

Purpose:

1. To Implement County Operating Procedures for all cardiac patients who meet criteria for cardiac activation as described in the Washington Pre-Hospital Cardiac Triage Procedure.
2. To ensure that all cardiac patients are transported to the most appropriate categorized facility as determined by Prehospital Cardiac Triage Tool.
3. To allow the receiving facilities acquire time to activate their cardiac response team.
4. To ensure data collection for quality improvement.

Standards:

1. All ambulance & aid services shall comply with the Washington Pre-hospital Cardiac Triage Procedures.
2. All ambulance services shall transport patients to the most appropriate categorized cardiac facility.
3. All categorized receiving facilities will determine when it is appropriate to divert ambulance to another categorized facility.

Procedure:

1. All Pre-Hospital Providers shall triage suspected patients suffering from ACS (acute coronary syndrome) to see if they meet the inclusion criteria with "State of Washington Prehospital Cardiac Triage Destination Procedure"
2. All patients who meet inclusion criteria must be entered into the Cardiac System.
 - a. Upon entering into the Cardiac System the patient shall be treated according to established protocol.
 - b. All patients who enter into the Cardiac System must be transported only to a Washington State **Categorized** Cardiac Level 1 or Cardiac Level 2 Facility.
 - i. The following are the Categorized Cardiac Level facilities:
 1. Central Washington Hospital (CWH)(Level 1 Cardiac Facility)
 2. Lake Chelan Community Hospital (LCCH)(Level 2 Cardiac Facility)
 - c. "Travel time" is defined as time required to travel from the scene to the hospital.
3. Dispatch participation
 - a. Dispatch is encouraged to give specific Pre-arrival instructions as per MPD advice.
 - b. Dispatch is encouraged to participate in Regional and Local QI process when applicable.
4. Pre-Hospital **BLS Providers**
 - a. Treat the patient using the Basic Life Support Protocol of the "Washington State Emergency Cardiac and Stroke System Suspected Acute Coronary Syndrome (ACS) Prehospital Protocol Guidelines"
 - b. Provide early activation of the Cardiac System by communicating to the receiving hospital of a:
 - i. "**Cardiac Alert- High Risk**"- with a patient who meets inclusion criteria.
 - ii. "**Cardiac Alert- Post Arrest**" with a patient who was in cardiac arrest with ROSC (return of spontaneous circulation) from suspected cardiac etiology.
 1. **Notify**- the receiving Physician on duty/Medical Control directly of the "Cardiac Alert Post-Arrest".
 - c. Request ALS (ground and / or air) rendezvous (if available)
 - d. Limit the scene-time to 15 minutes or less.
 - e. If the patient is triaged to meet inclusion criteria for the Cardiac System:
 - i. Request for ALS rendezvous from a ALS agency capable of intercepting enroute to a level 1 cardiac facility (CWH). Consider air transport if ground

travel time from scene to level 1 cardiac facility (CWH) is longer than 30 minutes.

- ii. Transport to CWH (level 1 Cardiac) if within **30 minutes** travel time.
- iii. If CWH is not within 30 minutes travel time then transport the patient to LCCH-(Level 2 Cardiac Facility) if within **30 minutes** travel time.
- iv. If neither CWH or LCCH is not within 30 minutes travel time- then transport the patient to the Closest Highest Cardiac Catorgorized Hosptial (CWH or LCCH). If both CWH and LCCH are equal distance apart then transport towards the highest catagorized facility which is CWH.
- v. ROSC (return of spontaneous cirulation) patients who expirednced cardiac arrest from suspected cardiac etiology: transport these patients to the Highest /Closest Hospital Facility as appropriate for stabilization.
- vi. Patients may refuse to be transport to the above cardiac categorized facilities after full discloser of risks (informed consent) explained to the patient and medical control shall be contacted with against medical advice documentation.

5. Pre-Hospital **ALS Providers**

- a. Treat the patient using the established County ALS Protocols
- b. Provide early activation of the Cardiac System by communicating to the receiving hospital of a:
 - i. **"Cardiac Alert- STEMI"** with a patient who meets inclusion criteria and has ST elevation on ECG.
 1. **Notify-** the receiving Physican on duty/Medical Control directly of the "Cardiac Alert STEMI".
 - ii. **"Cardiac Alert- High Risk"** with a patient who meets inclusion criteria, but has a non- ST elvation on ECG.
 - iii. **"Cardiac Alert- Post Arrest"** with a patient who was in cardiac arrest with ROSC (return of spontaneous circulation) from suspected cardiac etiology.
 1. **Notify-** the receiving Physican on duty/Medical Control directly of the "Cardiac Alert Post-Arrest".
- c. Limit the scene-time to 15 minutes or less.
- d. If the patient is triaged to meet inclusion criteria for Cardiac system;
 - i. Transport to the Nearest Cardiac Level 1 Categorized Facility- CWH within **60 minutes** travel time.
 - ii. If CWH is not within **60 minutes** travel time then:
 1. Transport to LCCH (Level 2 Cardiac Facility) if within **60 minutes** travel time.
 - iii. If CWH or LCCH is not within **60 minutes** travel time then:
 1. Consider Air Transport
 2. Contact Medical Control for destination decision.
 - iv. ROSC (return of spontaneous cirulation) patients who expirednced cardiac arrest from suspected cardiac etiology: transport these patients to the Highest /Closest Hospital Facility as appropriate for stabilization.
 - v. Patients may refuse to be transport to the above cardiac categorized facilities after full discloser of risks (informed consent) explained to the patient and medical control shall be contacted with against medical advice documentation.

6. Quality Improvement;

- a. Pre-Hospital providers are encouraged to submit in a timely manner the data points listed on the "Chelan/Douglas County EMS Cardiac Data Form" to:
 - i. Receiving Hospital
 - ii. MPD