

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 for rulemaking; providing a timeframe for
20 emergency medical services providers to comply with the
21 act; 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

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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 influence patient outcome by following
61 protocols 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 patients
65 will 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 victim of acute ST-elevation myocardial
74 infarction.—Emergency medical services providers shall provide
75 triage and transportation to a victim of an acute ST-elevation
76 myocardial infarction to the most appropriate medical facility
77 with a specific preference for medical facilities with a
78 percutaneous coronary intervention center or those medical
79 centers certified as chest pain centers by the Society of Chest
80 Pain Centers.

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

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

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

92 (c) Therefore, the Legislature directs all local emergency
 93 medical services providers and medical facilities to work
 94 together to establish a local STEMI system of care to help
 95 improve outcomes for individuals suffering from this type of
 96 life-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 that provider routinely transports STEMI and
 101 other 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 the appropriate medical facility.

110 (3) The medical director of each licensed emergency
 111 medical services provider shall:

112 (a) Establish protocols for the assessment, treatment,

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

120 (b) Determine which medical facilities are the most
121 appropriate destinations for suspected STEMI patients, taking
122 local resources into consideration.

123 (4) 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 resources may include funding provided by the Emergency
128 Medical Services Grant program established under ss. 401.101-
129 401.121.

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

136 (6) (a) Any local medical facility whose status changes
137 regarding percutaneous coronary intervention service
138 availability is required to notify the medical director or
139 medical directors of the local emergency medical services
140 provider whether the changes are permanent or temporary. This

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141 notification must be made prior to the change, if possible, and
142 must occur immediately if the facility can no longer provide the
143 service to an immediately incoming suspected STEMI patient.

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

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

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

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

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169 8. Medical therapy delivered to patient and time
 170 administered.
 171 9. Catheterization laboratory arrival time.
 172 10. Medical reason if percutaneous coronary intervention
 173 was not used or was contraindicated.
 174 11. Femoral access time.
 175 12. Cross lesion time.
 176 13. Admission.
 177 14. Survival outcome.
 178 (8) The department shall adopt rules necessary to
 179 administer the provisions of this section relating to emergency
 180 medical services providers. The department and the agency are
 181 authorized to create rules to implement the data sharing
 182 required by this section.
 183 (9) Each emergency medical services provider licensed
 184 under chapter 401 must comply with this section by July 1, 2011.
 185 Section 2. This act shall take effect July 1, 2010.