

1 A bill to be entitled
2 An act relating to emergency cardiology services; creating
3 s. 395.1042, F.S.; providing definitions; requiring the
4 Agency for Health Care Administration to post and update a
5 list of percutaneous coronary intervention centers on its
6 Internet website; requiring the Department of Health to
7 send a list of such centers to emergency medical services
8 providers and emergency medical services directors in the
9 state; directing the department to develop and distribute
10 sample cardiac triage assessment criteria and post it on
11 its Internet website; providing for licensed emergency
12 medical services providers to use similar assessment
13 criteria; requiring the director of each emergency medical
14 services provider to develop and use certain specified
15 protocols; providing additional duties of the department
16 relating to support, training, and equipment; requiring
17 the department to conduct a biennial survey; requiring a
18 report; providing for stakeholder meetings; requiring the
19 agency to direct certain hospitals to participate in local
20 ST elevated myocardial infarction (STEMI) systems of care;
21 requiring documentation of the patient care process to be
22 submitted to the medical director; requiring compliance by
23 a certain date; providing an effective date.

24
25 WHEREAS, every year, approximately 24,000 people in this
26 state suffer a life-threatening heart attack, one-third of whom
27 die within 24 hours after the attack, and

28 WHEREAS, fewer than 20 percent of heart attack victims

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29 receive emergency angioplasty to open blocked arteries, and

30 WHEREAS, studies have shown that individuals suffering a
31 life-threatening heart attack have better outcomes if they
32 receive emergency reperfusion, and

33 WHEREAS, studies have shown that percutaneous coronary
34 intervention (PCI) is the optimum treatment for a patient
35 suffering from an ST elevated myocardial infarction (STEMI)
36 heart attack, and

37 WHEREAS, studies have shown that opening a blocked coronary
38 artery with emergency PCI within recommended timeframes can
39 effectively prevent or significantly minimize permanent damage
40 to the heart, and

41 WHEREAS, even fewer patients receive the procedure within
42 the timeframe recommended by the American Heart Association, and

43 WHEREAS, damage to the heart muscle can result in death,
44 congestive heart failure, atrial fibrillation, and other chronic
45 diseases of the heart, and

46 WHEREAS, organizations such as the American Heart
47 Association, the American College of Cardiology, and the Florida
48 College of Emergency Physicians recommend deploying protocols
49 and systems to help ensure that people suffering from a life-
50 threatening heart attack receive the latest evidence-based care,
51 such as timely reperfusion or emergency PCI, within recommended
52 timeframes, and

53 WHEREAS, Florida's trauma services system and emergency
54 stroke treatment system have dramatically improved the care
55 provided for individuals suffering from a traumatic injury or a
56 stroke, and

57 WHEREAS, a localized emergency cardiac system can help
 58 people suffering from a life-threatening heart attack receive
 59 the latest evidence-based care within recommended timeframes,
 60 and

61 WHEREAS, rapid identification and treatment of a STEMI
 62 heart attack can significantly improve outcomes by reducing
 63 death and disability by rapidly restoring blood flow to the
 64 heart, and

65 WHEREAS, a strong emergency response system is needed in
 66 communities throughout our state in order to treat heart attack
 67 victims in a timely manner and to improve the overall care of
 68 those victims, and

69 WHEREAS, the Legislature strongly encourages local
 70 emergency medical service providers to establish a STEMI system
 71 of care to help improve outcomes for individuals who have
 72 survived a life-threatening heart attack, NOW, THEREFORE,

73
 74 Be It Enacted by the Legislature of the State of Florida:

75
 76 Section 1. Section 395.1042, Florida Statutes, is created
 77 to read:

78 395.1042 Emergency medical services providers; cardiac
 79 assessment criteria and protocols.--

80 (1) As used in this section, the term:

81 (a) "Percutaneous coronary intervention center" or "PCI
 82 center" means a provider of adult interventional cardiology
 83 services licensed by the agency under s. 408.0361.

84 (b) "STEMI" means an ST elevation myocardial infarction.

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85 (c) "STEMI system of care" means a local agreement between
86 emergency medical service providers and local hospitals to
87 deliver identified STEMI patients to appropriate medical
88 facilities.

89 (2) By December 1, 2009, and by June 1 of each year
90 thereafter, the agency shall post on its Internet website a list
91 of PCI centers licensed by the agency.

92 (3) By June 1, 2010, or 6 months after the agency adopts a
93 rule governing certification of PCI centers under s.
94 408.036(3)(o), whichever is later, and by June 1 of each year
95 thereafter, the department shall send a list of the names and
96 addresses of each PCI center licensed by the agency to each
97 licensed emergency medical services provider and emergency
98 medical services director in the state.

99 (4) The department shall develop sample cardiac triage
100 assessment criteria, post the criteria on its Internet website,
101 and provide a copy of the criteria to each licensed emergency
102 medical services provider and emergency medical services
103 director no later than July 1, 2010. Each licensed medical
104 services provider is encouraged to use cardiac triage assessment
105 criteria that are substantially similar to the sample cardiac
106 triage assessment criteria provided by the department under this
107 subsection.

108 (5) The medical director of each licensed emergency
109 medical services provider shall develop and implement
110 assessment, treatment, and transportation protocols for cardiac
111 patients and employ those protocols to assess, treat, and
112 transport STEMI patients to the most appropriate hospital. Such

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113 protocols shall include use of a community plan to address
114 transport of cardiac patients to appropriate facilities in a
115 manner that addresses community-specific resources and needs.

116 (6) The department shall develop and provide technical
117 support, equipment recommendations, and necessary training for
118 effective identification of acute STEMI patients to each
119 licensed emergency medical services provider and emergency
120 medical services director. The department shall use the American
121 Heart Association's advanced cardiovascular life support chest
122 pain algorithm for prehospital assessment, triage, and treatment
123 of patients with suspected STEMI, a substantially similar
124 program, or a program with evidence-based guidelines as a model
125 for its sample cardiac triage assessment criteria. The
126 department shall conduct a biennial survey of all applicable
127 licensed emergency medical services providers to develop an
128 inventory of their equipment and identify their equipment needs,
129 training requirements, and performance regarding the practical
130 application of protocols and the identification of acute STEMI
131 in the field. The department shall report its survey findings
132 and provide a copy of the survey to emergency medical services
133 providers, emergency medical services directors, the Emergency
134 Medical Services Advisory Council, and other stakeholders.

135 (7) The department is encouraged to identify and provide
136 opportunities, partnerships, and resources to secure appropriate
137 equipment for identification of STEMI in the field to all
138 licensed emergency medical service providers.

139 (8) After implementation of the assessment criteria, the
140 department shall convene stakeholders at least once a year, if

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141 necessary, to facilitate the sharing of experiences and best
142 practices. The best practices shall be made available on the
143 department's Internet website.

144 (9) The agency shall direct all hospitals licensed under
145 this chapter to participate in the coordination of local STEMI
146 systems of care.

147 (a) Participants in a STEMI system of care shall include,
148 but not be limited to, hospitals with primary PCI centers, with
149 or without open-heart surgery programs on site, stand-alone PCI
150 centers, and hospitals that are not equipped with PCI centers.

151 (b) The hospital portion of the STEMI system of care shall
152 include detailed documentation of the time at which each step of
153 the patient care process occurred. This information shall be
154 submitted to the medical director of emergency medical services
155 for the purpose of quality improvement.

156 (10) Each emergency medical services provider licensed
157 under chapter 401 shall comply with this section by July 1,
158 2010, or 6 months after the date it receives the list of PCI
159 centers sent pursuant to subsection (4), whichever is later.

160 Section 2. This act shall take effect July 1, 2009.