunder. In the event of such termination, County may proceed with the work in any reasonable manner it chooses. The cost to County of completing Contractor’s performance shall be deducted from any sum due Contractor under this Contract, without prejudice to County’s rights to recover damages.
   
c. **Cessation of Funding.** Notwithstanding Paragraph 5.a. above, in the event that federal, state, or other non-County funding for this Contract ceases, this Contract is terminated without notice.

6. **Entire Agreement.** This Contract contains all the terms and conditions agreed upon by the parties. Except as expressly provided herein, no other understanding, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto.
7. **Further Specifications for Operating Procedures.** Detailed specifications of operating procedures and budgets required by this Contract, including but not limited to, monitoring, evaluating, auditing, billing, or regulatory changes, may be developed and set forth in a written Informal Agreement between Contractor and County. Informal Agreements shall be designated as such and shall not be amendments to this Contract except to the extent that they further detail or clarify that which is already required hereunder. Informal Agreements may not enlarge in any manner the scope of this Contract, including any sums of money to be paid Contractor as provided herein. Informal Agreements may be approved and signed by the head of the county department for which this Contract is made or its designee.

8. **Modifications and Amendments.**
   a. **General Amendments.** This Contract may be modified or amended by a written document executed by Contractor and the Contra Costa County Board of Supervisors or, after Board approval, by its designee, subject to any required state or federal approval.
   b. **Administrative Amendments.** Subject to the Payment Limit, the Payment Provisions and the Service Plan may be amended by a written administrative amendment executed by Contractor and the County Administrator (or designee), subject to any required state or federal approval, provided that such administrative amendment may not materially change the Payment Provisions or the Service Plan.

9. **Disputes.** Disagreements between County and Contractor concerning the meaning, requirements, or performance of this Contract shall be subject to final written determination by the head of the county department for which this Contract is made, or his designee, or in accordance with the applicable procedures (if any) required by the state or federal government.

10. **Choice of Law and Personal Jurisdiction.**
    a. This Contract is made in Contra Costa County and shall be governed and construed in accordance with the laws of the State of California.
    b. Any action relating to this Contract shall be instituted and prosecuted in the courts of Contra Costa County, State of California.

11. **Conformance with Federal and State Regulations and Laws.** Should federal or state regulations or laws touching upon the subject of this Contract be adopted or revised during the term hereof, this Contract shall be deemed amended to assure conformance with such federal or state requirements.

12. **No Waiver by County.** Subject to Paragraph 9. (Disputes) of these General Conditions, inspections or approvals, or statements by any officer, agent or employee of County indicating Contractor’s performance or any part thereof complies with the requirements of this Contract, or acceptance of the whole or any part of said performance, or payments therefor, or any combination of these acts, shall not relieve Contractor’s obligation to fulfill this Contract as prescribed; nor shall the County be thereby estopped from bringing any action for damages or enforcement arising from any failure to comply with any of the terms and conditions of this Contract.

13. **Subcontract and Assignment.** This Contract binds the heirs, successors, assigns and representatives of Contractor. Prior written consent of the County Administrator or his designee, subject to any required state or federal approval, is required before the Contractor may enter into subcontracts for any work contemplated under this Contract, or before the Contractor may assign this Contract or monies due or to become due, by operation of law or otherwise.

14. **Independent Contractor Status.** This Contract is by and between two independent contractors and is not intended to and shall not be construed to create the relationship between the parties of agent, servant, employee, partnership, joint venture or association.

15. **Conflicts of Interest.** Contractor, its officers, partners, associates, agents, and employees, shall not make, participate in making, or in any way attempt to use the position afforded them by this Contract to influence any governmental decision in which they know or have reason to know they have a financial interest under California Government Code Sections 87100, et seq., or otherwise.

16. **Confidentiality.** Contractor agrees to comply and to require its officers, partners, associates, agents and employees to comply with all applicable state or federal statutes or regulations respecting confidentiality, including but not limited to, the identity of persons served under this Contract, their records, or services provided them, and assures that:

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Initials: __________ __________
Contractor  County Dept.
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a. All applications and records concerning any individual made or kept by Contractor or any public officer or agency in connection with the administration of or relating to services provided under this Contract will be confidential, and will not be open to examination for any purpose not directly connected with the administration of such service.

b. No person will publish or disclose or permit or cause to be published or disclosed, any list of persons receiving services, except as may be required in the administration of such service. Contractor agrees to inform all employees, agents and partners of the above provisions, and that any person knowingly and intentionally disclosing such information other than as authorized by law may be guilty of a misdemeanor.

17. **Nondiscriminatory Services.** Contractor agrees that all goods and services under this Contract shall be available to all qualified persons regardless of age, sex, race, religion, color, national origin, ethnic background, disability, or sexual orientation, and that none shall be used, in whole or in part, for religious worship or instruction.

18. **Indemnification.** Contractor shall defend, indemnify, save, and hold harmless County and its officers and employees from any and all claims, costs and liability for any damages, sickness, death, or injury to person(s) or property, including without limitation all consequential damages, from any cause whatsoever arising directly or indirectly from or connected with the operations or services of Contractor or its agents, servants, employees or subcontractors hereunder, save and except claims or litigation arising through the sole negligence or sole willful misconduct of County or its officers or employees. Contractor will reimburse County for any expenditures, including reasonable attorneys’ fees, County may make by reason of the matters that are the subject of this indemnification, and, if requested by County, will defend any claims or litigation to which this indemnification provision applies at the sole cost and expense of Contractor.

19. **Insurance.** During the entire term of this Contract and any extension or modification thereof, Contractor shall keep in effect insurance policies meeting the following insurance requirements unless otherwise expressed in the Special Conditions:

a. **Liability Insurance.** For all contracts where the total payment limit of the contract is $500,000 or less, Contractor shall provide comprehensive liability insurance, including coverage for owned and non-owned automobiles, with a minimum combined single limit coverage of $500,000 for all damages, including consequential damages, due to bodily injury, sickness or disease, or death to any person or damage to or destruction of property, including the loss of use thereof, arising from each occurrence. Such insurance shall be endorsed to include County and its officers and employees as additional insureds as to all services performed by Contractor under this agreement. Said policies shall constitute primary insurance as to County, the state and federal governments, and their officers, agents, and employees, so that other insurance policies held by them or their self-insurance program(s) shall not be required to contribute to any loss covered under Contractor’s insurance policy or policies. For all contracts where the total payment limit is above $500,000, the aforementioned insurance coverage to be provided by Contractor shall have a minimum combined single limit coverage of $1,000,000, and Contractor shall be required to provide County with a copy of the endorsement making the County an additional insured on all general liability, worker’s compensation, and, if applicable, all professional liability insurance policies as required herein no later than the effective date of this Contract.

b. **Workers’ Compensation.** Contractor shall provide workers’ compensation insurance coverage for its employees.

c. **Certificate of Insurance.** The Contractor shall provide the County with (a) certificate(s) of insurance evidencing liability and worker’s compensation insurance as required herein no later than the effective date of this Contract. If the Contractor should renew the insurance policy(ies) or acquire either a new insurance policy(ies) or amend the coverage afforded through an endorsement to the policy at any time during the term of this Contract, then Contractor shall provide (a) current certificate(s) of insurance.

d. **Additional Insurance Provisions.** The insurance policies provided by Contractor shall include a provision for thirty (30) days written notice to County before cancellation or material change of the above specified coverage.

20. **Notices.** All notices provided for by this Contract shall be in writing and may be delivered by deposit in the United States mail, postage prepaid. Notices to County shall be addressed to the head of the county department for which this Contract is made. Notices to Contractor shall be addressed to the Contractor’s address designated herein. The effective date of notice shall be the date of deposit in the mails or of other delivery, except that the effective date of notice to County shall be the date of receipt by the head of the county department for which this Contract is made.
21. **Primacy of General Conditions.** Except for Special Conditions which expressly supersede General Conditions, the Special Conditions (if any) and Service Plan do not limit any term of the General Conditions.

22. **Nonrenewal.** Contractor understands and agrees that there is no representation, implication, or understanding that the services provided by Contractor under this Contract will be purchased by County under a new contract following expiration or termination of this Contract, and waives all rights or claims to notice or hearing respecting any failure to continue purchasing all or any such services from Contractor.

23. **Possessory Interest.** If this Contract results in Contractor having possession of, claim or right to the possession of land or improvements, but does not vest ownership of the land or improvements in the same person, or if this Contract results in the placement of taxable improvements on tax exempt land (Revenue & Taxation Code Section 107), such interest or improvements may represent a possessory interest subject to property tax, and Contractor may be subject to the payment of property taxes levied on such interest. Contractor agrees that this provision complies with the notice requirements of Revenue & Taxation Code Section 107.6, and waives all rights to further notice or to damages under that or any comparable statute.

24. **No Third-Party Beneficiaries.** Notwithstanding mutual recognition that services under this Contract may provide some aid or assistance to members of the County’s population, it is not the intention of either County or Contractor that such individuals occupy the position of intended third-party beneficiaries of the obligations assumed by either party to this Contract.

25. **Copyrights and Rights in Data.** Contractor shall not publish or transfer any materials produced or resulting from activities supported by this agreement without the express written consent of the County Administrator. If any material is subject to copyright, County reserves the right to copyright, and Contractor agrees not to copyright, such material. If the material is copyrighted, County reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, and use such materials, in whole or in part, and to authorize others to do so.

26. **Endorsements.** Contractor shall not in its capacity as a contractor with Contra Costa County publicly endorse or oppose the use of any particular brand name or commercial product without the prior approval of the Board of Supervisors. In its County contractor capacity, Contractor shall not publicly attribute qualities or lack of qualities to a particular brand name or commercial product in the absence of a well-established and widely accepted scientific basis for such claims or without the prior approval of the Board of Supervisors. In its County contractor capacity, Contractor shall not participate or appear in any commercially produced advertisements designed to promote a particular brand name or commercial product, even if Contractor is not publicly endorsing a product, as long as the Contractor’s presence in the advertisement can reasonably be interpreted as an endorsement of the product by or on behalf of Contra Costa County. Notwithstanding the foregoing, Contractor may express its views on products to other contractors, the Board of Supervisors, County officers, or others who may be authorized by the Board of Supervisors or by law to receive such views.

27. **Required Audit.** (A) If Contractor is funded by $500,000 or more in federal grant funds in any fiscal year ending after December 31, 2003 from any source, Contractor shall provide to County at Contractor’s expense an audit conforming to the requirements set forth in the most current version of Office of Management and Budget Circular A-133. (B) If Contractor is funded by less than $500,000 in federal grant funds in any fiscal year ending after December 31, 2003 from any source, but such grant imposes specific audit requirements; Contractor shall provide to County an audit conforming to those requirements. (C) If Contractor is funded by less than $500,000 in federal grant funds in any fiscal year ending after December 31, 2003 from any source, Contractor is exempt from federal audit requirements for that year, however, Contractor’s records must be available for and an audit may be required by, appropriate officials of the federal awarding agency, the General Accounting Office (GAO), the pass-through entity and/or the County. If any such audit is required, Contractor shall provide County with such audit. With respect to the audits specified in (A), (B) and (C) above, Contractor is solely responsible for arranging for the conduct of the audit, and for its cost. County may withhold the estimated cost of the audit or 10 percent of the contract amount, whichever is larger, or the final payment, from Contractor until County receives the audit from Contractor.

28. **Authorization.** Contractor, or the representative(s) signing this Contract on behalf of Contractor, represents and warrants that it has full power and authority to enter into this Contract and perform the obligations herein.
IV. DESTINATION

A. With consent, a patient with an identified STEMI should be transported to a designated STEMI Receiving Center (SRC) if estimated transport time is 30 minutes or less.
   1. If estimated transport time to an SRC exceeds 30 minutes, patients with STEMI should be transported to the closest basic emergency department.
   2. Patients with identified STEMI maintain the ability to consent to transport, whether to an SRC or other receiving facility. In cases in which no preference is stated, transport to the closest SRC (if within 30 minutes).
   3. STEMI Receiving Centers with less than a 15-minute difference in transport time (but still within 30 minutes) should be considered equidistant.

B. Patients developing cardiac arrest or unmanageable airway en route shall be transported to the closest basic emergency department.

V. STEMI ALERT/PATIENT REPORT

A. In patients with identified STEMI, desired destination shall be promptly determined after the P12ECG is completed and read, and that hospital shall be contacted as soon as possible after destination determined.

B. The STEMI Alert should contain the following information:
   1. Situation:
      a. Identification of the call as a “STEMI Alert.”
      b. Estimated time of arrival in _____ minutes for STEMI.
      c. Patient age and gender.
      d. Confirm ECG states ***Acute MI*** or ***Acute MI Suspected***.
      e. If patient elects to go to a facility that is not STEMI designated inform receiving facility.
      f. Raise any urgent patient concerns.
   2. Background:
      a. Patient presenting complaint including any duration and presence or absence chest pain or pressure, jaw pain or SOB.
      b. Pertinent past cardiac history including pacemaker placement.
   3. Assessment:
      a. General Impression.
      b. Patient improved or worse since on scene.
      c. Pertinent vital signs and significant abnormal physical examination findings (e.g. level of consciousness, skin signs, lung sounds).
   4. Rx-Recap
      a. Prehospital treatments given.
      b. Review patient response to prehospital treatments.
      c. Respond to questions.
      d. Restate concerns as needed.
5. Emergency Room Patient handoff report should repeat STEMI Alert information and include
   a. Patient Identification
   b. Allergy and medication history including high risk medications
      i. Anticoagulants
      ii. Insulin
      iii. Erectile Dysfunction Drugs (ERDs)
   c. Previous history of Coronary Artery Surgery or thrombolytic (clot busting) therapy.
   d. Cardiologist if known.

VI. DOCUMENTATION
   A. A copy of the 12-lead ECG (multiple if performed) shall be delivered to the nurse caring for the patient at arrival in the Emergency Department
   B. A copy of the 12-lead ECG (multiple if performed) shall be generated for inclusion in the prehospital Patient Care Record or incorporated via electronic means into the record. The finding of STEMI on P12ECG and confirmation of the STEMI Alert shall also be recorded in the Patient Care Record.

VII. LIST OF STEMI CENTERS (TBD)
3. Clinical Capabilities
   a. ACC/AHA/SCAI guidelines for activity levels of facilities and practitioners for both primary PCI and total PCI events are optimal benchmarks.
   b. Performance (timeliness) and outcome measures will be assessed initially in the survey process, and will be monitored closely on an ongoing basis.

D. Appropriate internal (hospital) policies including:
   1. Cardiac Interventionalist activation
   2. Cardiac catheterization lab team activation
   3. STEMI contingency plans for personnel and equipment
   4. Coronary angiography
   5. PCI and use of fibrinolytic
   6. Interfacility transfer STEMI policies/protocols

E. Performance Improvement Program
   1. Participation in Contra Costa EMS SRC QI Committee Core Membership
      a. EMS Medical Director
      b. EMS Quality Improvement Coordinator
      c. Designated cardiologist from each SRC
      d. Designated quality improvement representative from each SRC
   2. Meetings to be held on a quarterly basis initially. Meeting frequency to be reviewed following the first year.
   3. Written internal quality improvement plan/program description for STEMI patients shall include appropriate evidence of an internal review process that includes:
      a. Death rate (within 30 days, related to procedure regardless of mechanism)
      b. Emergency CABG rate (result of procedure failure or complication)
      c. Vascular complications (access site, transfusion, or operative intervention required)
      d. Cerebrovascular accident rate (peri-procedure)
      e. Post-procedure nephrotoxicity (increase in serum creatinine of >0.5)
      f. Sentinel event, system and organizational issue review and resolution processes.
   4. Participation in Prehospital STEMI related educational activities.

F. Data Collection, Submission and Analysis
   1. Participation in National Cardiac Data Registry (NCDR)
   2. Participation in Contra Costa County EMS data collection as defined by Data Requirements for STEMI Centers document available at the Contra Costa EMS Agency.

IV. DESIGNATION
   A. SRC designation will be awarded to a hospital following satisfactory review of written documentation and an initial site survey by Contra Costa EMS staff.
   B. SRC designation period will coincide with the period covered in the written agreement between the SRC and the County.

V. BASIS FOR LOSS OF DESIGNATION
   A. Inability to meet and maintain STEMI Receiving Center Designation Criteria
   B. Failure to provide required data
   C. Failure to participate in STEMI system QI activities
   D. Other criteria as defined and reviewed by the SRC QI Committee