



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Department Name:** Public Health  
**Department No.:** 041  
**For Agenda Of:** June 21, 2016  
**Placement:** Administrative  
**Estimated Time:** N/A  
**Continued Item:** No  
**If Yes, date from:**  
**Vote Required:** Majority

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**TO:** Board of Supervisors

**FROM:** Department Takashi Wada, MD, MPH, Director and Health Officer  
Director(s) Public Health Department  
Contact Info: John Eaglesham  
Emergency Medical Services Agency Director (681-5394)

**SUBJECT:** EMS STEMI Revenue Agreements for Marian Regional Medical Center and Santa Barbara Cottage Hospital

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**County Counsel Concurrence**

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

**Auditor-Controller Concurrence**

As to form: Yes

**Recommended Actions:**

That the Board of Supervisors consider the following:

- a) Approve and authorize the Chair to execute a Second Amendment (Attachment C) to the Agreement between Santa Barbara County and Marian Regional Medical Center for designation as a Santa Barbara County STEMI Receiving Center for the period of July 1, 2016 through June 30, 2018.
- b) Approve and authorize the Chair to execute a Second Amendment (Attachment F) to the Agreement between Santa Barbara County and Santa Barbara Cottage Hospital for designation as a Santa Barbara County STEMI Receiving Center for the period of July 1, 2016 through June 30, 2018.
- c) Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guideline Section 15061(b)(3), since it can be seen with certainty that there is no possibility that the activities may have a significant effect on the environment.

**Summary Text:**

This item is on the Agenda to execute two (2) amended Agreements for specialized cardiac care and treatment with Marian Regional Medical Center and Santa Barbara Cottage Hospital as STEMI Receiving Centers. On August 3, 2010, your Board approved the Agreements with both facilities

(Attachments A and D) and on July 1, 2013 your Board approved First Amendments to the each of the agreements (Attachments B and E). The Second Amendments are to update and extend the terms of the Agreements. The Amendments will allow the County to recover costs the EMS Agency incurs to oversee the program at the local STEMI Receiving Centers. This includes ensuring that quality emergency medical services are delivered and policies and procedures are established and followed so that patients are identified in the field and taken to the appropriate STEMI Receiving Center.

**Background:**

The Comprehensive Cardiac Care System was created in 2010 and the STEMI program is part of this system. The program was established to provide an organized response to STEMI patients which includes oversight of the STEMI Receiving Center in Santa Barbara County. The term “STEMI” refers to a type of heart attack called “ST Elevated Myocardial Infarction”. STEMI Receiving Centers have established protocols and procedures to ensure care is provided quickly to those experiencing STEMI-type heart attacks in order to improve outcomes.

Acute myocardial infarction (heart attack) remains the leading cause of death of adults in the United States. A heart attack results when the flow of blood to the heart is cut off, causing permanent damage to the heart muscle. ST-elevated myocardial infarction (known as “STEMI”) comprises 25-40% of all heart attacks nationwide, according to the American Heart Association. National mortality rates from STEMI vary between 7 and 18%, and are dependent upon access to timely and proficient care. Existence of an efficient Comprehensive Cardiac Care Program using defined medical therapies, such as those adhered to in our local STEMI Receiving Centers, is felt to be the single most significant factor in the determination of favorable outcomes.

The most effective method of re-opening clogged coronary arteries for most STEMI patients is cardiac catheterization, known as Percutaneous Coronary Intervention which uses a catheter threaded into the coronary artery to open the blockage. According to the Journal of the American College of Cardiology’s *2013 Guideline for the Management of ST Elevation Myocardial Infarction*, “all communities should create and maintain a regional system of STEMI care that includes assessment and continuous quality improvement of emergency medical services and hospital-based activities”. This includes access and facilitated transfer (within specific time windows) to an STEMI Receiving Center where Percutaneous Coronary Intervention can be performed.

**Performance Measure:**

**System Performance**

Since the Comprehensive Cardiac Care Program was initiated in 2010, 445 STEMI patients have been treated. In all categories of patients, our STEMI system has exceeded the 2013 published goals of the American College of Cardiology (ACC) and American Heart Association (AHA).

- 244 patients were identified by paramedics as having a STEMI and were transported directly to an SRC. The median time to reopen the artery (“Door-to-Balloon Time”) was 46 minutes. The ACC/AHA goal for this interval is 90 minutes.
- 201 patients arrived to an SRC by means other than ambulance. The Door-to-Balloon Time for these patients was 66 minutes. The ACC/AHA goal is 90 minutes.
- 144 patients first presented to one of 3 STEMI Referral Hospitals in the County (Lompoc Valley Medical Center, Santa Ynez Valley Cottage Hospital or Goleta Valley Cottage Hospital) and were

transferred by ambulance to an STEMI Receiving Center. The median Door-to-Balloon Time was 109 minutes. The ACC/AHA goal is 120 minutes.

Santa Barbara Cottage Hospital and Marian Regional Medical Center continue to function under STEMI Receiving Center Designation Agreements. Both centers have agreed to provide funding annually to the EMS Agency to provide for the administration and regulatory oversight of the STEMI program. Each of the centers currently meets all necessary requirements to maintain designation as STEMI Receiving Centers. These Amendments will extend the term dates for the period of July 1, 2016 through June 30, 2018, and increase the Agreement amount from \$15,000 to \$28,432.00 to cover the costs of the EMS program oversight.

**Fiscal and Facilities Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

There is no increase in the use of the County's General Fund resources as a result of executing these two Amendments. Under these amendments each hospital agrees to pay the County \$28,432 annually through FY 2017-18 for covering the costs of maintaining the STEMI program. This amount is included in the FY 2016-17 budget.

**Key Contract Risks:**

N/A

**Staffing Impacts:**

**Legal Positions:**  
0

**FTEs:**  
0

This will not result in any additional need for facilities.

**Special Instructions:**

Please execute two (2) original Amendments with Marian Regional Medical Center and two (2) original Amendments with Santa Barbara Cottage Hospital and retain one (1) original Agreement and one (1) Minute Order for pick up by the department. Please email the PHD Contracts Unit at [phdcu@sbcpd.org](mailto:phdcu@sbcpd.org) when available for pick up.

**Attachments:**

- A. EMS STEMI Agreement with Marian Regional Medical Center
- B. EMS STEMI First Amendment with Marian Regional Medical Center
- C. EMS STEMI Second Amendment with Marian Regional Medical Center
- D. EMS STEMI Agreement with Santa Barbara Cottage Hospital
- E. EMS STEMI First Amendment with Santa Barbara Cottage Hospital
- F. EMS STEMI Second Amendment with Santa Barbara Cottage Hospital

**Authored by:**

John Eaglesham, Emergency Medical Services Director