

Wisconsin EMS Board and Physician Advisory Committee

Position Statement: Patient Transports within Cardiac Care Systems

Background: There is an evolving Cardiac Care system within Wisconsin, similar to other states within the country. ST Elevation Myocardial Infarction (STEMI) is a time sensitive emergency. Patients whom have been identified as having symptoms and signs highly suggestive of cardiac ischemia should be expeditiously transported to a hospital within a region able to provide the most appropriate level of care for the suspected condition in a timely manner.

Cardiac ischemia is a condition that both medical and interventional treatments have a role in treating the time-sensitive aspect of the condition. This further complicates destination determination as the best outcome may be achieved by transport to a closer hospital without interventional capabilities to initiate medical treatment followed by a transport to hospital for interventional capabilities for additional care.

Purpose: Provide statewide guidance to EMS organizations on appropriate destination determination for cardiac ischemia conditions.

Recommendations

- All EMS services should have current destination determination policies that outline primary and specialized receiving hospital's known capabilities for time sensitive conditions. These policies should be updated as hospital capabilities and recommended treatment guidelines evolve for time sensitive conditions
- Hospital capability classifications should be based on 24/7/365 service availability or a well-defined pre-determined schedule
 - EMS should NOT have to contact the hospital to determine if the needed intervention is available prior to transport
 - A pre-defined method should exist to notify EMS of unplanned intervention unavailability (facility emergency, prolonged maintenance, staff emergency) such as the WITrac, Dispatch Center broadcast notification, etc
- Patients with criteria for STEMI should be transport directly to:
 - Primary PCI: Hospital with reliable and timely emergent PCI capability if destination is within 60 minutes of initial patient contact; if not available then
 - Primary Fibrinolytic Therapy: Hospital with reliable and timely ability to administer Fibrinolytic Therapy within 30 minutes of arrival and a part of integrated cardiac care system
- Patients with evidence of diffuse ischemic changes or high clinical suspicion for Acute Coronary Syndrome with equivocal EKG changes should be considered for direct transport to PCI center EMS services should consider utilization of Helicopter EMS to expedite direct transport to PCI capable centers where ground transportation exceeds an interventional window.

Based on 2017 AHA/ACC Clinical Performance and Quality Measures for Adults With ST-Elevation and Non-ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology/American Heart Association Task Force on Performance Measures

Approved by the EMS Board on December 4, 2018