

Third 15-Day Public Comment Period - Third Modified Text
January 23, 2019, through February 7, 2019

1 The Emergency Medical Services Authority has illustrated changes to the original text in
2 the following manner:

- 3 • Additions to the original text from 45-day comment period are shown underlined
- 4 • Deletions to the original text from 45-day comment period are shown in ~~Strikeout~~

5
6 The Emergency Medical Services Authority has illustrated changes to the modified text
7 from the 15-day comment period in the following manner:

- 8
9 • Additions to the modified text are shown in double underline.
- 10 • Deletions to the modified text are shown in ~~double-strikeout~~.

11
12 The Emergency Medical Services Authority has illustrated changes to the modified text
13 from the 2nd 15-day comment period in the following manner:

- 14
15
16 • Additions to the modified text are shown in **highlighted italics double underline**.
- 17
18 • Deletions to the modified text are shown in **highlighted ~~italics double-strikeout~~**.

19
20
21
22 **California Code of Regulations**
23 **Title 22. Social Security**
24 **Division 9. Prehospital Emergency Medical Services**
25 **Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System**
26

27
28 **ARTICLE 1. DEFINITIONS**

29 **§ 100270.101. Cardiac Catheterization Laboratory**

30 “Cardiac catheterization laboratory” or “Cath lab” means the setting within the hospital
31 where ~~laboratory diagnostic and therapeutic procedures for~~ are obtaining physiologic,
32 ~~pathologic, and angiographic data can be performed~~ on patients with cardiovascular
33 disease.
34

35 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

36 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.
37

38 **§ 100270.102. Cardiac Catheterization Team**

39 “Cardiac catheterization team” means the specially trained ~~medical staff~~ health care
40 professionals that perform percutaneous coronary intervention. It may include, but is not
41 limited to, an interventional cardiologist, mid-level practitioners, registered nurses,
42 technicians, and other health care professionals.
43

44 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

45 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.
46

47 **§ 100270.103. Clinical Staff**

48 “Clinical staff” means ~~an~~ individuals that ~~has~~ have specific training and experience in the
49 treatment and management of ST-Elevation Myocardial Infarction (STEMI) patients. This
50 includes, but is not limited to, physicians, registered nurses, advanced practice nurses,
51 physician assistants, pharmacists, and technologists.

52
53 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

54 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

55
56 ~~**§ 100270.104. Door-to-Balloon Time**~~

57 ~~“Door-to-balloon time” or “D2B time” or “door-to-device time” means the amount of time~~
58 ~~between a STEMI patient’s arrival at the hospital to the time he/she receives~~
59 ~~percutaneous coronary intervention.~~

60
61 ~~Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.~~

62 ~~Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

63
64 ~~**§ 100270.105. Door-to-Needle Time**~~

65 ~~“Door-to-needle time” means the time interval between the arrival of a STEMI patient at~~
66 ~~a hospital to the time fibrinolytic therapy is administered to open a blocked artery.~~

67
68 ~~Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.~~

69 ~~Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

70
71 **§ 100270.1064. Emergency Medical Services Authority**

72 “Emergency ~~m~~Medical ~~s~~Services ~~a~~Authority” or “EMS Authority” or “EMSA” means the
73 department in California responsible for the coordination and integration of all state
74 activities concerning EMS.

75
76 Note: Authority cited: Sections 1797.1, 1797.107 and 1797.54, Health and Safety Code.

77 Reference: Sections 1797.100, and 1797.103, Health and Safety Code.

78
79 **§ 100270.1075. Immediately Available**

80 “Immediately available” means:

81 (a) Unencumbered by conflicting duties or responsibilities.

82 (b) Responding without delay upon receiving notification.

83 (c) Being physically available to the specified area of the hospital when the patient is
84 delivered in accordance with local EMS agency policies and procedures.

85
86 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

87 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

88
89 **§ 100270.1086. Implementation**

90 “Implementation,” “implemented” or “has implemented” means the development and
91 activation of a STEMI Critical Care System Plan by the local EMS agency, including the
92 prehospital and hospital care components in accordance with the plan.

93

94 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
95 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

96

97 **§ 100270.1097. Interfacility Transfer**

98 “Interfacility transfer” means the transfer of a STEMI patient from one acute general care
99 facility to another acute general care facility.

100

101 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

102 Reference: Sections 1797.103, 1797.176 and 1798.170, Health and Safety Code.

103

104 **§ 100270.14008. Local Emergency Medical Services Agency**

105 “Local emergency medical services agency” or “local EMS agency” means the
106 agency, department, or office having primary responsibility for administration of
107 emergency medical services in a county or region and which is designated pursuant
108 Health and Safety Code commencing with section 1797.200.

109

110 Note: Authority cited: Sections 1797.107, 1797.200 and 1798.150, Health and Safety

111 Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

112

113 **§ 100270.14409. Percutaneous Coronary Intervention (PCI)**

114 “Percutaneous coronary intervention” or “PCI” means a procedure used to open or
115 widen a narrowed or blocked coronary artery to restore blood flow supplying the heart
116 . A PCI is generally, usually done on an emergency basis for a STEMI patient.

117

118 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

119 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

120

121 **§ 100270.1120. Quality Improvement**

122 “Quality improvement” or “QI” means methods of evaluation that are composed of
123 structure, process, and outcome evaluations that focus on improvement efforts to
124 identify root causes of problems, intervene to reduce or eliminate these causes, and
125 take steps to correct the process, and recognize excellence in performance and
126 delivery of care.

127

128 Note: Authority cited: Sections 1797.103, 1797.107, 1797.174, 1797.176 and 1798.150

129 Health and Safety Code. Reference: Sections 1797.174, 1797.202, 1797.204, 1797.220

130 and 1798.175, Health and Safety Code.

131

132 **§ 100270.1131. ST-Elevation Myocardial Infarction (STEMI)**

133 “ST-Elevation Myocardial Infarction” or “STEMI” means a clinical syndrome defined by
134 characteristic symptoms of myocardial infarction in association with ST-segment
135 elevation on Electrocardiogram (ECG).

136

137 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

138 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

139

140 **§ 100270.1142. STEMI Care**
141 “STEMI care” means emergency cardiac care, for the purposes of these regulations.

142
143 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
144 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

145
146 **§ 100270.1153. STEMI Medical Director**
147 “STEMI medical director” means a qualified board-certified physician by *the American*
148 Board of Medical Specialties (ABMS) as defined by the local EMS agency and
149 designated by the hospital that is responsible for the STEMI program, performance
150 improvement, and patient safety programs related to a STEMI critical care system.

151
152 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
153 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

154
155 **§ 100270.1164. STEMI Patient**
156 “STEMI patient” means a patient with characteristic symptoms of myocardial infarction
157 in association with ST-Segment Elevation in an Electrocardiogram (ECG).

158
159 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
160 Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

161
162 **§ 100270.1175. STEMI Program**
163 “STEMI program” means an organizational component of the hospital specializing in the
164 care of STEMI patients.

165
166 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
167 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

168
169 **§ 100270.1186. STEMI Program Manager**
170 “STEMI program manager” means a registered nurse or qualified individual as defined
171 by the local EMS agency, and designated by the hospital responsible for monitoring,
172 coordinating and evaluating the STEMI patients, performance improvement, and
173 patient safety programs related to a STEMI critical care system program.

174
175 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
176 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

177
178 **§ 100270.1197. STEMI Receiving Center (SRC)**
179 “STEMI receiving center” or “SRC” means a licensed general acute care facility that
180 meets the minimum hospital STEMI care requirements pursuant to Section
181 100270.1274 and is able to perform primary-PCI.

182
183 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
184 Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

185

186 **§ 100270.12018. STEMI Referring Hospital (SRH)**
187 “STEMI referring hospital” **or “SRH”** means a licensed general acute care facility that
188 meets the minimum hospital STEMI care requirements pursuant to Section
189 100270.1285.

190
191 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
192 Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

193
194 ~~**§ 100270.12119. STEMI Technical Advisory Committee**~~

195 ~~“STEMI technical advisory committee” means a multidisciplinary committee as~~
196 ~~appointed by the EMS Authority. The STEMI Technical Advisory Committee serves as~~
197 ~~an advisory committee to the EMS Authority on STEMI related issues.~~

198
199 ~~Note: Authority cited: Sections 1797.107, 1797.133 and 1798.150, Health and Safety~~
200 ~~Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

201
202 **§ 100270.1220119. STEMI Critical Care System**

203 “STEMI critical care system” means a critical care component of the EMS system
204 developed by a local EMS agency. This system of care that links prehospital and
205 hospital care to deliver treatment to STEMI patients.

206
207 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
208 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

209
210 ~~**§ 100270.1234120. STEMI Team**~~

211 “STEMI team” means clinical personnel, support personnel, and administrative staff
212 that function together as part of the hospital’s STEMI program.

213
214 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
215 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

216
217 **ARTICLE 2. LOCAL EMS AGENCY STEMI CRITICAL CARE SYSTEM**
218 **REQUIREMENTS**

219
220 ~~**§ 100270.1242121. STEMI Critical Care System Plan**~~

221
222 (a) The local EMS agency may develop and implement a STEMI critical care system.

223
224 (b) The local EMS agency implementing a STEMI **C**ritical **C**are **S**ystem **Plan** shall
225 have a STEMI **C**ritical **C**are **S**ystem **Plan** approved by the EMS Authority ~~before~~
226 prior to implementation.

227
228 (c) A STEMI Critical Care System Plan submitted to the EMS Authority shall
229 include, at a minimum, all of the following components:

230
231 (1) The names and titles of the local EMS agency personnel who have a role in

- 232 a STEMI critical care system.
 233
- 234 (2) ~~Verification of agreements with~~ The list hospitals for designation of STEMI
 235 designated facilities with the list of STEMI hospital contracts and contract agreement
 236 expiration dates.
- 237
- 238 (3) A description or a copy of the local EMS agency's STEMI patient identification
 239 and destination policies.
- 240
- 241 (4) A description or a copy of the method of field communication to the receiving
 242 hospital specific to STEMI patient, designed to expedite time-sensitive treatment on
 243 arrival.
- 244
- 245 (5) A description or a copy of the policy that facilitates the inter-facility transfer of
 246 a STEMI patient.
- 247
- 248 (6) A description of the method of data collection from the EMS providers
 249 and designated STEMI hospitals to the local EMS agency and the EMS
 250 Authority.
- 251
- 252 (7) ~~A copy policy or description of all written agreements with neighboring local EMS~~
 253 ~~agencies that provide for coordination of STEMI care transports~~ show the **Local EMS**
 254 **agency A** integrates a receiving center in a neighboring jurisdiction.
- 255
- 256 (8) A description of the integration of STEMI into an existing quality improvement
 257 committee or a description of any STEMI specific quality improvement committee.
- 258
- 259 (9) A description of programs to conduct or promote public education specific to
 260 cardiac care.
- 261
- 262 (d) The EMS Authority shall, within 30 **days** of receiving a request for approval,
 263 notify the requesting local EMS agency in writing of approval or disapproval of its
 264 STEMI Critical Care System Plan. If the STEMI Critical Care System Plan is
 265 disapproved, the response shall include the reason(s) for the disapproval and any
 266 required corrective action items.
- 267
- 268 (e) The local EMS agency shall provide a corrected plan to the EMS Authority within
 269 60 days of receipt of the disapproval letter.
- 270
- 271 (f) The local EMS agency currently operating a STEMI critical care system
 272 implemented before the effective date of these regulations, shall submit to the EMS
 273 Authority a STEMI Critical Care System Plan as an addendum to its next annual EMS
 274 plan update, or within 180 **days** of the effective date of these regulations, whichever
 275 comes first.
- 276
- 277 (g) After approval of the STEMI Critical Care System Plan, the local EMS agency
 278 shall submit an update to the plan as part of its annual EMS update, consistent with

279 the requirements in Section 100270.1252.

280

281 (h) No health care facility shall advertise in any manner or otherwise hold itself out to
282 be affiliated with a STEMI critical care system or a STEMI center unless they have
283 been so designated by the local EMS agency, in accordance with this ~~Chapter~~ chapter.

284

285 Note: Authority cited: Sections 1797.107, 1797.103, 1797.105, 1797.250, 1797.254 and
286 1798.150, Health and Safety Code. Reference: Section 1797.176 and 1797.220, Health
287 and Safety Code.

288

289 **~~§100270.1253122.~~ §100270.1253122. STEMI Critical Care System Plan Updates**

290

291 (a) The local EMS agency shall submit an annual update of its STEMI Critical
292 Care System Plan, as part of its annual EMS plan submittal, which shall include,
293 at a minimum, all the following:

294

295 (1) Any changes in a STEMI critical care system since submission of the prior
296 annual plan update or a STEMI Critical Care System Plan addendum.

297

298 (2) The status of a STEMI critical care system goals and objectives.

299

300 (3) The STEMI critical care system quality improvement activities.

301

302 (4) The progress on addressing action items and recommendations provided by
303 the EMS Authority within the STEMI Critical Care System Plan or status report
304 approval letter if applicable.

305

306 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1797.254,
307 1798.150, and 1798.172, Health and Safety Code. Reference: Section 1797.176,
308 1797.220, 1797.222, 1798.170, Health and Safety Code.

309

310 **ARTICLE 3. PREHOSPITAL STEMI CRITICAL CARE SYSTEM REQUIREMENTS**

311

312 **~~§ 100270.1264123.~~ § 100270.1264123. EMS Personnel and Early Recognition**

313

314 (a) The local EMS agency with an established STEMI critical care system shall have
315 protocols for the identification and treatment of STEMI patients, including paramedic
316 capability to performance of a 12-lead ECG, to and determination of the patient
317 destination.

318

319 (b) ~~When 12-lead ECG equipment is acquired used, those~~ The findings of 12-
320 lead ECG shall be assessed and interpreted through one or more of the
321 following methods:

322

323 (1) Direct paramedic interpretation.

324

- 325 (2) Automated computer algorithm.
326
327 (3) Wireless transmission to facility followed by physician interpretation or confirmation.
328
329 (c) ~~Advance~~ Notification of prehospital ECG findings of suspected STEMI patients,
330 as defined by the local EMS agency, ~~will~~ shall be communicated in advance of the
331 arrival to the STEMI facilities, centers or hospitals according to the local EMS agency's
332 STEMI Critical Care System Plan.

333
334 Note: Authority cited: Sections 1797.103, 1797.107, 1797.114, 1797.176, 1797.206,
335 1797.214 and 1798.150, Health and Safety Code. Reference: Section 1797.176,
336 1797.220, 1798, 1798.150 and 1798.170, Health and Safety Code.

337 338 **ARTICLE 4. STEMI CRITICAL CARE FACILITY REQUIREMENTS**

339 340 **§ 100270.4275124. STEMI Receiving Center Requirements**

- 341
342 (a) The following minimum criteria shall be used by the local EMS agency for
343 the designation of a STEMI receiving center:
344
345 (1) The hospital shall have established protocols for triage, diagnosis, and Cath
346 lab activation ~~from~~ following field notification.
347
348 (2) The hospital shall have a single call activation system to activate the Cardiac
349 Catheterization lab Team directly.
350
351 (3) Written protocols shall be in place for the identification of STEMI patients.
352
353 (A) At a minimum, these written protocols shall be ~~available~~ applicable in the
354 intensive care unit/coronary care unit, Cath lab and the emergency department.
355
356 (4) The hospital shall be available for treatment of STEMI patients twenty-four (24)
357 hours per day, seven (7) days per week, three hundred and sixty-five (365) days per
358 year.
359
360 (5) The hospital shall have a process in place for the treatment and triage
361 of simultaneously arriving STEMI patients.
362
363 (6) The hospital shall maintain a STEMI team and Cardiac Catheterization Team call
364 rosters.
365
366 (7) The Cardiac Catheterization lab Team, including appropriate staff determined by
367 the local EMS agency, shall be immediately available.
368
369 (8) The hospital shall agree to accept all STEMI patients according to the local policy.
370
371 (9) STEMI receiving centers shall comply with the requirement for a minimum volume

372 of procedures for designation required by the local EMS agency.

373

374 (10) The hospital shall have a STEMI program manager and a STEMI medical director.

375

376 (11) The hospital shall have job descriptions and organizational ~~charts~~ structure
377 ~~depicting~~ clarifying the relationship between the STEMI medical director, STEMI
378 program manager, and the STEMI team.

379

380 (12) The hospital shall participate in the local EMS agency quality
381 improvement processes related to a STEMI critical care system.

382

383 (13) A STEMI receiving center without cardiac surgery capability on-site shall have a
384 written transfer plan and agreements for transfer to a facility with cardiovascular
385 surgery capability.

386

387 (14) A STEMI receiving center shall have ~~on-site accreditation~~ verification reviews by
388 local EMS agency A or other designated agency conducted every three years.

389

390 (b) A STEMI center designated by the local EMS agency prior to implementation of
391 these regulations may continue to operate. Before re-designation by the local EMS
392 agency at the next regular interval, STEMI centers shall be re-evaluated to meet the
393 criteria established in these regulations.

394

395 (c) Additional requirements may be ~~included at the discretion of~~ stipulated by the
396 local EMS agency medical director.

397

398 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, and 1798.150
399 1798.167 and 1798.172, Health and Safety Code. Reference: Section 1797.176,
400 1797.220, 1798, 1798.150 and 1798.170 Health and Safety Code.

401

402 **§ 100270.1286125. STEMI Referring Hospital Requirements**

403

404 (a) The following minimum criteria shall be used by the local EMS agency
405 for designation of a STEMI referring hospital:

406

407 (1) The hospital shall be committed to supporting ~~and sustaining~~ the STEMI Program.

408

409 (2) The hospital shall be available to provide care for STEMI patients twenty-four
410 (24) hours per day, seven (7) days per week, three hundred and sixty-five (365)
411 days per year.

412

413 (3) Written protocols shall be in place ~~for the to identification~~ identify STEMI patients of
414 and provide an optimal reperfusion strategy, using fibrinolytic therapy ~~for STEMI~~
415 patients.

416

417 (A) ~~At a minimum, these written protocols shall be available in the intensive-~~
418 ~~care unit/coronary care unit and the emergency department.~~

419

420 (4) The emergency department shall maintain a standardized procedure for
421 the treatment of STEMI patients.

422

423 (5) The hospital shall have a transfer process through interfacility transfer
424 agreements, and have pre-arranged agreements with EMS ambulance providers for
425 a ~~higher level of care and rapid transport of STEMI patients to an SRC when~~
426 ~~considering ground or air transport.~~

427

428 (6) The hospital shall have a program to track and improve treatment of STEMI
429 patients.

430

431 (7) The hospital must have a plan to work with a STEMI referring hospital-receiving
432 center and the local EMS agency on quality improvement processes.

433

434 (8) A STEMI referring hospital designated by the local EMS agency shall have ~~on-site~~
435 ~~accreditation~~ a reviews conducted every three years.

436

437 (b) A STEMI center designated by the local EMS agency prior to implementation of
438 these regulations may continue to operate. Before re-designation by the local EMS
439 agency at the next regular interval, STEMI centers shall be re-evaluated to meet
440 the criteria established in these regulations.

441

442 (c) Additional requirements may be stipulated by ~~included at the discretion of~~ the
443 local EMS agency medical director.

444

445 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, and 1798.150
446 1798.167 and 1798.172, Health and Safety Code. Reference: Section 1797.176,
447 1797.220, 1798.150 and 1798.170 Health and Safety Code.

448

449 **ARTICLE 5. DATA MANAGEMENT, QUALITY IMPROVEMENT AND EVALUATIONS**

450

451 **§ 100270.4297126. Data Management.**

452

453 (a) The local EMS agency shall implement a standardized data collection and
454 reporting process for a STEMI critical care system.

455

456 (b) The system shall include the collection of both prehospital and hospital patient
457 care data, as determined by the local EMS agency.

458

459 (c) The prehospital STEMI patient care elements selected by the local EMS agency
460 shall be compliant with the most current version of the California EMS Information
461 Systems (CEMSIS) database, and the National EMS Information System (NEMSIS).

462

463 ~~(d) The hospital STEMI patient care data elements shall be compliant consistent with~~
464 ~~the American College of Cardiology National Cardiovascular Data Registry (NCDR),~~
465 ~~Data Collection Form Premier 2.4.2, dated April 10, 2017.~~

466
467 ~~(e)~~(d) All hospitals that receive STEMI patients **via EMS** shall participate in the local
468 EMS agency data collection process in accordance with local EMS agency policies
469 and procedures.

470
471 ~~(f)~~(e) The ~~patient prehospital care record and the hospital~~ data elements shall be
472 collected and submitted to the local EMS agency ~~by the hospital~~, and subsequently
473 to the EMS Authority, on no less than a quarterly basis and shall include, but not be
474 limited to, the following:

475
476 (A)(1) The STEMI patient data elements:

- 477
478 ~~(1)~~(A) EMS ePCR Number.
479 ~~(2)~~(B) Facility.
480 ~~(3)~~(C) Name: Last, First.
481 ~~(4)~~(D) Date of Birth.
482 ~~(5)~~(E) Patient Age.
483 ~~(6)~~(F) Patient Gender.
484 ~~(7)~~(G) Patient Race.
485 ~~(8)~~(H) Hospital Arrival Date.
486 ~~(9)~~(I) Hospital Arrival Time.
487 ~~(10)~~(J) Dispatch Date.
488 ~~(11)~~(K) Dispatch Time.
489 ~~(12)~~(L) Field ECG Performed.
490 ~~(13)~~(M) 1st ECG Date.
491 ~~(14)~~(N) 1st ECG Time.
492 ~~(15)~~(O) Did the patient suffer out-of-hospital cardiac arrest.
493 ~~(16)~~(P) CATH LAB Activated.
494 ~~(17)~~(Q) CATH LAB Activation Date.
495 ~~(18)~~(R) CATH LAB Activation Time.
496 ~~(19)~~(S) Did the patient go to the CATH LAB.
497 ~~(20)~~(T) CATH LAB Arrival Date.
498 ~~(21)~~(U) CATH LAB Arrival Time.
499 ~~(22)~~(V) PCI Performed.
500 ~~(23)~~(W) PCI Date.
501 ~~(24)~~(X) PCI Time.
502 ~~(25)~~(Y) Fibrinolytic Infusion.
503 ~~(26)~~(Z) Fibrinolytic Infusion Date.
504 ~~(27)~~(AA) Fibrinolytic Infusion Time.
505 ~~(28)~~(BB) Transfer.
506 ~~(29)~~(CC) SRH ED Arrival Date.
507 ~~(30)~~(DD) SRH ED Arrival Time.
508 ~~(31)~~(EE) SRH ED Departure Date.
509 ~~(32)~~(FF) SRH ED Departure Time.
510 ~~(33)~~(GG) Hospital Discharge Date.
511 ~~(34)~~(HH) Patient Outcome.

512 ~~(35)~~(II) Primary and Secondary Discharge Diagnosis.

513

514 ~~(B)~~(2) The STEMI System data elements:

515

516 ~~(1)~~(A) Number of STEMIs treated.

517 ~~(2)~~(B) Number of STEMI patients transferred.

518 ~~(3)~~(C) Number and percent of emergency department STEMI patients arriving by private transport (non-EMS).

519
520 ~~(4)~~(D) The false positive rate of EMS diagnosis of STEMI, defined as the percentage of STEMI alerts by EMS which did **not** show STEMI on ECG reading by the emergency physician.

521

522
523
524 Note: Authority cited: Sections 1791.102, 1797.103, 1797.107, 1797.176, 1797.204,
525 1797.220, 1798.150, and 1798.172, Health and Safety Code. Reference: Section
526 1797.220, 1797.222, 1797.204, Health and Safety Code.

527

528 **§ 100270.13028127. Quality Improvement and Evaluation Process**

529

530 (a) ~~A~~Each STEMI critical care system shall have a quality improvement process to
531 include structure, process, and outcome evaluations which focus on improvement
532 efforts to identify root causes of problems, intervene to reduce or eliminate these
533 causes, and take steps to correct the process. This process that shall include, at a
534 minimum:

535

536 (1) Evaluation of program structure, process, and outcome.

537

538 ~~(1)~~(2) ~~A detailed~~ Audit Review of all STEMI-related deaths, major complications, and
539 transfers.

540

541 ~~(2)~~(3) A multidisciplinary STEMI Quality Improvement Committee, including both
542 prehospital and hospital members.

543

544 ~~(4)~~ Participation in the PQI process by all designated STEMI centers, other
545 hospitals that treat STEMI patients and prehospital providers involved in the
546 STEMI critical care system.

547

548 ~~(5)~~ Evaluation of both local and regional components of the integration of
549 STEMI system patient movement.

550

551 ~~(3)~~(6) Compliance with the California Evidence Code, Section 1157.7 to
552 ensure confidentiality, and a disclosure-protected review of selected STEMI
553 cases.

554

555 (b) ~~The local EMS agency shall be responsible for the following:~~

556

557 (1) ~~The on-going performance evaluation of a local or regional STEMI critical care~~
558 ~~system.~~

559

560 ~~(2) The development of a quality improvement process pursuant to this section.~~

561

562 ~~(3) Ensuring that designated STEMI centers, other hospitals that treat STEMI patients—~~
563 ~~and prehospital providers involved in a STEMI critical care system participate in the—~~
564 ~~quality improvement process contained in this section.~~

565

566 (b) The local EMS agency shall be responsible for on-going performance evaluation and
567 quality improvement of the STEMI critical care system.

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569 Note: Authority cited: Sections 1797.102, 1797.103, 1797.107, 1797.176, 1797.204,
570 1797.220, 1797.250, 1797.254, 1798.150, and 1798.172, Health and Safety Code.

571 Reference: Section 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1798.170,
572 Health and Safety Code.