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

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

6  
7  
8 **California Code of Regulations**  
9 **Title 22. Social Security**  
10 **Division 9. Prehospital Emergency Medical Services**  
11 **Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System**  
12

13  
14 **ARTICLE 1. DEFINITIONS**

15 **§ 100270.101. Cardiac Catheterization Laboratory**

16 “Cardiac catheterization laboratory” or “Cath lab” means the setting within the hospital  
17 where laboratory diagnostic and therapeutic procedures for ~~are obtaining physiologic,~~  
18 ~~pathologic, and angiographic data can be performed~~ on patients with cardiovascular  
19 disease.  
20

21 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.  
22 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.  
23

24 **§ 100270.102. Cardiac Catheterization Team**

25 “Cardiac catheterization team” means the specially trained medical staff that performs  
26 percutaneous coronary intervention. It may include, but is not limited to, an interventional  
27 cardiologist, mid-level practitioners, registered nurses, technicians, and other health care  
28 professionals.  
29

30 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.  
31 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.  
32

33 **§ 100270.103. Clinical Staff**

34 “Clinical staff” means an individual that ~~has~~ have specific training and experience in the  
35 treatment and management of ST-Elevation Myocardial Infarction (STEMI) patients. This  
36 includes, but is not limited to, physicians, registered nurses, advanced practice nurses,  
37 physician assistants, pharmacists, and technologists.  
38

39 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.  
40 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.  
41

42 ~~**§ 100270.104. Door-to-Balloon Time**~~

43 ~~“Door-to-balloon time” or “D2B time” or “door-to-device time” means the amount of time~~  
44 ~~between a STEMI patient’s arrival at the hospital to the time he/she receives~~  
45 ~~percutaneous coronary intervention.~~  
46

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

48 ~~Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~  
49

50 ~~§ 100270.105. Door-to-Needle Time~~

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

53  
54 ~~Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.~~  
55 ~~Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

56  
57 **§ 100270.1064. Emergency Medical Services Authority**

58 “Emergency medical services authority” or “EMS Authority” or “EMSA” means the  
59 department in California responsible for the coordination and integration of all state  
60 activities concerning EMS.

61  
62 Note: Authority cited: Sections 1797.1, 1797.107 and 1797.54, Health and Safety Code.  
63 Reference: Sections 1797.100, and 1797.103, Health and Safety Code.

64  
65 **§ 100270.1075. Immediately Available**

66 “Immediately available” means  
67 (a) Unencumbered by conflicting duties or responsibilities.  
68 (b) Responding without delay upon receiving notification.  
69 (c) Being physically available to the specified area of the hospital when the patient is  
70 delivered in accordance with local EMS agency policies and procedures.

71  
72 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.  
73 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

74  
75 **§ 100270.1086. Implementation**

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

79  
80 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.  
81 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

82  
83 **§ 100270.1097. Interfacility Transfer**

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

86  
87 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.  
88 Reference: Sections 1797.103, 1797.176 and 1798.170, Health and Safety Code.

89  
90 **§ 100270.14008. Local Emergency Medical Services Agency**

91 “Local emergency medical services agency” or “local EMS agency” means the  
92 agency, department, or office having primary responsibility for administration of  
93 emergency medical services in a county and which is designated pursuant Health

94 and Safety Code commencing with section 1797.200.

95

96 Note: Authority cited: Sections 1797.107, 1797.200 and 1798.150, Health and Safety  
97 Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

98

99 **§ 100270.11409. Percutaneous Coronary Intervention (PCI)**

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

103

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

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

106

107 **§ 100270.1120. Quality Improvement**

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

113

114 Note: Authority cited: Sections 1797.103, 1797.107, 1797.174, 1797.176 and 1798.150  
115 Health and Safety Code. Reference: Sections 1797.174, 1797.202, 1797.204, 1797.220  
116 and 1798.175, Health and Safety Code.

117

118 **§ 100270.1131. ST-Elevation Myocardial Infarction (STEMI)**

119 “ST-Elevation Myocardial Infarction” or “STEMI” means a clinical syndrome defined by  
120 ~~characteristic~~ symptoms of myocardial infarction in association with ST-segment  
121 elevation on ECG.

122

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

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

125

126 **§ 100270.1142. STEMI Care**

127 “STEMI care” means emergency cardiac care, for the purposes of these regulations.

128

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

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

131

132 **§ 100270.1153. STEMI Medical Director**

133 “STEMI medical director” means a qualified board-certified physician by Board of  
134 Medical Specialties (ABMS) as defined by the local EMS agency and designated by  
135 the hospital that is responsible for the STEMI program, performance improvement,  
136 and patient safety programs related to a STEMI critical care system.

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

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

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**§ 100270.1164. STEMI Patient**

“STEMI patient” means a patient with characteristic symptoms of myocardial infarction in association with ST-Segment Elevation in an Electrocardiogram (ECG).

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

**§ 100270.1175. STEMI Program**

“STEMI program” means an organizational component of the hospital specializing in the care of STEMI patients.

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

**§ 100270.1186. STEMI Program Manager**

“STEMI program manager” means a registered nurse or qualified individual as defined by the local EMS agency, and designated by the hospital responsible for monitoring and evaluating the STEMI patients, performance improvement, and patient safety programs related to a STEMI critical care system program.

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

**§ 100270.1197. STEMI Receiving Center (SRC)**

“STEMI receiving center” or “SRC” means a licensed general acute care facility that meets the minimum hospital STEMI care requirements pursuant to Section 100270.127 and is able to perform primary PCI.

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

**§ 100270.12018. STEMI Referring Hospital (SRH)**

“STEMI referring hospital” means a licensed general acute care facility that meets the minimum hospital STEMI care requirements pursuant to Section 100270.128.

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

**§ 100270.12419. STEMI Technical Advisory Committee**

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

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

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**§ 100270.1220. STEMI Critical Care System**

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

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

**§ 100270.1231. STEMI Team**

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

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

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

**§ 100270.1242. STEMI Critical Care System Plan**

- (a) The local EMS agency may develop and implement a STEMI critical care system.
- (b) The local EMS agency implementing a STEMI Critical Care System Plan shall have a STEMI critical care system approved by the EMS Authority before implementation.
- (c) A STEMI Critical Care System Plan submitted to the EMS Authority shall include, at a minimum, all the following components:
  - (1) The names and titles of the local EMS agency personnel who have a role in a STEMI critical care system.
  - (2) ~~Verification of agreements with~~ The list hospitals for designation of STEMI designated facilities with the list of STEMI hospital contracts and contract agreement expiration dates.
  - (3) A description or a copy of the local EMS agency’s STEMI patient identification and destination policies.
  - (4) A description or a copy of the method of field communication to the receiving hospital specific to STEMI patient, designed to expedite time-sensitive treatment on arrival.
  - (5) A description or a copy of the policy that facilitates the inter-facility transfer of a STEMI patient.

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- 233 (6) A description of the method of data collection from the EMS providers  
234 and designated STEMI hospitals to the local EMS agency and the EMS  
235 Authority.  
236
- 237 (7) A copy of all written agreements with neighboring local EMS agencies that  
238 provide for coordination of STEMI care transports.  
239
- 240 (8) A description of the integration of STEMI into an existing quality improvement  
241 committee or a description of any STEMI specific quality improvement committee.  
242
- 243 (9) A description of programs to conduct or promote public education specific to  
244 cardiac care.  
245
- 246 (d) The EMS Authority shall, within 30 days of receiving a request for approval, notify  
247 the requesting local EMS agency in writing of approval or disapproval of its STEMI  
248 Critical Care System Plan. If the STEMI Critical Care System Plan is disapproved, the  
249 response shall include the reason(s) for the disapproval and any required corrective  
250 action items.  
251
- 252 (e) The local EMS agency shall provide a corrected plan to the EMS Authority within  
253 60 days of receipt of the disapproval letter.  
254
- 255 (f) The local EMS agency currently operating a STEMI critical care system  
256 implemented before the effective date of these regulations, shall submit to the EMS  
257 Authority a STEMI Critical Care System Plan as an addendum to its next annual EMS  
258 plan update, or within 180 days of the effective date of these regulations, whichever  
259 comes first.
- 260 (g) After approval of the STEMI Critical Care System Plan, the local EMS agency  
261 shall submit an update to the plan as part of its annual EMS update, consistent with  
262 the requirements in Section 100270.125.  
263
- 264 (h) No health care facility shall advertise in any manner or otherwise hold itself out to be  
265 affiliated with a STEMI critical care system or a STEMI center unless they have been so  
266 designated by the local EMS agency, in accordance with this Chapter.  
267
- 268 Note: Authority cited: Sections 1797.107, 1797.103, 1797.105, 1797.250, 1797.254 and  
269 1798.150, Health and Safety Code. Reference: Section 1797.176 and 1797.220, Health  
270 and Safety Code.  
271
- 272 **§100270.1253. STEMI Critical Care System Plan Updates**  
273
- 274 (a) The local EMS agency shall submit an annual update of its STEMI Critical  
275 Care System Plan, as part of its annual EMS plan submittal, which shall include,  
276 at a minimum, all the following:  
277
- 278 (1) Any changes in a STEMI critical care system since submission of the prior

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279 annual plan update or a STEMI Critical Care System Plan addendum.

280

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

282

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

284

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

288

289 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1797.254,  
290 1798.150, and 1798.172, Health and Safety Code. Reference: Section 1797.176,  
291 1797.220, 1797.222, 1798.170, Health and Safety Code.

292

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

294

295 **§ 100270.1264. EMS Personnel and Early Recognition**

296

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

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

304

305 (1) Direct paramedic interpretation.

306

307 (2) Automated computer algorithm.

308

309 (3) Wireless transmission to facility followed by physician interpretation or confirmation.

310

311 (c) ~~Advance n~~ Notification of prehospital ECG findings of suspected STEMI patients,  
312 as defined by the local EMS agency, will shall be communicated in advance of the  
313 arrival to the STEMI facilities, centers or hospitals according to the local EMS agency's  
314 STEMI Critical Care System Plan.

315

316 Note: Authority cited: Sections 1797.103, 1797.107, 1797.114, 1797.176, 1797.206,  
317 1797.214 and 1798.150, Health and Safety Code. Reference: Section 1797.176,  
318 1797.220, 1798, 1798.150 and 1798.170, Health and Safety Code.

319

320 **ARTICLE 4. STEMI CRITICAL CARE FACILITY REQUIREMENTS**

321

322 **§ 100270.1275. STEMI Receiving Center Requirements**

323

324 (a) The following minimum criteria shall be used by the local EMS agency for

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325 the designation of a STEMI receiving center:

326

327 (1) The hospital shall have established protocols for triage, diagnosis, and Cath  
328 lab activation ~~from~~ following field notification.

329

330 (2) The hospital shall have a single call activation system to activate the Cath lab  
331 team directly.

332

333 (3) Written protocols shall be in place for the identification of STEMI patients.

334

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

337

338 (4) The hospital shall be available for treatment of STEMI patients twenty-four (24)  
339 hours per day, seven (7) days per week, three hundred and sixty-five (365) days per  
340 year.

341

342 (5) The hospital shall have a process in place for the treatment and triage  
343 of simultaneously arriving STEMI patients.

344 (6) The hospital shall maintain a STEMI team call roster.

345

346 (7) The Cath lab team, including appropriate staff determined by the local EMS  
347 agency, shall be immediately available.

348

349 (8) The hospital shall agree to accept all STEMI patients according to the local policy.

350

351 (9) STEMI receiving centers shall comply with the requirement for a minimum volume  
352 of procedures for designation required by the local EMS agency.

353

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

355

356 (11) The hospital shall have job descriptions and organizational ~~charts-structure~~  
357 depicting-clarifying the relationship between the STEMI medical director, STEMI  
358 program manager, and the STEMI team.

359

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

362

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

366

367 (14) A STEMI receiving center shall have ~~on-site accreditation-verification~~ verification reviews by  
368 LEMSA or other designated agency conducted every three years.

369

370 (b) A STEMI center designated by the local EMS agency prior to implementation of

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371 these regulations may continue to operate. Before re-designation by the local EMS  
372 agency at the next regular interval, STEMI centers shall be re-evaluated to meet the  
373 criteria established in these regulations.

374  
375 (c) Additional requirements may be ~~included at the discretion of~~ stipulated by the  
376 local EMS agency medical director.

377  
378 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, and 1798.150  
379 1798.167 and 1798.172, Health and Safety Code. Reference: Section 1797.176,  
380 1797.220, 1798, 1798.150 and 1798.170 Health and Safety Code.

381  
382 **§ 100270.1286. STEMI Referring Hospital Requirements**

383  
384 (a) The following minimum criteria shall be used by the local EMS agency  
385 for designation of a STEMI referring hospital:

386  
387 (1) The hospital shall be committed to supporting ~~and sustaining the~~ STEMI Program.

388  
389 (2) The hospital shall be available to provide care for STEMI patients twenty-four (24)  
390 hours per day, seven (7) days per week, three hundred and sixty-five (365) days per  
391 year.

392  
393 (3) Written protocols shall be in place for the identification ~~of and providing an optimal~~  
394 reperfusion strategy, using fibrinolytic therapy for STEMI patients.

395  
396 ~~(A) At a minimum, these written protocols shall be available in the intensive-~~  
397 ~~care unit/coronary care unit and the emergency department.~~

398  
399 (4) The emergency department shall maintain a standardized procedure for  
400 the treatment of STEMI patients.

401  
402 (5) The hospital shall have a transfer process through interfacility transfer  
403 agreements, and have pre-arranged agreements with EMS ambulance providers for  
404 ~~a higher level of care and rapid transport of STEMI patients to an SRC when-~~  
405 ~~considering ground or air transport.~~

406  
407 (6) The hospital shall have a program to track and improve treatment of STEMI  
408 patients.

409  
410 (7) The hospital must have a plan to work with a STEMI referring hospital receiving  
411 center and the local EMS agency on quality improvement processes.

412  
413 (8) A STEMI referring hospital designated by the local EMS agency shall have ~~on-site~~  
414 ~~accreditation~~ a reviews conducted every three years.

415  
416 (b) A STEMI center designated by the local EMS agency prior to implementation of  
417 these regulations may continue to operate. Before re-designation by the local EMS

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418 agency at the next regular interval, STEMI centers shall be re-evaluated to meet  
419 the criteria established in these regulations.

420  
421 (c) Additional requirements may be stipulated by ~~included at the discretion of~~ the  
422 local EMS agency medical director.

423  
424 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, and 1798.150  
425 1798.167 and 1798.172, Health and Safety Code. Reference: Section 1797.176,  
426 1797.220, 1798.150 and 1798.170 Health and Safety Code.

427  
428 **ARTICLE 5. DATA MANAGEMENT, QUALITY IMPROVEMENT AND EVALUATIONS**

429  
430 **§ 100270.1297. Data Management.**

- 431  
432 (a) The local EMS agency shall implement a standardized data collection and  
433 reporting process for a STEMI critical care system.
- 434  
435 (b) The system shall include the collection of both prehospital and hospital patient  
436 care data, as determined by the local EMS agency.
- 437  
438 (c) The prehospital STEMI patient care elements selected by the local EMS agency  
439 shall be compliant with the most current version of the California EMS Information  
440 Systems (CEMSIS) database, and the National EMS Information System (NEMSIS).
- 441  
442 (d) The hospital STEMI patient care data elements shall be ~~compliant~~ consistent with  
443 the American College of Cardiology National Cardiovascular Data Registry (NCDR),  
444 Data Collection Form Premier 2.4.2, dated April 10, 2017.
- 445  
446 (e) All hospitals that receive STEMI patients shall participate in the local EMS agency  
447 data collection process in accordance with local EMS agency policies and procedures.
- 448  
449 (f) The patient care data elements shall be collected and submitted to the local  
450 EMS agency by the hospital, and subsequently to the EMS Authority, on no less  
451 than a quarterly basis and shall include, but not be limited to, the following:

- 452  
453 (A) The STEMI patient data elements:
- 454 (1) EMS ePCR Number.
  - 455 (2) Facility.
  - 456 (3) Name: Last, First.
  - 457 (4) Date of Birth.
  - 458 (5) Patient Age.
  - 459 (6) Patient Gender.
  - 460 (7) Patient Race.
  - 461 (8) Hospital Arrival Date.
  - 462 (9) Hospital Arrival Time.
  - 463 (10) Dispatch Date.
  - 464 (11) Dispatch Time.

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- 465 (12) Field ECG Performed.
- 466 (13) 1st ECG Date.
- 467 (14) 1st ECG Time.
- 468 (15) Did the patient suffer out-of-hospital cardiac arrest.
- 469 (16) CATH LAB Activated.
- 470 (17) CATH LAB Activation Date.
- 471 (18) CATH LAB Activation Time.
- 472 (19) Did the patient go to the CATH LAB.
- 473 (20) CATH LAB Arrival Date.
- 474 (21) CATH LAB Arrival Time.
- 475 (22) PCI Performed.
- 476 (23) PCI Date.
- 477 (24) PCI Time.
- 478 (25) Fibrinolytic Infusion.
- 479 (26) Fibrinolytic Infusion Date.
- 480 (27) Fibrinolytic Infusion Time.
- 481 (28) Transfer.
- 482 (29) SRH ED Arrival Date.
- 483 (30) SRH ED Arrival Time.
- 484 (31) SRH ED Departure Date.
- 485 (32) SRH ED Departure Time.
- 486 (33) Hospital Discharge Date.
- 487 (34) Patient Outcome.
- 488 (35) Discharge Diagnosis.

- 489
- 490 (B) The STEMI System data elements:
- 491 (1) Number of STEMI treatments.
- 492 (2) Number of STEMI patients transferred.
- 493 (3) Number and percent of STEMI patients arriving by private transport (non-EMS).
- 494 (4) The false positive rate of EMS diagnosis.
- 495

496 Note: Authority cited: Sections 1791.102, 1797.103, 1797.107, 1797.176, 1797.204,  
497 1797.220, 1798.150, and 1798.172, Health and Safety Code. Reference: Section  
498 1797.220, 1797.222, 1797.204, Health and Safety Code.

499  
500 **§ 100270.13028. Quality Improvement and Evaluation Process**

501  
502 (a) ~~A~~Each STEMI critical care system shall have a quality improvement process to  
503 ~~include structure, process, and outcome evaluations which focus on improvement~~  
504 ~~efforts to identify root causes of problems, intervene to reduce or eliminate these~~  
505 ~~causes, and take steps to correct the process. This process that shall include, at a~~  
506 minimum:

- 507
- 508 (1) Evaluation of program structure, process, and outcome.
- 509
- 510 ~~(1)~~(2) ~~A detailed a~~Audit of all STEMI-related deaths, major complications, and transfers.

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511

512 ~~(2)~~(3) A multidisciplinary STEMI Quality Improvement Committee, including both  
513 prehospital and hospital members.

514

515 (4) Participation in the PI process by all designated STEMI centers, other  
516 hospitals that treat STEMI patients and prehospital providers involved in the  
517 STEMI critical care system.

518

519 (5) Evaluation of both local and regional components of the STEMI system.

520

521 ~~(3)~~(6) Compliance with the California Evidence Code, Section 1157.7 to  
522 ensure confidentiality, and a disclosure-protected review of selected STEMI  
523 cases.

524

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

526

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

529

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

531

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

535

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

538

539 Note: Authority cited: Sections 1797.102, 1797.103, 1797.107, 1797.176, 1797.204,  
540 1797.220, 1797.250, 1797.254, 1798.150, and 1798.172, Health and Safety Code.

541 Reference: Section 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1798.170,

542 Health and Safety Code.