

By Senator Bennett

21-00714-10

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1                                   A bill to be entitled  
2           An act relating to cardiology services; requiring  
3           emergency medical services providers to transport  
4           certain cardiac patients to the most appropriate  
5           facility and specify a facility preference; providing  
6           legislative findings; providing definitions; requiring  
7           medical directors of emergency medical services  
8           providers to develop and implement certain protocols  
9           for assessment, treatment, and transportation of  
10          cardiac patients; providing an exemption; requiring  
11          the Department of Health to assist in identifying and  
12          providing to emergency medical services providers  
13          opportunities and resources to secure appropriate  
14          equipment for the identification of certain cardiac  
15          patients; requiring certain facilities to participate  
16          and cooperate with each medical director of an  
17          emergency medical services provider to ensure  
18          establishment of certain protocols for assessment,  
19          treatment, and transportation of cardiac patients;  
20          requiring a local medical facility to notify the  
21          medical director of the local emergency medical  
22          services provider of its change in status; providing  
23          that an emergency medical service provider and its  
24          medical directors are held harmless if there is no  
25          notice or insufficient notice; requiring hospitals to  
26          report certain data; providing for rulemaking;  
27          providing a timeframe for emergency medical services  
28          providers to comply with the act; providing an  
29          effective date.

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WHEREAS, every year, approximately 24,000 people in this state suffer a type of life-threatening heart attack known as an ST-Elevation Myocardial Infarction or STEMI, 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, STEMI heart attack have better outcomes if they receive emergency reperfusion, and

WHEREAS, studies have shown that percutaneous coronary intervention (PCI) is currently the optimum treatment for a patient suffering from a 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 to the heart caused by a heart attack, and

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

WHEREAS, damage to the heart muscle can result in death, congestive heart failure, arterial 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 life-threatening heart attack receive the latest evidence-based care, such as timely reperfusion and emergency PCI, within recommended

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59 timeframes, and

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

64 WHEREAS, emergency medical services (EMS) personnel often  
65 have a unique opportunity to identify STEMI patients through  
66 training, appropriate equipment use, and quality assurance  
67 programs and can affect their outcome by following protocols  
68 that specify appropriate destination selection, and

69 WHEREAS, cooperative relationships between EMS agencies and  
70 medical facilities are necessary in order to provide a  
71 systematic continuum of care for STEMI patients which ensures  
72 that they will receive the latest evidence-based care within  
73 recommended timeframes, NOW, THEREFORE,

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

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77 Section 1. Emergency medical services providers; triage and  
78 transportation of victims of an acute ST-elevation myocardial  
79 infarction; legislative findings; definitions.—Emergency medical  
80 services providers shall provide triage and transportation for  
81 victims of an acute ST-elevation myocardial infarction to the  
82 most appropriate medical facility, with a specific preference  
83 given to medical facilities that have a percutaneous coronary  
84 intervention center or those medical centers certified as chest  
85 pain centers by the Society of Chest Pain Centers.

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

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

92 (b) The Legislature further finds that a strong emergency  
93 system to support survival following life-threatening heart  
94 attacks is needed in this state in order to treat victims in a  
95 timely manner and to improve outcomes and the overall care of  
96 heart attack victims.

97 (c) Therefore, the Legislature directs all local emergency  
98 medical services providers and medical facilities to work  
99 together to establish local STEMI systems of care to help  
100 improve outcomes for individuals suffering from this life-  
101 threatening heart attack.

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

103 (a) "Local" means, at a minimum, a functional area defined  
104 by an emergency medical services provider and the medical  
105 facilities to which it routinely transports STEMI and other  
106 patients who have medical complaints.

107 (b) "Percutaneous coronary intervention center" means a  
108 provider of adult interventional cardiology services licensed by  
109 the Agency for Health Care Administration under s. 408.0361,  
110 Florida Statutes, which provides daily, 24-hour availability of  
111 services for acute STEMI patients.

112 (3) The medical director of each licensed emergency medical  
113 services provider shall establish protocols for the assessment,  
114 treatment, destination selection, and transportation of  
115 suspected cardiac patients. These protocols must specify  
116 destination-selection criteria for suspected STEMI patients.

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117 Emergency medical services providers that provide only  
118 nonemergency ambulance transportation and that do not provide  
119 first response services are exempt from the requirements of this  
120 section.

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

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

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

137 (7) (a) If a local medical facility's status changes  
138 regarding the availability of its percutaneous coronary  
139 intervention service, the facility shall notify the medical  
140 director or medical directors of the local emergency medical  
141 services provider whether the changes are permanent or  
142 temporary. This notification shall be made before the change, if  
143 possible, and shall occur immediately if the facility can no  
144 longer provide the service to an immediately incoming suspected  
145 STEMI patient.

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

153 (8) (a) All receiving hospitals shall report data on each  
154 suspected STEMI patient to the medical director of the  
155 respective emergency medical services provider for that patient.  
156 Reports shall be delivered to the medical director no later than  
157 30 days after the time when the patient was discharged,  
158 transferred, or died.

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

- 162 1. Patient name.
- 163 2. Date of transport.
- 164 3. Patient date of birth.
- 165 4. Emergency medical services provider incident or run  
166 number.
- 167 5. Emergency department arrival time.
- 168 6. Emergency department exit time.
- 169 7. Name of facility, if transferred, and time of departure.
- 170 8. Medical therapy delivered to patient and time  
171 administered.
- 172 9. Cathertization laboratory arrival time.
- 173 10. Medical reason if percutaneous coronary intervention  
174 was not used or was contraindicated.

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175       11. Arterial access time.

176       12. Cross lesion time.

177       13. Admission.

178       14. Survival outcome.

179       (9) The Department of Health shall adopt rules necessary to  
180 administer the provisions of this section relating to emergency  
181 medical services providers. The department and the Agency for  
182 Health Care Administration may adopt rules to administer the  
183 data sharing required by this section.

184       (10) Each emergency medical services provider licensed  
185 under chapter 401, Florida Statutes, shall comply with this  
186 section by July 1, 2011.

187       Section 2. This act shall take effect July 1, 2010.