



- 47 hospitals, interventional and non-interventional cardiologists, emergency  
48 medicine sub-specialists, and representatives from ground and flight emergency  
49 services providers.  
50
- 51 D. "STEMI Receiving Center" or "SRC" means a licensed general acute care facility  
52 that meets the minimum hospital STEMI care requirements to Section  
53 100270.124 of CCR, Title 22, Division 9, Chapter 7.1 and is able to perform PCI.  
54
- 55 E. "STEMI Referring Hospital" or "SRH" means a licensed general acute care  
56 facility that meets the minimum hospital STEMI care requirements pursuant to  
57 Section 100270.125 of CCR, Title 22, Division 9, Chapter 7.1.  
58
- 59 F. "Percutaneous Coronary Intervention" or "PCI" means a procedure used to open  
60 or widen a narrowed or blocked coronary artery to restore blood flow supplying  
61 the heart, usually done on an emergency basis for a STEMI patient.  
62
- 63 G. "STEMI Receiving Center Services" means the customary and appropriate  
64 hospital and physician services provided by a STEMI Receiving Center to STEMI  
65 patients, which, at a minimum, meet STEMI Receiving Center Standards.  
66
- 67 H. "STEMI Information System" means the computer information system maintained by  
68 each STEMI Receiving Center which captures the presentation, diagnostic, treatment  
69 and outcome data sets required by AGENCY and the STEMI Receiving Center  
70 Standards.  
71
- 72 I. "STEMI Receiving Center Standards" means the standards applicable to STEMI  
73 Receiving Centers set forth in Exhibit B of this agreement, which is the Agency's  
74 EMS STEMI Receiving Center Designation Policy - 520.00.  
75
- 76 J. "STEMI Alert" is a report from pre-hospital personnel that notifies a STEMI  
77 Receiving Center or STEMI Referring Hospital as early as possible that a patient  
78 has a specific computer-interpreted pre-hospital 12-lead ECG indicating a  
79 STEMI.  
80
- 81 K. "12 Lead ECG Transmission" is the capability to send data using a variety of  
82 technologies from the pre-hospital environment to a receiving destination or  
83 physician's technology device in order to begin the next level of care to help save  
84 valuable time and tissue.  
85

86 **2. Term.**  
87

88 This Agreement shall be in effect for the period of January 1, 2024 thru December 31,  
89 2027 (the "Term"), unless earlier terminated pursuant to this Agreement. If the Agency  
90 determines that Hospital has satisfactorily performed all obligations herein and satisfied  
91 the PSC designation standards, Agency shall have the option to extend the term of this

92 Agreement for an additional term of three (3) years, upon agreement of Hospital, under  
93 the terms and conditions provided herein.  
94

95 **3. Fees.**

96  
97 HOSPITAL shall pay AGENCY an annual monitoring fee per the approved EMS Fee  
98 Schedule (Exhibit A) for the STEMI Receiving Center Designation. The fee shall be used  
99 to pay the AGENCY's costs of administering and evaluating the STEMI Critical Care  
100 System. Payments can be made in full by July 31st on a one-time annual basis or on a  
101 quarterly basis in four installments due by the 15th of each of the following months; July,  
102 October, January, and April. In the event of the termination of this Agreement by  
103 AGENCY without cause, AGENCY shall return to HOSPITAL a prorated amount of the  
104 annual fee paid by HOSPITAL for that year. The fee is not otherwise refundable in whole  
105 or in part  
106

107 **4. Obligations of HOSPITAL.**

- 108
- 109 A. HOSPITAL shall provide STEMI Receiving Center Services to any STEMI  
110 Patient that comes to the emergency department of HOSPITAL, regardless of the  
111 STEMI Patient's ability to pay physician fees and/or hospital costs. For the  
112 purpose of this Agreement, the phrase "comes to the emergency department" shall  
113 have the same meaning as set forth in the Emergency Medical Treatment and  
114 Active Labor Act (42 U.S.C. section 1395dd) and the regulations promulgated  
115 thereunder (EMTALA). HOSPITAL acknowledges that AGENCY makes no  
116 representation, and does not guarantee that STEMI Patients will be delivered or  
117 diverted to HOSPITAL for care and cannot assure that a minimum number of  
118 STEMI Patients will be delivered to HOSPITAL during the term of this  
119 Agreement.  
120
  - 121 B. Any transfer of a STEMI Patient by HOSPITAL must be in accordance with  
122 EMTALA.  
123
  - 124 C. HOSPITAL shall meet all regulations, procedures, policies, and protocols as have been  
125 or may be established by AGENCY, including changes that may occur in state law or  
126 regulation and are subsequently adopted by AGENCY during the term of this  
127 agreement. HOSPITAL shall monitor compliance with STEMI Receiving Center  
128 Standards, policy 520.00 (Exhibit B), on a regular and ongoing basis. Documentation  
129 of such efforts shall be made available to the AGENCY upon request.  
130
  - 131 D. Maintain all services and personnel necessary to comply with the standards set  
132 forth in the CCR, Title 22, Division 9, including Chapter 7.1, ST-Elevation  
133 Myocardial Infarction Critical Care System.  
134
  - 135 E. HOSPITAL shall maintain an adequate number of physicians, surgeons, nurses, and  
136 other medical staff possessing that degree of learning and skill ordinarily possessed by  
137 medical personnel practicing in the same or similar circumstances.

- 138
- 139 F. HOSPITAL shall provide all persons, employees, supplies, equipment, and facilities
- 140 needed to perform the services required under this Agreement.
- 141
- 142 G. HOSPITAL shall notify the AGENCY, in writing with an Agency Unusual
- 143 Occurrence Report, within twenty-four (24) hours of any failure to meet STEMI
- 144 Receiving Center Standards, and take corrective action within a reasonable period
- 145 of time to correct the failure.
- 146
- 147 H. HOSPITAL shall immediately notify the AGENCY of any circumstances that will
- 148 prevent HOSPITAL from providing STEMI Receiving Center Services.
- 149
- 150 I. HOSPITAL shall comply with any AGENCY plan of correction, regarding any
- 151 identified failure to meet STEMI Receiving Center Standards, within the timeframes
- 152 established by the AGENCY.
- 153
- 154 J. HOSPITAL shall maintain a designated telephone number to facilitate rapid access to
- 155 an on-site physician for consultation with community physicians and other providers
- 156 regarding care and transfer of STEMI Patients.
- 157
- 158 K. HOSPITAL shall actively and cooperatively participate as a member of the
- 159 AGENCY Regional STEMI Review Committee, and such other related
- 160 committees that may, from time to time, be named and organized by the
- 161 AGENCY.
- 162 L. HOSPITAL shall maintain a STEMI Information System and submit STEMI
- 163 Information System data to AGENCY on a regular basis, as requested by the
- 164 AGENCY. HOSPITAL shall, at a minimum, collect and maintain the data
- 165 specified in the Title 22, Division 9, Chapter 7.1, Article 5, unless additional data
- 166 points are adopted by the Regional STEMI Review Committee.
- 167
- 168 M. HOSPITAL shall be accredited with the American College of Cardiology
- 169 Accreditation Services, or the American Heart Association (AHA): Mission
- 170 Lifeline, whichever accrediting body is mutually agreed upon between the
- 171 AGENCY, and the STEMI Regional Committee.
- 172
- 173 N. Hospital shall participate as a recipient of 12-Lead ECG transmission from the
- 174 pre-hospital environment.
- 175

176 **5. Obligations of the AGENCY.**

- 177
- 178 A. The AGENCY shall meet and consult with HOSPITAL prior to the adoption
- 179 of and policy or procedure that concerns the administration of the STEMI
- 180 Critical Care System, or the triage, transport, and treatment of STEMI Patients.
- 181
- 182 B. The AGENCY will provide, or cause to be provided to HOSPITAL and/or the
- 183 Regional STEMI Review Committee, pre-hospital system data related to
- 184 STEMI care.

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The AGENCY will strive to optimize the overall effectiveness of the STEMI Critical Care System and its individual components through the development of performance.

**6. Financial Responsibility.**

Except as provided in Section 11 (Indemnification), AGENCY shall not be liable for any costs or expenses incurred by HOSPITAL to satisfy HOSPITAL's responsibilities under this Agreement, including any costs or expenses incurred by HOSPITAL for services provided to STEMI Patients lacking the ability to pay for services.

**7. Audits and Inspections.**

Agency and its authorized representatives shall be entitled to monitor, assess, and evaluate Hospital's performance of its obligations under this Agreement. To the extent permitted by law and applicable regulations, such monitoring, assessments, or evaluations shall include, but not be limited to, audits, inspection of premises, review of reports, review of patient records, participation in Hospital committees reviewing of STEMI services, and interviews of Hospital's staff and STEMI program participants. At any time during normal business hours, as often as Agency may deem necessary, and to the extent permitted by law and applicable regulations, Hospital shall make available to Agency upon Agency's request, Hospital's records that Agency determines are necessary to monitor, assess, and evaluate Hospital's performance of its obligations under this Agreement.

**8. Termination.**

- A. Termination without Cause. The AGENCY may terminate this Agreement without cause upon ninety (90) days written notice to HOSPITAL. HOSPITAL may terminate this Agreement without cause upon one hundred eighty (180) days written notice to the AGENCY.
- B. Termination for Cause by AGENCY. AGENCY may terminate this Agreement upon written notice to HOSPITAL, subject to HOSPITAL's opportunity to cure as set forth below, upon the occurrence of any one or more of the following events:
  - i. Any material breach of this Agreement by HOSPITAL.
  - ii. Any violation by HOSPITAL of any applicable laws, regulations, or local ordinances.
  - iii. Any failure to provide timely surgical and non-surgical physician coverage for STEMI Patients, causing unnecessary risk of mortality and/or morbidity for the STEMI Patient.
  - iv. Submission by HOSPITAL to the AGENCY reports or information that HOSPITAL knows or should know are incorrect in any material respect.
  - v. Any failure by HOSPITAL to comply with STEMI Receiving Center Standards.
  - vi. Loss or suspension of licensure as an acute care hospital.
  - vii. Loss or suspension of any existing or future special permits (Cardiac

240 Catheterization Lab, Cardiovascular Surgery Service) issued by state or  
241 federal agencies necessary for the provision of the services provided by  
242 HOSPITAL under the terms of this Agreement, or loss or suspension of  
243 accreditation by the Joint Commission on the Accreditation of Health  
244 Care Organizations (JCAHO) or an equivalent accreditation body.

- 245  
246 viii. Loss or suspension of accreditation by American College of  
247 Cardiology Accreditation Services or AHA: Mission Lifeline (if  
248 accreditation is required by Agency for AHA: Mission Lifeline);  
249  
250 ix. Any failure to comply with a plan of correction imposed by the  
251 AGENCY.  
252 x. Any failure to remedy any recurring malfunction, physician, nursing and  
253 other staff shortages, staff response delays, or facility problems of  
254 HOSPITAL, which causes or contributes to HOSPITAL's diversion of  
255 ambulances transporting STEMI Patients intended for HOSPITAL.  
256  
257 xi. Repeated failure to submit specified reports, STEMI information System  
258 data, or other information required under this Agreement.

259  
260 C. Termination for cause by HOSPITAL. HOSPITAL may terminate this Agreement  
261 upon written notice to AGENCY, subject to opportunity to cure as set forth below,  
262 upon the occurrence of any one or more of the following events:

263  
264 i. Any material breach of this Agreement by AGENCY.  
265

266 D. Opportunity to Cure. Prior to the exercise of the AGENCY's right to terminate for  
267 cause, the AGENCY shall give HOSPITAL at least thirty (30) days written notice  
268 (hereinafter "Correction Period") specifying in reasonable detail the grounds for  
269 termination and all deficiencies requiring correction. The AGENCY may shorten the  
270 Correction Period to immediate suspension if the AGENCY determines that  
271 HOSPITAL's action or inaction has seriously threatened, or will seriously threaten,  
272 public health and safety. If HOSPITAL has not remedied each deficiency prior to the  
273 end of the Correction Period to the satisfaction of the AGENCY, or the AGENCY has  
274 not approved a plan of correction within the Correction Period, the AGENCY may  
275 terminate this Agreement upon written notice to HOSPITAL, specifying the effective  
276 date of termination. No opportunity to cure is required prior to the AGENCY's  
277 termination of this Agreement for failure by HOSPITAL to complete any plan of  
278 correction imposed by the AGENCY.  
279

## 280 **9. Maintenance of Records.**

281  
282 HOSPITAL shall maintain patient care, revenue, and expenditure data during the term of this  
283 Agreement and for a period of seven (7) years from the termination of this Agreement or until  
284 all claims, if any, have been resolved, whichever period is longer, or longer if otherwise  
285 required under other provisions of this Agreement. Such records shall be maintained in such a  
286 fashion as to be able to separately identify STEMI Patients from all other patients.  
287

## 288 **10. Reports, Evaluations, and Research Studies.**

289  
290 HOSPITAL shall, as may be reasonably requested by the AGENCY, participate in evaluations  
291 and/or research designed to show the effectiveness of the STEMI Critical Care System; and  
292 shall submit reports and materials on its STEMI services as reasonably requested by the  
293 AGENCY. These reports, evaluations and studies shall be used by the AGENCY to analyze  
294 and generate aggregate statistical reports on the STEMI Critical Care System performance.  
295

## 296 **11. Indemnification.**

297  
298 Each party (the "Indemnifying Party") agrees to defend, indemnify, and hold harmless the  
299 other party (the "Indemnified Party") and its directors, trustees, members, shareholders,  
300 partners, officers, employees and agents from and against any and all liability, loss,  
301 expense (including reasonable attorneys' fees) or claims for injury or damages arising out  
302 of the performance of this Agreement, but only in proportion to and to the extent such  
303 liability, loss, expense or claim for injury or damages is caused by or results from the  
304 negligent or intentional acts or omissions of the Indemnifying Party or its directors,  
305 trustees, members, shareholders, partners, officers, employees or agents.  
306

## 307 **12. Insurance.**

- 308  
309 A. HOSPITAL and AGENCY shall provide and maintain the following programs of  
310 insurance, as specified in this Agreement. Such insurance may include alternative  
311 risk management programs, including self-insurance, provided that such  
312 alternative risk management programs provide protection equivalent to that  
313 specified under this Agreement.  
314
- 315 B. During the Term of this Agreement, HOSPITAL and AGENCY shall each at all  
316 times maintain, each at its sole cost and expense, commercial general liability  
317 insurance with per occurrence limits of not less than Two Million Dollars  
318 (\$2,000,000.00) and annual aggregate limits not less than Four Million Dollars  
319 (\$4,000,000.00). HOSPITAL and AGENCY shall each also arrange, each at its  
320 sole cost and expense, professional liability insurance, which includes coverage  
321 for each of their respective employees having limits of not less than Five Million  
322 Dollars (\$5,000,000.00) on claims made basis and an annual aggregate limit of  
323 not less than Fifteen Million Dollars (\$15,000,000.00). The parties acknowledge  
324 and agree that physicians and other clinicians are not employees or agents of  
325 HOSPITAL by virtue of being on HOSPITAL'S medical staff, and therefore such  
326 practitioners are not covered by HOSPITAL'S professional liability insurance.  
327
- 328 C. Any policy of insurance that AGENCY or HOSPITAL is required to maintain  
329 pursuant to this section shall be reasonably acceptable to the other party provided  
330 that any such policy obtained from a company duly licensed to do business in the  
331 State of California and having a Standard and Poor's or A.M. Best rating of at least  
332 A (or an equivalent or comparable rating from another rating agency) shall be  
333 deemed acceptable. AGENCY and HOSPITAL shall each provide to the other  
334 evidence of coverage required by this section within thirty (30) days after  
335 execution of this Agreement and at least annually thereafter or more frequently  
336 upon request.  
337
- 338 D. Each party shall maintain in full force and effect appropriate workers'  
339 compensation protection and unemployment insurance as required by law.  
340
- 341 E. HOSPITAL shall name and carry AGENCY as an additional insured on its  
342 Commercial General Liability insurance. The policy shall include the AGENCY,  
343 its officers, JPA Board, agents, and employees, individually and collectively, as  
344 additional insureds. Such coverage for additional insureds shall apply as primary  
345 insurance and any other insurance maintained by the AGENCY, its officers, JPA  
346 Board, agents, and employees, shall be in excess only and not contributing with  
347 insurance provided under HOSPITAL's policies.  
348

## 349 **13. Conflicts of Interest**

350  
351 Neither HOSPITAL nor the AGENCY shall exert any direct or indirect influence that would  
352 cause or contribute to the transport of STEMI Patients to a facility other than the closest  
353 STEMI Receiving Center, except as specifically authorized by AGENCY policies or

354 procedures. HOSPITAL and AGENCY shall comply with all applicable federal, state, and  
355 local conflict of interest laws and regulations.  
356

#### 357 **14. Compliance.**

358  
359 The parties shall comply with applicable federal, state, and local laws, rules and  
360 regulations, and AGENCY policies and procedures in effect at the inception of this  
361 Agreement or that become effective during the term of this Agreement, including, but not  
362 limited to, facility and professional licensing, and or certification laws and regulations,  
363 the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (42 U.S.C.  
364 section 1320d et seq.), and the Emergency Medical Treatment and Active Labor Act (42  
365 U.S.C. section 1395dd).  
366

#### 367 **15. Exclusion Lists Screening.**

368  
369 Agency certifies that neither it, nor any of its employees, nor any subcontractor providing  
370 Services, is currently named as an excluded entity or individual on the "List of Excluded  
371 Individuals/Entities" of the Department of Health and Human Services Office of the Inspector  
372 General ("OIG List"), the "Excluded Parties List System" of the System for Award  
373 Management ("EPLS"), the "Specially Designated Nationals List" ("SDN List") or the "Foreign  
374 Sanctions Evaders List" ("FSE List") of the Office of Foreign Assets Control, or any State  
375 debarment or exclusion list, including, but not limited to, the California Department of Health  
376 Care Services Medi-Cal Program Suspended and Ineligible Provider List or any other sanctions  
377 list that would make Agency, or any of its employees or subcontractors ineligible to participate  
378 in any federal or state funded programs (collectively, "Lists"). Agency shall immediately  
379 notify Hospital if at any point during the Term Agency, or any of its employees, or any  
380 subcontractor providing Services under this Agreement is named as an excluded entity or  
381 individual on any of the Lists.  
382

#### 383 **16. Nondiscrimination.**

384  
385 HOSPITAL shall comply with all applicable federal, state, and local laws and regulations  
386 including AGENCY equal opportunity requirements. Such laws include but are not limited to  
387 the following: Title VII of the Civil Rights Act of 1964 as amended; Americans with  
388 Disabilities Act of 1990; The Rehabilitation Act of 1973 (Sections 503 and 504); California  
389 Fair Employment and Housing Act (Government Code sections 12900 et seq.); California  
390 Labor Code sections 1101 and 1102. HOSPITAL will not discriminate against any  
391 subcontractor, employee, or applicant for employment because of age, race, color, national  
392 origin, ancestry, religion, sex/gender, sexual orientation, mental disability, physical disability,  
393 medical condition, political beliefs, organizational affiliations, or marital status in the  
394 recruitment, selection for training including apprenticeship, hiring, employment, utilization,  
395 promotion, layoff, rates of pay or other forms of compensation. Nor will HOSPITAL  
396 discriminate in the provision of services provided under this Agreement because of age, race,  
397 color, national origin, ancestry, religion, sex/gender, sexual orientation, mental disability,  
398 physical disability, medical condition, political beliefs, organizational affiliations, or so  
399 marital status.  
400

#### 401 **17. Confidentiality.**

402  
403 The parties agree to maintain the confidentiality of all patient information and records obtained  
404 in the course of providing services under this Agreement, in accordance with all applicable  
405 federal and state statutes and regulations and local ordinances. Such information shall be  
406 divulged only as provided by law. The AGENCY represents that it is a "Health Oversight  
407 Agency" under HIPAA and, therefore, a Business Associate Agreement is not necessary.  
408 Nothing in this Agreement shall require HOSPITAL to provide or disclose to AGENCY, or  
409 anyone else, the following: (a) documents generated solely in anticipation of litigation, and (b)  
410 privileged documents, and (c) documents by, or for the use of, any medical staff committee



411 having the responsibility of evaluation and improvement of the quality of care rendered in the  
412 hospital. Disclosure of any medical staff document to AGENCY shall not constitute a waiver  
413 by HOSPITAL of the protections afforded by California Evidence Code Section 1157 or any  
414 other protections. If any disclosure of information contained in a medical staff committee  
415 document is sought from the AGENCY by a third party, the AGENCY shall notify  
416 HOSPITAL and shall raise all applicable objections or defenses to the demand for disclosure.  
417

418 **18. Mutual Cooperation.**

419  
420 It is agreed that mutual non-competition among the designated STEMI Receiving Centers, as  
421 well as their associated helicopter services, is vital to providing optimal medical care under the  
422 STEMI Critical Care System. In furtherance of such cooperation, HOSPITAL agrees to  
423 provide access to the helipad, if any, located at HOSPITAL to all helicopter services, to the  
424 extent necessary to triage and/or transport STEMI Patients to HOSPITAL. HOSPITAL will  
425 not charge helicopter services for such landing privileges.  
426

427 **19. Notices.**

428  
429 Any notice or notices required or permitted to be given pursuant to this Agreement may be  
430 personally served on the other party by giving the party such notice, or may be served by  
431 certified mail, postage prepaid, return receipt requested, or by national overnight delivery  
432 service to the following representatives at the addresses cited below:  
433

434 To HOSPITAL: [Hospital CEO's Name], Chief Executive Officer, Doctors Medical  
435 Center, 1441 Florida Ave, Modesto, CA 95350

436  
437 To AGENCY: Chad Braner, EMS Director, Stanislaus County EMS Agency, 3705  
438 Oakdale Rd, Modesto CA 95357  
439

440 **20. Governing Law.**

441  
442 This Agreement has been executed and delivered in, and will be construed and enforced in  
443 accordance with, the laws of the State of California.  
444

445 **21. Assignment.**

446  
447 HOSPITAL shall not delegate its duties and responsibilities or assign its rights hereunder,  
448 or both, either in whole or in part, without the prior written consent of the AGENCY.  
449 This provision shall not be applicable to services agreements or contracts or similar  
450 arrangements usually and customarily entered into by medical facilities to obtain or  
451 arrange for professional medical services, administrative support, equipment, supplies or  
452 technical support.  
453

454 **22. No Third-Party Beneficiaries.**

455  
456 The parties do not intend to confer and this Agreement shall not be construed to confer any  
457 rights to any person, group, corporation, or entity other than the parties.  
458

459 **23. Entire Agreement; Changes and Amendments.**

460  
461 This Agreement and the exhibits and references contained herein fully express all  
462 understandings of the parties concerning the matters covered herein. No addition to or  
463 alteration of the terms and conditions of this Agreement, and no verbal understanding of  
464 the parties, or their officers, agents or employees, shall be valid unless made in the form  
465 of a written amendment to this Agreement that is signed by all parties.

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**24. Severability.**

If any provision of this Agreement Is found by a court of competent jurisdiction to be void, invalid or unenforceable, the same will either be reformed to comply with applicable law or stricken if not so conformable, so as not to affect the validity or enforceability of this Agreement.

**25. Waiver.**

No delay or failure to require performance of any provision of this Agreement shall constitute a waiver of that provision as to that or any other instance. Any waiver granted by a party must be in writing, and shall apply to the specific Instance expressly stated.

**26. Surviving Obligations.**

All obligations under this Agreement which are continuing in nature shall survive the termination or conclusion of this Agreement, including but not limited to, the provisions concerning indemnification and confidentiality.

*[Signatures on following page]*



Exhibit A



**Stanislaus County  
Emergency Medical Services Agency**

**AGENCY FEE SCHEDULE – Effective July 1, 2022**

**Specialty Center**

<b>Trauma</b>	
Level I Application	\$28,000.00
Level II Application	\$28,000.00
Level I Annual Fee	\$200,524.00
Level II Annual Fee	\$178,486.00

<b>STEMI</b>	
Receiving Center Application	\$5,600.00
Receiving Center Annual Fee	\$48,514.00

<b>Stroke</b>	
Primary Stroke Center Application	\$5,600.00
Primary Stroke Center Annual Fee	\$64,303.00
Comprehensive Stroke Center Annual Fee	\$66,786.00

Exhibit B



**Stanislaus County  
Emergency Medical Services Agency**

**Policy Number: 520.00**

**Title: STEMI RECEIVING CENTER DESIGNATION**

**REVIEW DATE: 9/1/2020**

**EFFECTIVE DATE: 9/1/2015**

**EMS STEMI RECEIVING CENTER DESIGNATION**

**I. AUTHORITY**

Division 2.5, California Health and Safety Code, Sections 1797.67, 1798, 1798.101, 1798.105, and 1798.170

**II. DEFINITIONS**

- A. **Percutaneous Coronary Intervention (PCI)** - refers to a procedure, commonly referred to as angioplasty, which is used to open narrowed or blocked coronary arteries.
- B. **STEMI** - means an acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.
- C. **STEMI Alert** - is a report from Pre-hospital personnel that notifies a STEMI Receiving Center or STEMI Referral Hospital as early as possible that a patient has a STEMI, allowing the hospital to initiate internal procedures to provide appropriate and rapid treatment.
- D. **STEMI Receiving Center (SRC)** - is a hospital in the Stanislaus County EMS Agency region that has an interventional cardiology catheterization lab licensed by the Department of Health Services which provides emergent primary interventional cardiac catheterization services 24 hours a day, 7 days a week, 365 days a year, with an established quality assurance program and a written commitment by the hospital administration supporting the center's interventional cardiology mission for STEMI patients
- E. **STEMI Referral Hospital (SRH)** - is any hospital in the Stanislaus County EMS Agency region that lacks the availability or continuous availability of 24/7/365 primary PCI. These hospitals have the ability to administer thrombolytics to a STEMI patient. These hospitals will also have written transfer policies for STEMI patients to STEMI Receiving Centers.

**III. PURPOSE**

To define requirements for designation as a STEMI Receiving Center (SRC) within the Stanislaus County EMS Agency region for patients transported by ambulance via the 911 system with ST-Elevation Myocardial Infarction (STEMI) who may benefit by rapid assessment and percutaneous coronary intervention (PCI).

**IV. POLICY**

- A. To be designated as an SRC in the Stanislaus County EMS Agency region; a hospital must meet the following requirements:
  - 1. Possess current California licensure as an acute care facility providing Basic Emergency Medical Services.
  - 2. Hold current status as a Base Hospital in the Stanislaus County EMS Agency region.
  - 3. Enter into a written agreement with the Stanislaus County EMS Agency identifying SRC and

Stanislaus County EMS Agency roles and responsibilities.

4. Agree to accept all EMS patients meeting STEMI patient triage criteria and all “STEMI Alert” patients transferred from other hospitals within the Stanislaus County EMS Region and provide a plan for the triage and treatment of simultaneously presenting STEMI patients regardless of ICU/CCU or ED saturation status.
5. Meet STEMI Receiving Center Designation Requirements as defined in the Stanislaus County EMS Agency STEMI Receiving Center Designation Criteria Application and Evaluation Matrix. The criteria include:
  - a. Hospital Services Including:
    - i. Special permit for cardiac catheterization laboratory pursuant to the provisions of Title 22, Division 5, of the California Code of Regulations.
    - ii. Intra-aortic balloon pump capability with necessary staff available 24 hours a day 7 days a week 365 days a year.
    - iii. California permit for cardiovascular surgery or a written plan for emergency transport to a facility with cardiovascular surgery available with timely (within 1 hour) transfer steps and agreements.
    - iv. Continuous availability of PCI resources 24 hours a day 7 days a week 365 days a year.
    - v. Recorded Med-net radio or recorded phone line available 24 hours a day 7 days a week 365 days a year to be used for pre-hospital communication regarding “STEMI Alert” patients and for notifications of “STEMI Alert” transfers from other hospitals.
  - b. Hospital Personnel Including:
    - i. STEMI Receiving Center Medical Director who must be board-certified in Internal Medicine with a sub-specialty in cardiovascular disease.
    - ii. STEMI Receiving Center Program Manager who must be an RN.
    - iii. Cardiac Catheterization Lab Manager/Coordinator who must be an RN if not directly reporting to the STEMI Receiving Center Program Manager
    - iv. A daily roster of interventional cardiologists who must:
      - a) Be available and present in the SRC within 30 minutes of the activation of the SRC’s internal STEMI/PCI system
      - b) Have privileges in percutaneous coronary interventions (PCI).
    - v. A daily roster of cardiovascular surgeons who must be available and present in the SRC within 30 minutes of documented request, or SRC’s without cardiovascular surgery capability shall have written transfer guidelines and a plan for emergency transfer within 1 hour if medically necessary.

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- i. ACC/AHA guidelines for activity levels of facilities and practitioners for both primary PCI and total PCI events are adopted herein and may require periodic updating:
  - a) Interventionalist shall perform a minimum of 11 primary (emergency) PCI procedures and 75 total (emergency plus elective) procedures per year.
  - b) SRC shall perform a minimum of 36 primary (emergency) PCI procedures and 200 total (emergency plus elective) PCI procedures annually.
- ii. Performance and outcome measures will be assessed initially in the survey process and will be monitored closely on an ongoing basis.

**d. SRC Internal Hospital Policies/Plans**

- i. Base Hospital STEMI medical control and quality improvement plan
- ii. ED STEMI patient management plan
- iii. Cardiac Interventionalist activation plan
- iv. Cardiac Catheterization Lab team activation plan
- v. STEMI contingency plans for personnel and equipment
- vi. Coronary angiography policy
- vii. PCI and use of Fibrinolytic policy
- viii. Interfacility transfer STEMI policies/protocols
- ix. Transfer agreements for cardiac surgery, as appropriate
- x. STEMI patient triage

**e. Performance Improvement Program for EMS Patients including:**

- i. Participation in Stanislaus County EMS SRC QI Committee, whose membership includes:
  - a) EMS Medical Director
  - b) EMS Quality Improvement Coordinator
  - c) Designated Cardiologist from each SRC
  - d) Designated quality improvement representative from each SRC

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- ii. Meetings to be held on a quarterly basis and in accordance with California Evidence Code 1157(Regarding Confidentiality).
    - a) *The proceedings and records of this committee are confidential and are protected under section 1157 and 1157.5 of the Evidence Code, State of California. Members and invited guests of the SRC QI Committee are required to sign a Confidentiality Agreement, which is maintained on file at the EMS agency, as a condition of attendance.*
  - iii. Written internal quality improvement plan/program description for STEMI patients shall include appropriate evidence of an internal review process that includes:
    - a) Mortality Rate (within 30 days, related to procedure regardless of mechanism)
    - b) Emergency CABG rate (result of procedure failure or complication)
    - c) Vascular complications (access site, transfusion, or operative intervention required)
    - d) Cerebrovascular accident rate (peri-procedure)
    - e) Sentinel event, system and organization issue review and resolution processes
  - iv. Participation in Prehospital STEMI related educational activities
  - f. Data Collection, Submission and Analysis
    - i. Participation in National Cardiac Data Registry
    - ii. Participation in Stanislaus County EMS Agency data collection as defined by Data Requirements for STEMI Centers.
    - iii. Participation in receiving 12 lead transmissions from EMS System ambulance providers
- B. Designation
1. The STEMI Site Review Team, which reviews the written proposal and conducts site visits, will include an interventional cardiologist, emergency physician, nurse coordinator, and/or hospital administrator(s), EMS agency administrator(s), and/or similar experts as necessary.
  2. Based on the recommendation(s) of the STEMI Site Review Team, the Stanislaus County EMS Agency will designate the STEMI center(s).
  3. SRC designation shall be awarded to a hospital following satisfactory review of written documentation and initial site visit and an agreement between the hospital and Stanislaus County EMS Agency.
  4. SRC designation shall be for a period of 2 years initially, then every three years thereafter, contingent on satisfactory reviews and payment of appropriate fees.



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5. Basis for loss of designation
  - a. Inability to meet and maintain STEMI Receiving Center Designation Criteria
  - b. Failure to provided required data
  - c. Failure to participate in STEMI system QI activities
  - d. Other criteria defined and reviewed by the SRC QI Committee