



CARDIOVASCULAR RECEIVING CENTER CRITERIA

I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.220, 1798, and 1798.170; CCR, Title 22, Division 9, Chapter 7.1.

II. APPLICATION:

This policy establishes a STEMI critical care system and defines the requirements for designation as an Orange County Cardiovascular Receiving Center (CVRC) to receive patients transported by the emergency medical services system with ST-elevation myocardial infarction that may benefit by rapid assessment and treatment at a dedicated cardiovascular specialty center.

A CVRC will provide specialized cardiovascular care for patients presenting via the 9-1-1 system or by emergency interfacility transfer from an Orange County Emergency Medical Services (OCEMS) Emergency Receiving Center assigned to that CVRC. Patients eligible for 9-1-1 field triage or transfer to a CVRC include those who meet OCEMS criteria for triage as an ST Elevation Myocardial Infarction or post cardiac arrest with return of spontaneous circulation (ROSC).

Per OCEMS policy #600.00, non-CVRC hospitals shall have transfer processes through interfacility transfer agreements and have pre-existing agreements with EMS ambulance providers for rapid transport of STEMI patients to a CVRC. This policy may serve as a demonstration of transfer agreements between ERCs and CVRCs.

III. DESIGNATION:

A. Initial Designation Criteria:

1. Hospitals meeting Title 22 requirements and designated as an Emergency Receiving Center (ERC) that are in good standing and interested in designation as a Cardiovascular Receiving Center (CVRC) should submit a request to OCEMS.
2. The hospital shall:
 - a. Possess a current California Department of Public Health permit for emergency cardiac catheterization laboratory service and cardiac catheterization laboratory shall meet or exceed current ACC/AHA standards for volume and perform a minimum of 200 total Percutaneous Coronary Intervention (PCI) procedures annually.
 - b. Maintain an equipped and appropriately staffed cardiac catheterization laboratory with high resolution digital imaging capability.
 - c. Maintain appropriate inventory of interventional cardiovascular equipment in multiple sizes.
 - d. Maintain Intra-aortic balloon pump capability.
 - e. Provide a method for receiving transmitted electrocardiograms from EMS field units (dedicated email address or facsimile) on a continuous 24 hour basis.
 - f. Have available, cardiovascular surgery services on a continuous basis.
3. OCEMS will evaluate the request and determine the need for an additional CVRC. If such a need is identified, OCEMS will request the interested hospital to provide:
 - a. Policies, procedures, and agreements as described in Section VI of this policy.



CARDIOVASCULAR RECEIVING CENTER CRITERIA

4. OCEMS will review the submitted material, perform a site visit and meet with hospital representatives. In addition, the following information will be collected by OCEMS and considered in the designation process:
 - a. Emergency department diversion and ambulance patient off-load time statistics for the past three years.
 - b. Emergency inter-facility transfers during the past three years, including transfers for higher level of care management of STEMI Patients.
 5. Following review, the OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to three years as a CVRC.
 6. An approved CVRC will have a written agreement as described in Section VI of this policy and pay the established Health Care Agency fee.
- B. Continued Designation
1. OCEMS will review each designated CVRC for compliance to criteria as described in this policy every three years or more often if deemed necessary by the OCEMS Medical Director. Each CVRC will be required to submit specific written materials to demonstrate evidence of compliance to criteria established by this policy and pay the established fee. A site visit may be required at the discretion of the OCEMS Medical Director.
 2. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continued designation of up to three years.
- C. Change in Ownership/Change in Executive or Management Staff
1. In the event of a change in ownership of the hospital, continued CVRC designation will require adherence to this policy with review and approval of continued designation by the OCEMS Medical Director. Change in hospital ownership may require redesignation by OCEMS.
 2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in key CVRC personnel as identified in Section IV, (A) and (B) below.
- D. Denial / Suspension / Revocation of Designation
1. OCEMS may deny, suspend, or revoke the designation of a CVRC for failure to comply with any applicable OCEMS policy or procedure.
 - a. Failure to comply with data submission requirements for three (3) consecutive months will result in automatic suspension of CVRC designation.
 2. The process for appeal of suspension or revocation will adhere to OCEMS policy #640.00 and #645.00.
- E. Cancellation of Designation by CVRC
1. CVRC designation may be cancelled by the CVRC upon 90 days written notice to OCEMS.

IV. MEDICAL PERSONNEL:

The hospital shall create job descriptions and an organizational structure clarifying the relationship between the CVRC (STEMI) Medical Director, CVRC (STEMI) Program Coordinator (Manager),

