

1 A bill to be entitled
2 An act relating to cardiology services; creating s.
3 395.3042, F.S.; requiring emergency medical services
4 providers to transport certain cardiac patients to the
5 most appropriate facility and specify a facility
6 preference; providing legislative findings; providing
7 definitions; requiring medical directors of emergency
8 medical services providers to develop and implement
9 certain protocols for assessment, treatment, and
10 transportation of cardiac patients; providing an
11 exemption; requiring the Department of Health to identify
12 and provide to emergency medical services providers
13 opportunities and resources to secure appropriate
14 equipment for the identification of certain cardiac
15 patients; authorizing medical directors to determine
16 appropriate transport locations for patients; requiring
17 participation by certain hospitals; requiring notice of
18 changes; requiring hospitals to report certain data;
19 providing a timeframe for emergency medical services
20 providers to comply with the act; providing for
21 rulemaking; providing an effective date.

22
23 WHEREAS, every year, approximately 24,000 people in this
24 state suffer a type of life-threatening heart attack known as an
25 ST-Elevation Myocardial Infarction (STEMI), one-third of whom
26 die within 24 hours after the attack, and

27 WHEREAS, fewer than 20 percent of heart attack victims
28 receive emergency reperfusion to open blocked arteries, and

29 WHEREAS, studies have shown that individuals suffering a
30 life-threatening heart attack known as an ST-Elevation
31 Myocardial Infarction or STEMI have better outcomes if they
32 receive emergency reperfusion, and

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

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

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

43 WHEREAS, damage to the heart muscle can result in death,
44 congestive heart failure, arterial fibrillation, and other
45 chronic 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 and emergency PCI, within recommended
52 timeframes, and

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

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57 WHEREAS, emergency medical services (EMS) personnel often
58 have a unique opportunity to identify STEMI patients through
59 training, appropriate equipment use, and quality assurance
60 programs and can impact their outcome by following protocols
61 that specify appropriate destination selection, and

62 WHEREAS, cooperative relationships between EMS agencies and
63 medical facilities are necessary to provide a systematic
64 continuum of care for STEMI patients that ensures that they will
65 receive the latest evidence-based care within recommended
66 timeframes, NOW, THEREFORE,

67

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

69

70 Section 1. Section 395.3042, Florida Statutes, is created
71 to read:

72 395.3042 Emergency medical services providers; triage and
73 transportation of victims of an acute ST-elevation myocardial
74 infarction; legislative findings; definitions.--Emergency
75 medical services providers shall provide triage and
76 transportation to victims of an acute ST-elevation myocardial
77 infarction to the most appropriate medical facility with a
78 specific preference to medical facilities with a percutaneous
79 coronary intervention center or those medical centers certified
80 as chest pain centers by the Society of Chest Pain Centers.

81 (1) (a) The Legislature finds that rapid identification and
82 treatment of serious heart attacks, known as ST-elevation
83 myocardial infarction, or STEMI, can significantly improve
84 outcomes by reducing death and disability by rapidly restoring

85 blood flow to the heart in accordance with the latest evidence-
86 based standards.

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

92 (c) Therefore, the Legislature directs all local emergency
93 medical services providers and medical facilities to work
94 together to establish local STEMI systems of care to help
95 improve outcomes for individuals suffering from this life-
96 threatening heart attack.

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

98 (a) "Local" means, at a minimum, a functional area defined
99 by an emergency medical services provider and the medical
100 facilities to which it routinely transports STEMI and other
101 patients with medical complaints.

102 (b) "Percutaneous coronary intervention center" means a
103 provider of adult interventional cardiology services licensed by
104 the agency under s. 408.0361 that provides 24-hour-a-day
105 availability of services for acute STEMI patients.

106 (c) "STEMI system of care" means a local agreement between
107 emergency medical service providers and local hospitals to
108 deliver patients identified as having an ST-elevation myocardial
109 infarction to appropriate medical facilities.

110 (3) The medical director of each licensed emergency
111 medical services provider shall establish protocols for the
112 assessment, treatment, destination selection, and transportation

113 of suspected cardiac patients. These protocols must specify
114 destination selection criteria for suspected STEMI patients.
115 Emergency medical services providers that only provide
116 nonemergency ambulance transportation and do not provide first
117 response services are exempt from the requirements of this
118 section.

119 (4) The medical director of each licensed emergency
120 medical services provider shall determine which medical
121 facilities are the most appropriate destinations for suspected
122 STEMI patients, taking local resources into consideration.

123 (5) The department shall assist in identifying and
124 providing all licensed emergency medical service providers with
125 opportunities, partnerships, and resources for securing
126 appropriate equipment for identifying a suspected STEMI patient.
127 These sources may include the Emergency Medical Services Grant
128 program established under ss. 401.101-401.121.

129 (6) A facility licensed under chapter 395 which routinely
130 cares for adult acute cardiac patients shall agree to
131 participate and cooperate with each medical director of an
132 emergency medical services provider to ensure establishment of
133 local protocols for STEMI patient assessment, treatment, and
134 destination selection.

135 (7) (a) Any local medical facility whose status changes
136 regarding percutaneous coronary intervention service
137 availability is required to notify the medical director or
138 medical directors of the local emergency medical services
139 provider whether the changes are permanent or temporary. This
140 notification must be made prior to the change, if possible, and

141 must occur immediately if the facility can no longer provide the
142 service to an immediately incoming suspected STEMI patient.

143 (b) An emergency medical services provider and its medical
144 directors shall be held harmless if such notification has not
145 been provided or if insufficient notice has been provided such
146 that the medical director of the emergency medical services
147 provider could not take measures to prevent the transportation
148 of a suspected STEMI patient to the facility during the period
149 of status change.

150 (8) (a) All receiving hospitals shall report data on all
151 suspected STEMI patients to the medical director of the
152 respective emergency medical services provider for that patient.
153 Reports shall be delivered to the medical director no later than
154 30 days after the time when the patient was discharged,
155 transferred, or died.

156 (b) For suspected STEMI patients, the data reported to the
157 medical director of the emergency medical services provider
158 shall include, but are not limited to:

- 159 1. Patient name.
- 160 2. Date of transport.
- 161 3. Patient date of birth.
- 162 4. Emergency medical services provider incident or run
163 number.
- 164 5. Emergency department arrival time.
- 165 6. Emergency department exit time.
- 166 7. Name of facility, if transferred, and time of
167 departure.
- 168 8. Medical therapy delivered to patient and time

169 | administered.

170 | 9. Cathertization laboratory arrival time.

171 | 10. Medical reason if percutaneous coronary intervention

172 | was not used or was contraindicated.

173 | 11. Femoral access time.

174 | 12. Cross lesion time.

175 | 13. Admission.

176 | 14. Survival outcome.

177 | (9) The department shall adopt rules necessary to

178 | administer the provisions of this section relating to emergency

179 | medical services providers. The department and the agency are

180 | authorized to create rules to implement the data sharing

181 | required by this section.

182 | (10) Each emergency medical services provider licensed

183 | under chapter 401 must comply with this section by July 1, 2010.

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