



Westchester Regional EMS Council

R E M A C A D V I S O R Y

2015 – 02: STEMI (ST Elevation / Myocardial Infarction) Transport Program

Issued: May 27, 2015

Supersedes: February 3, 2010

This Advisory applies to Westchester REMAC credentialed Paramedics only. No other EMS personnel operating within the Westchester Region may determine to transport a potential cardiac patient to a STEMI specialty referral destination facility. Potential cardiac patients who are treated and transported by non-paramedic personnel shall be transported to a 911 receiving Emergency Department in accordance with agency policy and State / Regional Protocol.

Background

Patients suffering from certain specific myocardial infarction with ST-segment elevation benefit from prompt reperfusion treatment through primary percutaneous coronary intervention (PCI). A delay to treatment diminishes clinical effectiveness of therapeutic interventional cardiac catheterization. Therefore, Westchester Regional paramedics are hereby directed to implement the following general operating procedure in conjunction with the Westchester Regional Emergency Medical Advisory Committee (REMAC) approved protocols.

Procedure

For all adult patients, if the historical/physical findings are consistent with an acute myocardial infarction, AND the 12 lead EKG reveals 1mm ST elevation in 2 or more contiguous leads or left bundle branch block, the paramedic shall:

1. Implement the appropriate treatment procedures in accordance with the protocols approved by the Westchester REMAC;
2. Acquire, interpret and transmit a 12 Lead EKG to the closest regionally approved medical control facility (*Note: failure to transmit the 12 Lead EKG must be documented and reported as any other communication failure*);
3. Contact the closest regionally approved medical control facility as soon as practical to request appropriate medical control orders, discuss EKG findings and patient destination with an online medical control (OLMC) physician;
4. If approved by OLMC, transport the patient to the closest appropriate 24-hour cardiac catheterization (STEMI) facility, unless one of the following conditions exists:
 - The patient is in extremis;
 - The patient has an unmanageable airway;



- The patient has other medical conditions (ie. Trauma, Burns, CVA) that may warrant transport to the closest appropriate hospital emergency department;
5. Notify the receiving STEMI facility in accordance with the EMS agency's approved activation /communication procedure including transmission of the 12 lead EKG (*Note: failure to transmit the 12 Lead EKG must be documented and reported as any other communication failure*).

The following hospitals within the Westchester Region now offer PCI services and may receive a STEMI patient:

- Westchester Medical Center (Valhalla, NY)
- White Plains Hospital Center (White Plains, NY)
- NYP / Lawrence Hospital (Bronxville, NY)

PCI facilities outside of the Westchester Region include:

- Montefiore Medical Center – Moses and Einstein (Bronx, NY)
- NY Presbyterian Hospital – Columbia (Manhattan, NY)
- St. Luke's Hospital (Manhattan, NY)
- Danbury Hospital (Danbury CT)
- Greenwich Hospital (Greenwich, CT)
- Good Samaritan Hospital (Suffern, NY)
- Englewood Hospital (Englewood, NJ)
- Orange Regional Medical Center (Middletown, NY)
- Vassar Brothers Hospital (Poughkeepsie, NY)

In an effort to ensure optimal implementation, Paramedic Agency Medical Directors must approve an agency's participation in this program by completing a collaborative agreement verifying the following:

- Notification of the agency's participation in the program is made to those STEMI facilities that the agency will be transporting to;
- Assurance that agency paramedics are competent in the acquisition, recognition and transmission of 12 lead EKGs;
- A procedure for the paramedic agency to communicate 12 lead EKG findings from the field to Medical Control has been established;
- A communication procedure for the paramedic agency to activate the receiving STEMI facility has been established and conveyed to the agency's affiliated paramedics.
- Specific patient data resulting from all cases where redirection of a patient to a STEMI facility occurred will be made available by the STEMI facility, reviewed by the Agency Medical Director and reported to the REMAC.



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The Westchester REMAC is available to assist service medical directors with program implementation.

Please refer all questions regarding this advisory to the Regional EMS Office Staff. Your anticipated cooperation is appreciated.

Issued by:

A handwritten signature in black ink, appearing to read 'EAL', is written over the printed name.

Dr. Erik Larsen, MD, FACEP
Chair, Westchester Regional Emergency Medical Advisory Committee

Attachment (STEMI Program Collaborative Agreement)