THIS POLICY APPLIES ONLY TO THE TRANSFER OF ACUTE STEMI PATIENTS FROM A REFERRAL HOSPITAL TO A REMSA DESIGNATED STEMI RECEIVING CENTER.

PURPOSE
To establish standardized care that ensures the rapid transport of an active STEMI patient from a referral hospital to a STEMI receiving center to achieve a door-to-door-to-Reperfusion (D2D2R) time of 120 minutes or less.

This policy shall be used for:
- Prehospital providers that are transporting unstable STEMI patients to a STEMI center that need to divert to the closest receiving hospital for stabilization before continuing to a designated STEMI Receiving Center.
- Rapid transport of an identified STEMI patient from a Referral Hospital to the closest STEMI Receiving Center.

AUTHORITY
California Health & Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.170 and 1798.172

Referral Hospital Responsibilities
1. STEMI receiving centers are required to accept STEMI patients from referral hospitals if a STEMI has been confirmed by ECG.
   a. All ECG’s must be transmitted from the referral hospital to the STEMI receiving center.
2. The decisions on the need for emergency transport of a confirmed STEMI patient and mode of transport will be made by the referral hospital sending physician.
3. To facilitate and expedite the transport of STEMI patients, all non-STEMI referral hospitals are encouraged to make agreements with REMSA-permitted transport providers capable of transporting STEMI patients to STEMI receiving centers.
4. The Referral Hospital sending physician will notify the STEMI receiving center of the confirmed STEMI patient and the need to re-triage/ utilize STEMI continuation of care. The patient’s ECG findings and/or reason for re-triage/ continuation of care will be communicated.
   a. The referral hospital will stabilize the patient as clinically indicated and initiate resuscitative measures within their capability when warranted by the patient’s condition.
   b. The referral hospital will not delay transport by initiating unnecessary diagnostic procedures that will not immediately benefit the patient’s condition.
   c. If the referral hospital anticipates the need to utilize this policy, they should advise the transport provider as soon as possible; they are only permitted to hold the transport provider’s unit for twenty (20) minutes.
   d. The referral hospital will provide RN to RN report to the STEMI receiving center.
5. Paramedics may transport patients on REMSA-approved IV drips only. Unless medically necessary, the referral hospital should avoid using medication drips that are outside the paramedic scope of practice to avoid delay.
6. Copies of the medical records, radiologic evaluations, laboratory results, and any supporting documents shall be sent with the patient. DO NOT DELAY TRANSPORT - documents may be faxed or electronically transmitted.

STEMI Receiving Center Responsibilities
1. STEMI receiving center will accept all referred STEMI patients, if a STEMI has been confirmed by ECG, unless they are on internal disaster.
2. STEMI continuation of care transports for higher level of care are considered ED-to-ED transfers.
3. STEMI receiving centers will have a physician immediately available to respond to STEMI patients from referral hospitals. The ED physicians have the authority to accept continuation of care STEMI transfer patients without consulting with the cardiologist.

4. STEMI receiving center shall notify REMSA of all emergency STEMI patient continuation of care within sixty (60) days.

**Transport Provider Responsibilities**

1. If an unstable STEMI/STEMI-suspected patient arrives to a referral hospital by ambulance, the referral hospital ED physician may request that the transport provider’s unit remain in the ED and immediately transport the patient once minimal stabilization is completed.
   a. If the transport provider’s Communication Center is not notified directly by the referral hospital, the transport provider’s personnel will advise that they will be performing a continuation of care STEMI transfer.
   b. The referral hospital is only permitted to hold the transport provider’s unit for twenty (20) minutes.

2. Transport personnel shall contact the accepting STEMI Receiving Center en route to provide an update on patient status during transport.

3. The transport personnel will complete an electronic patient care report (ePCR) for all continuation of care patients.

**Procedures for Continuation of STEMI Care Transport**

Facilities should have a mechanism in place to bypass their transfer center triage process and route STEMI transfers through the emergency department physicians.

1. Once the decision to send the patient to a STEMI Receiving Center has been made, the ED physician at the referral hospital must contact the ED physician at the STEMI receiving center.
   a. The ED physician at each STEMI receiving center has the authority to accept a STEMI patient from another ED without consulting with the cardiologist.

2. The referral hospital must contact a REMSA permitted transport service to arrange for the immediate transport of the patient.
   a. Contact a REMSA permitted transport service to arrange for the immediate transport of the patient. Utilize the following verbiage to the transport dispatch:
      “This is a STEMI continuation of care from (Referral Hospital) to (STEMI Receiving Center).”
   b. When continuation of STEMI care has been initiated the ground transport ambulance will respond immediately to requesting facility code 3.

3. A STEMI patient may be transported from a referral hospital to a STEMI receiving center by one of the following, as determined by the sending physician to be the most appropriate:
   a. A REMSA permitted ALS ambulance.
   b. Current transporting ground ambulance may stand by on premises, not to exceed twenty (20) minutes, for immediate transport of the patient to a STEMI receiving center.
   c. A REMSA permitted air ambulance.