

1 A bill to be entitled
2 An act relating to emergency cardiology services;
3 providing legislative findings; providing definitions;
4 requiring the Department of Health to develop sample
5 assessment criteria relating to cardiac triage and
6 disseminate the information by a certain date; requiring
7 medical directors of licensed emergency medical services
8 providers to submit or develop and implement certain
9 protocols and plans; providing requirements for the
10 protocols; requiring the department to develop and provide
11 support, recommendations, and training for the
12 identification of patients with acute STEMI; requiring
13 certain assessment criteria; requiring the department to
14 conduct a survey of licensed emergency medical services
15 providers and report its findings to certain stakeholders;
16 requiring the department to assist in identifying and
17 providing to emergency medical services providers
18 opportunities and resources to secure appropriate
19 equipment for identifying STEMI; requiring the department
20 to meet with stakeholders; providing a date for emergency
21 medical services providers to comply with the act;
22 authorizing medical directors of emergency medical service
23 providers to determine appropriate transport destinations
24 for patients; requiring the adoption of rules by the
25 department; requiring licensed hospitals to participate in
26 the coordination of a local STEMI system of care;
27 requiring submission of timed documentation data to

28 | specified entities; providing rulemaking authority;
29 | providing an effective date.

30 |
31 | WHEREAS, every year, approximately 24,000 people in this
32 | state suffer a life-threatening heart attack known as a STEMI,
33 | one-third of whom die within 24 hours after the attack, and

34 | WHEREAS, fewer than 20 percent of heart attack victims
35 | receive emergency reperfusion to open blocked arteries, and

36 | WHEREAS, studies have shown that individuals suffering a
37 | life-threatening heart attack have better outcomes if they
38 | receive emergency reperfusion, and

39 | WHEREAS, studies have shown that percutaneous coronary
40 | intervention or PCI is the optimum treatment for a patient
41 | suffering from an ST-elevated myocardial infarction or STEMI
42 | heart attack, and

43 | WHEREAS, studies have shown that opening a blocked coronary
44 | artery using emergency PCI within recommended timeframes can
45 | effectively prevent or significantly minimize permanent damage
46 | caused by a heart attack, and

47 | WHEREAS, even fewer patients receive the procedure within
48 | the timeframe recommended by the American Heart Association, and

49 | WHEREAS, damage to the heart muscle can result in death,
50 | congestive heart failure, atrial fibrillation, and other chronic
51 | diseases of the heart, and

52 | WHEREAS, organizations such as the American Heart
53 | Association, the American College of Cardiology, and the Florida
54 | College of Emergency Physicians recommend deploying protocols
55 | and systems to help ensure that people suffering from a life-

56 threatening heart attack receive the latest evidence-based care,
 57 such as timely reperfusion and emergency PCI, within recommended
 58 timeframes, and

59 WHEREAS, Florida's system of trauma services and system of
 60 emergency stroke treatment have dramatically improved the care
 61 provided for individuals suffering from a traumatic injury or a
 62 stroke, and

63 WHEREAS, a localized emergency cardiac system can help
 64 ensure that people suffering from a life-threatening heart
 65 attack will receive the latest evidence-based care within
 66 recommended timeframes, NOW, THEREFORE,

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68 Be It Enacted by the Legislature of the State of Florida:

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70 Section 1. Emergency medical services providers; triage
 71 and transportation of victims of an acute ST-elevation
 72 myocardial infarction; definitions.--

73 (1) (a) The Legislature finds that rapid identification and
 74 treatment of serious heart attacks, known as ST-elevation
 75 myocardial infarction or STEMI, can significantly improve
 76 outcomes by reducing death and disability by rapidly restoring
 77 blood flow to the heart in accordance with the latest evidence-
 78 based standards.

79 (b) The Legislature further finds that a strong emergency
 80 system to support survival from life-threatening heart attacks
 81 is needed in this state in order to treat victims in a timely
 82 manner and to improve outcomes and the overall care of heart
 83 attack victims.

84 (c) Therefore, the Legislature directs all local emergency
 85 medical providers and hospitals to establish a STEMI system of
 86 care to help improve outcomes for individuals suffering from a
 87 life-threatening heart attack.

88 (2) As used in this section, the term:

89 (a) "Agency" means the Agency for Health Care
 90 Administration.

91 (b) "Department" means the Department of Health.

92 (c) "Percutaneous coronary intervention center" means a
 93 provider of adult interventional cardiology services licensed by
 94 the agency under s. 408.0361, Florida Statutes.

95 (d) "STEMI system of care" means a local agreement between
 96 emergency medical service providers and local hospitals to
 97 deliver patients identified as having an ST-elevation myocardial
 98 infarction to appropriate medical facilities.

99 (3) The department shall develop sample assessment
 100 criteria relating to cardiac triage. The department must post
 101 this sample assessment criteria on its website and provide a
 102 copy of the assessment criteria to each licensed emergency
 103 medical services provider and medical director of emergency
 104 medical services by July 1, 2010. Each licensed provider of
 105 emergency medical services licensed under chapter 401, Florida
 106 Statutes, is required to submit existing cardiac triage
 107 protocols or to develop assessment criteria relating to cardiac
 108 triage which specifically addresses transportation and treatment
 109 plans for acute STEMI patients.

110 (4) The medical director of each licensed emergency
 111 medical services provider shall submit and implement existing

112 protocols or develop and implement protocols for the assessment,
113 treatment, and transportation of cardiac patients and employ
114 those protocols to assess, treat, and transport patients having
115 a STEMI to the most appropriate hospital. These protocols must
116 include use of a community plan to address the transport of
117 cardiac patients to appropriate facilities in a manner that
118 addresses community-specific resources and needs. The plan must
119 also address a data-sharing agreement between hospitals and
120 emergency medical service providers.

121 (5) The department shall develop and provide to each
122 licensed emergency medical services provider and medical
123 director of emergency medical services technical support,
124 equipment recommendations, and necessary training
125 recommendations for the effective identification of patients who
126 are having an acute STEMI. The department shall base the sample
127 assessment criteria relating to cardiac triage on the most
128 recent version of an advanced cardiovascular life support chest
129 pain algorithm for prehospital assessment, triage, and treatment
130 of patients suspected of having a STEMI that uses evidence-based
131 guidelines such as those developed by the American Heart
132 Association or a substantially similar program. The department
133 shall conduct a biennial survey of all applicable licensed
134 emergency medical services providers to develop an inventory of
135 their equipment and identify their equipment needs, training
136 requirements, and performance regarding the practical
137 application of protocols and the identification of an acute
138 STEMI in the field. The department shall report its survey
139 findings and provide a copy of the survey to emergency medical

140 services providers, directors of emergency medical services, the
141 Emergency Medical Services Advisory Council, and other
142 stakeholders.

143 (6) The department shall assist in identifying and
144 providing all licensed emergency medical services providers with
145 opportunities, partnerships, and resources for securing
146 appropriate equipment for identifying STEMI in the field. These
147 sources may include the Emergency Medical Services Grant Trust
148 Fund pursuant to part II of chapter 401, Florida Statutes.

149 (7) After implementation of the assessment criteria, local
150 STEMI systems are encouraged to meet semiannually to assess
151 quality improvement measures.

152 (8) After implementation of the assessment criteria, the
153 department shall convene stakeholders at least once a year, if
154 necessary, to facilitate the sharing of experiences and best
155 practices. The best practices shall be made available on the
156 department's website. These meetings may take place at one of
157 the annual meetings of emergency medical services providers, by
158 teleconference, by web conference, or by using other methods
159 appropriate to distribute and share information.

160 (9) Each emergency medical services provider licensed
161 under chapter 401, Florida Statutes, must comply with this
162 section by July 1, 2010.

163 (10) Medical directors of emergency medical service
164 providers shall determine the most appropriate transport
165 destinations for suspected STEMI patients.

166 (11) The department shall adopt rules necessary to
167 administer this section.

168 Section 2. (1) Any hospital licensed under chapter 395,
169 Florida Statutes, must participate in coordinating a local STEMI
170 system of care.

171 (2) Participants should include, but need not be limited
172 to, hospitals, primary percutaneous coronary intervention
173 centers with or without open-heart centers onsite, those
174 facilities designated as chest pain centers, and those hospitals
175 not equipped to provide services related to percutaneous
176 coronary intervention.

177 (3) The hospital portion of a STEMI system of care shall
178 submit detailed, timed documentation of each step in the patient
179 care process to the American College of Cardiology-National
180 Cardiovascular Data Registry in accordance with the timetables
181 and procedures established by the registry for 100 percent of
182 all STEMI patients. All data shall be reported using the
183 specific data elements, definitions, and transmission format as
184 set forth by the American College of Cardiology-National
185 Cardiovascular Data Registry. Hospital reports shall include,
186 but not be limited to, door to reperfusion time, door to cardiac
187 catheterization laboratory time, emergency department arrival
188 time, and emergency department exit time. Medical directors
189 shall have access to the American College of Cardiology-National
190 Cardiovascular Data Registry to access data on the treatment of
191 their patients for the exclusive use of quality improvement of
192 the entire STEMI system within 30 days after patient discharge.

193 (4) Hospitals shall provide a copy of the reporting data
194 to the emergency medical services director for each suspected
195 STEMI patient treated by their respective emergency medical

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196 | services team.

197 | Section 3. The Department of Health and the Agency for
198 | Health Care Administration are authorized to adopt rules to
199 | implement the data sharing authorized by this act.

200 | Section 4. This act shall take effect July 1, 2009.