By Senator Constantine

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A bill to be entitled An act relating to cardiology services; providing legislative findings; providing definitions; requiring the Agency for Health Care Administration to post a list of percutaneous coronary intervention centers on its website; requiring the Department of Health to send a list of names and addresses of percutaneous coronary intervention centers to directors and providers for emergency medical services; requiring the department to develop sample assessment criteria relating to cardiac triage on its website; encouraging providers of medical services to use the sample assessment criteria relating to cardiac triage; requiring each medical director of an emergency medical services provider to develop and implement certain protocols for cardiac patients; providing requirements for the protocols; requiring the department to develop and provide technical support, equipment recommendations, and training for identification of patients having ST-elevation myocardial infarction; requiring the department to base the sample assessment criteria relating to cardiac triage on specified programs; requiring the department to conduct a survey of licensed emergency medical services providers and report its findings to certain stakeholders; encouraging the department to identify and provide to emergency medical services providers opportunities and resources to secure

appropriate equipment for the identification of ST-

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elevation myocardial infarction; requiring the department to meet with stakeholders; providing a timeframe for emergency medical services providers to comply with the act; authorizing medical directors to determine appropriate transport locations for patients; requiring the department to adopt rules; requiring the agency to direct hospitals to participate in coordinating a local STEMI system of care; providing requirements for documentation of time for the process of patient care for the hospital portion of the STEMI system of care; redesignating the Office of Trauma within the department to the Office of Trauma/STEMI; providing an effective date.

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

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

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

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

WHEREAS, studies have shown that opening a blocked coronary artery using emergency PCI within recommended timeframes can effectively prevent or significantly minimize permanent damage

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caused by a heart attack to the heart, and

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

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

WHEREAS, organizations such as the American Heart
Association, the American College of Cardiology, and the Florida
College of Emergency Physicians recommend deploying protocols
and systems to help ensure that people suffering from a lifethreatening heart attack receive the latest evidence-based care,
such as timely reperfusion and emergency PCI, within recommended
timeframes, and

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

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

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

Section 1. Emergency medical services providers; triage and transportation of victims of ST-elevation myocardial infarction to a percutaneous coronary intervention center; definitions.—

(1)(a) The Legislature finds that rapid identification and treatment of serious heart attacks, known as ST-elevation

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myocardial infarction or STEMI, can significantly improve outcomes by reducing death and disability by rapidly restoring blood flow to the heart in accordance with the latest evidence-based standards.

- (b) The Legislature further finds that a strong emergency system to support survival from life-threatening heart attacks is needed in this state in order to treat victims in a timely manner and to improve the overall care of heart attack victims.
- (c) Therefore, the Legislature strongly encourages local emergency medical providers to establish a STEMI system of care to help improve outcomes for individuals suffering from a lifethreatening heart attack.
 - (2) As used in this section, the term:
- (a) "Agency" means the Agency for Health Care Administration.
 - (b) "Department" means the Department of Health.
- (c) "STEMI system of care" means a local agreement between emergency medical service providers and local hospitals to deliver patients identified as having ST-elevated myocardial infarction to appropriate medical facilities.
- (d) "Percutaneous coronary intervention center" means a provider of adult interventional cardiology services licensed by the agency under s. 408.0361, Florida Statutes.
- (3) By December 1, 2009, and by June 1 of each year thereafter, the agency shall post on its website a list of the percutaneous coronary intervention centers licensed by the agency.
- (4) By June 1, 2010, or 6 months after the agency adopts a rule governing the certification of percutaneous coronary

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intervention centers under s. 408.036(3)(o), Florida Statutes, whichever occurs later, and by June 1 of each year thereafter, the department shall send a list of the names and addresses of each percutaneous coronary intervention center that is licensed by the agency to each licensed emergency medical services provider and director of emergency medical services in the state.

- (5) The department shall develop sample assessment criteria relating to cardiac triage. The department must post this sample assessment criteria on its website and provide a copy of the assessment criteria to each licensed emergency medical services provider and director of emergency medical services by July 1, 2010. Each licensed provider of medical services is encouraged to use assessment criteria relating to cardiac triage which are substantially similar to the sample assessment criteria relating to cardiac triage provided by the department under this subsection.
- (6) The medical director of each licensed emergency medical services provider shall develop and implement protocols for the assessment, treatment, and transportation of cardiac patients and employ those protocols to assess, treat, and transport patients having ST-elevation myocardial infarction to the most appropriate hospital. These protocols must include use of a community plan to address the transport of cardiac patients to appropriate facilities in a manner that addresses community—specific resources and needs.
- (7) The department shall develop and provide to each licensed emergency medical services provider and director of emergency medical services technical support, equipment

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recommendations, and necessary training for the effective identification of patients who have acute ST-elevation myocardial infarction. The department shall base the sample assessment criteria relating to cardiac triage on the American Heart Association's advanced cardiovascular life support chest pain algorithm for prehospital assessment, triage, and treatment of patients suspected of having ST-elevation myocardial infarction, a substantially similar program, or a program that uses evidence-based guidelines. The department shall conduct a biennial survey of all applicable licensed emergency medical services providers to develop an inventory of their equipment and identify their equipment needs, training requirements, and performance regarding the practical application of protocols and the identification of acute ST-elevation myocardial infarction in the field. The department shall report its survey findings and provide a copy of the survey to emergency medical services providers, directors of emergency medical services, the Emergency Medical Services Advisory Council, and other stakeholders.

- (8) The department is encouraged to identify and provide to all licensed emergency medical service providers opportunities, partnerships, and resources for securing appropriate equipment for identifying ST-elevation myocardial infarction in the field.
- (9) After implementation of the assessment criteria, the department shall convene stakeholders at least once a year, if necessary, to facilitate the sharing of experiences and best practices. The best practices shall be made available on the department's website.
 - (10) Each emergency medical services provider licensed

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under chapter 401, Florida Statutes, must comply with this
section by July 1, 2010, or 6 months after the date it receives
the list of percutaneous coronary intervention centers sent
pursuant to subsection (4), whichever occurs later.

- (11) Medical directors may determine appropriate transport locations for patients.
- (12) The department shall adopt rules necessary to administer this section.
- Section 2. (1) The agency shall direct each hospital licensed under chapter 395, Florida Statutes, to participate in coordinating a local STEMI system of care.
- (2) Participants may include, but need not be limited to, hospitals, primary percutaneous coronary intervention centers with and without open-heart centers onsite, stand-alone percutaneous coronary intervention centers, and those hospitals not equipped to provide services related to percutaneous coronary intervention.
- (3) The hospital portion of a STEMI system of care shall deliver detailed, time-stamped documentation of each step in the patient-care process to the medical director of emergency medical services for quality-improvement purposes.
- Section 3. The Department of Health shall redesignate the Office of Trauma within the Department of Health to the Office of Trauma/STEMI.
 - Section 4. This act shall take effect July 1, 2009.