

AGREEMENT FOR SERVICES
between
COUNTY OF SANTA BARBARA
and
MARIAN MEDICAL CENTER
for
STEMI RECEIVING CENTER DESIGNATION

THIS AGREEMENT (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter COUNTY) and MARIAN MEDICAL CENTER having a principal place of business at 1400 East Church St, Santa Maria, California (hereafter HOSPITAL) wherein the parties agree to provide and accept the services specified herein.

WHEREAS, COUNTY has implemented a Comprehensive Cardiac Care System; and

WHEREAS, COUNTY wishes to assure the highest quality of care by directing ST Elevation Myocardial infarction (STEMI) patients to facilities committed to meeting STEMI Receiving Center standards; and

WHEREAS, COUNTY conducted a comprehensive review of HOSPITAL STEMI policies and procedures, interviewed medical staff at the HOSPITAL and conducted a site review to confirm systems are in place that meet STEMI Receiving Center standards as outlined in EMS Policy 640; and

WHEREAS, COUNTY found that HOSPITAL meets COUNTY STEMI Receiving Center standards as outlined in EMS Policy 640; and

WHEREAS, HOSPITAL is willing to accept designation as a STEMI Receiving Center; and

WHEREAS, HOSPITAL, by virtue of the parties executing this Agreement, will be designated by COUNTY as a STEMI Receiving Center under the terms of the Agreement:

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

Definitions for the purposes of this Agreement:

- a. "EMS Agency" means the County of Santa Barbara, Emergency Medical Services Agency.
- b. "STEMI Patient" means a person evaluated by EMS qualified medical personnel (paramedic, physician, or nurse), as may be amended from time to time, and found to require STEMI Receiving Center Services.
- c. "STEMI Care System" means an integrated prehospital and hospital program that is intended to direct patients with an identified ST Segment Elevation Myocardial Infarction directly to hospitals with cardiac catheterization laboratory specialized capabilities to promptly treat these patients.
- d. "Cardiac Audit Committee" means the multi-disciplinary peer-review committee, comprised of representatives from the STEMI Receiving Centers and other professionals designated by the EMS Agency, which audits the STEMI Care System, makes recommendations for system improvements, and functions in an advisory capacity on other STEMI Care System issues. Committee members

designated by the EMS Agency may include, but are not limited to, STEMI Receiving Center medical directors and program managers, representatives from other local hospitals, interventional and non-interventional cardiologists, emergency medicine sub-specialists, and representatives from ground and flight emergency services providers.

- e. "STEMI Receiving Center" or "SRC" means a licensed general acute care facility meeting STEMI Receiving Center Standards, which has been designated as a STEMI Receiving Center by the EMS Agency.
- f. "STEMI Receiving Center Services" means the customary and appropriate hospital and physician services provided by a STEMI Receiving Center to STEMI Patients which, at a minimum, meet STEMI Receiving Center Standards.
- g. "STEMI Information System" means the computer information system maintained by each STEMI Receiving Center which captures the presentation, diagnostic, treatment and outcome data sets required by the EMS Agency and the STEMI Receiving Center Standards.
- h. "STEMI Receiving Center Standards" means the standards applicable to STEMI Receiving Centers set forth in EMS Agency policies and procedures, as amended from time to time, including EMS Policy 640, which is attached to this Agreement as Exhibit A.

1. **DESIGNATED REPRESENTATIVE.** The Director of the EMS Agency at phone number (805) 681-5274 is the representative of COUNTY and will administer this Agreement for and on behalf of COUNTY. The Chief Executive Officer of Marian Medical Center at phone number (805) 739-3000 is the authorized representative for HOSPITAL. Changes in designated representatives shall be made only after advance written notice to the other party.

2. **NOTICES.** Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by first class mail, postage prepaid, delivered as follows:

To COUNTY: Nancy Lapolla, MPH
Director, EMS Agency
300 N. San Antonio Road
Santa Barbara, CA 93110

To HOSPITAL: Charles J. Cova
Chief Executive Officer
Marian Medical Center
1400 East Church St,
Santa Maria, CA 93454

or at such other address or to such other person that the parties may from time to time designate. Notices and consents under this section, which are sent by mail, shall be deemed to be received five (5) days following their deposit in the U.S. mail.

3. **SCOPE OF SERVICES.** HOSPITAL and COUNTY agree to coordinate in the delivery of STEMI services to ensure that the highest quality of care is provided to those in need of care. To maintain its designation as a STEMI Receiving Center, which qualifies HOSPITAL to receive emergent STEMI Patients utilizing the 9-1-1 system, HOSPITAL agrees to accept the responsibilities set forth below. COUNTY will support HOSPITAL in managing its responsibilities under this Agreement by designating and providing an EMS Director, EMS Medical Director and staff to provide administration of the EMS system with all STEMI Patients in the County.

A. HOSPITAL RESPONSIBILITIES

- i. Provide STEMI Receiving Center Services to any STEMI Patient that comes to the emergency department of the HOSPITAL, regardless of the STEMI Patient's ability to pay physician fees and/or hospital costs. For the purpose of the Agreement, the phrase "comes to the emergency department" shall have the same meaning as set forth in the Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd) and the regulations promulgated thereunder (EMTALA). HOSPITAL acknowledges that COUNTY makes no representation, and does not guarantee that STEMI Patients will be delivered or diverted to HOSPITAL for care and cannot assure that a minimum number of STEMI Patients will be delivered to HOSPITAL during the term of this Agreement;
- ii. Any transfer of a STEMI Patient by HOSPITAL must be in accordance with EMTALA;
- iii. Comply with STEMI Receiving Center Standards described in Exhibit A, (EMS Policy 640) which is attached and incorporated in this Agreement. HOSPITAL shall monitor compliance with STEMI Receiving Center Standards on a regular and ongoing basis. Documentation of such efforts shall be available to the EMS Agency upon request;
- iv. Maintain an adequate number of physicians, surgeons, equipment, and facilities needed to perform the services required under this Agreement;
- v. Provide all persons, employees, supplies, equipment and facilities needed to perform the services required under this Agreement;
- vi. Notify the EMS Agency, in writing within twenty-four (24) hours of any failure to meet STEMI Receiving Centers Standards, and take corrective action within a reasonable period of time to correct the failure;
- vii. Notify the EMS Agency of any circumstances that will prevent HOSPITAL from providing STEMI Receiving Center Standards within timeframes established by the EMS Agency;
- viii. Comply with any EMS Agency plan of correction, regarding any failure to meet STEMI Receiving Center Standards, within the timeframes established by the EMS Agency;
- ix. Maintain a designated telephone number to facilitate rapid access to an on-site physician for consultation with community physicians and other providers regarding care and transfer of STEMI Patients. Assure that a Base Hospital Physician is available for each Advanced Life Support (ALS) call by radio or telephone in support of STEMI Patient care;
- ix. Actively participate as a member of the STEMI Quality Improvement (QI) committee, and other such related committee that may, from time to time, be named and organized by the EMS Agency in support of system improvements;
- x. Maintain STEMI information and submit STEMI data to the EMS Agency according to EMS Agency policy 640.

B. COUNTY RESPONSIBILITIES

- i. Monitor and review annually this Agreement to ensure all regulatory requirements are met and the system participants are compliant with state regulations and Santa Barbara County EMS Agency policies and procedures;

- ii. Provide opportunity and advance notification of changes in, or implementation of, new policies and procedures; specifically as they relate to STEMI Patients and the Comprehensive Cardiac Care system;
- iii. Provide opportunity for HOSPITAL representation on County Committees including the Emergency Medical Advisory Committee;
- iv. Maintain a countywide radio repeater system for ALS communication with STEMI Receiving Center;
- v. Provide HOSPITAL and/or the Cardiac Audit Committee, prehospital system data related to STEMI care;
- vi. Participate in a consultant capacity to assist HOSPITAL in carrying out the terms, conditions, and intent of this Agreement;
- vii. Maintain the EMS Agency Policy & Procedures Manual and provide updates to all EMS stakeholders on new or amended policies;
- viii. Establish a STEMI Quality Improvement Committee, provide data to participating HOSPITAL and ensure industry standards are utilized to benchmark the success of the program;
- viii. Strive to optimize the overall effectiveness of the Comprehensive Cardiac Care System and its individual components through the development of performance measures for each component and for the system function as a whole (both process and outcome measures) and by employing continuous quality improvement strategies and collaboration with stakeholders.

4. **TERM.** The initial term of this agreement shall be for the period of July 1, 2010 through June 30, 2011. This Agreement shall renew automatically from year to year each July 1, for an additional two years unless cancelled by either party pursuant to Section 14 of this Agreement.

5. **FEES.** HOSPITAL agrees to pay COUNTY for services provided under the terms of this Agreement: \$15,000 for the initial services provided (fiscal year 2010-11) by the COUNTY for establishing the STEMI program and \$10,000 annually thereafter, for maintaining the STEMI program. This annual service charge shall be paid in full by July 15th of each year of this Agreement, beginning July 15, 2011. The initial payment of \$15,000 shall be due upon execution of this Agreement.

6. **INDEPENDENT ENTITIES.** HOSPITAL and COUNTY acknowledge that they are independent entities and that each shall perform all of its services under this Agreement as an independent entity and not as an employee of the other. HOSPITAL understands and acknowledges that neither HOSPITAL nor its employees shall be entitled to any of the benefits of a COUNTY employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, workers' compensation and protection of tenure.

7. **MEDICAL RECORDS.** The parties shall maintain all patient medical records relating to patients in such form and containing such information as required by applicable laws. All medical records to be provided by one party to the other shall be provided according to, and the extent allowable under, applicable privacy and confidentiality laws including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and all rules and regulations promulgated thereunder.

8. **CONFIDENTIALITY.** HOSPITAL and COUNTY agree that information concerning patients shall be kept confidential and shall not be disclosed to any person except as authorized by law. HOSPITAL does not waive its right pursuant to Evidence Code, Sections 1157.1 et. seq. This confidentiality provision shall remain in effect notwithstanding any subsequent termination of the Agreement. COUNTY agrees that any patient specific medical information submitted to it by HOSPITAL

shall be maintained in confidence. Further, COUNTY agrees it will use all reasonable diligence to prevent disclosure except to its necessary personnel. This obligation shall exclude material or information that is in the public domain for public use, publication, and general knowledge or the like.

To the extent required and permitted by law and on receipt of reasonable prior notice from COUNTY, HOSPITAL shall permit COUNTY to inspect and make copies of medical records of patients served hereunder.

9. **MUTUAL INDEMNIFICATION.** HOSPITAL shall, at its expense, indemnify, defend, and hold harmless County, its employees, officers, directors, contractors and agents from and against any losses, liabilities, damages, penalties, costs, fees, including without limitation, reasonable attorneys' fees, and expenses from any claim or action, including without limitation for property damage, bodily injury or death, caused by or arising from the negligent acts or omissions or willful misconduct of HOSPITAL, its officers, employees, agents, or subcontractors, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of HOSPITAL, its officers, employees or agents. COUNTY shall promptly give HOSPITAL notice of such claim.

COUNTY shall, at its expense, indemnify, defend, and hold harmless HOSPITAL, its employees, officers, directors, contractors and agents from and against any losses, liabilities, damages, penalties, costs, fees, including without limitation, reasonable attorneys' fees, and expenses from any claim or action, including without limitation, for property damage, bodily injury or death, caused by or arising from the negligent acts or omissions or willful misconduct of COUNTY, its officers, employees, agents, or subcontractors, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of COUNTY, its officers, employees or agents. HOSPITAL shall promptly give COUNTY notice of such claim.

10. **INSURANCE.** It is understood and agreed that HOSPITAL and COUNTY maintain insurance (self or group) programs to fund their respective liabilities, including without limitation professional, general and motor vehicle liability and workers compensation insurance. A certificate of insurance, together with evidence of payment of premiums, shall be delivered to the other party at the commencement of this Agreement, and on renewal of the policy not less than twenty (20) days before expiration of the term of the policy.

HOSPITAL will ensure that it carries a minimum professional and general liability insurance policy in the amounts of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate. If the policy is written on a "claims-made" form, the policy will provide a three (3) year extended reporting period. The COUNTY will be considered an additional insured on the HOSPITAL's general liability policy.

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11. **NONDISCRIMINATION.** COUNTY hereby notifies HOSPITAL that COUNTY's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and HOSPITAL agrees to comply with said ordinance.

12. **NONEXCLUSIVE AGREEMENT.** HOSPITAL understands that this is not an exclusive Agreement and that COUNTY shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by HOSPITAL as the COUNTY desires.

13. **ASSIGNMENT.** HOSPITAL shall not assign any of its rights nor transfer any of its obligations under this Agreement without the prior written consent of COUNTY and any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

14. **TERMINATION.**

A. **TERMINATION FOR CAUSE.** In the event of a material breach of this Agreement, either party may initiate termination of the Agreement. The aggrieved party shall serve the other party with a thirty (30) day notice to cure the breach. The notice must specify in detail the nature of the alleged material breach, including the supporting factual basis and any relevant documentation. A material breach by either party may include failing to comply with the duties and responsibilities set forth in Section 3 of this Agreement.

The party receiving the notice shall have ten (10) days from the date of receipt to respond to the alleged breach by either requesting in writing a meeting with the noticing party, curing the breach, or if the breach is of such a nature that it cannot be reasonably cured within thirty (30) days, commence curing the breach within said period and notifying the other party of the actions taken. If a meeting is requested by the party receiving the notice, it shall be scheduled within ten (10) days of the date notice is received. If corrective action is not taken by the party receiving notice, or the parties do not reach an agreement during the notice period, the parties shall deliver to each other all data, estimates, graphs, summaries, reports, and all other records, documents or papers as may have been accumulated or produced by the other party in performing this Agreement, whether completed or in process, and this Agreement shall terminate upon completion of the thirty (30) days notice period, at the option of the noticing party, notwithstanding any other provision of this Agreement.

B. **TERMINATION WITHOUT CAUSE.** This Agreement may be terminated by either party without cause upon ninety (90) days' advance written notice to the other party. In the event the COUNTY terminates this Agreement without cause, COUNTY shall return to HOSPITAL a prorated amount of the annual fee paid by HOSPITAL for that year. The service payment is not otherwise refundable in whole or part.

15. **SEVERABILITY.** If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

16. **REMEDIES NOT EXCLUSIVE.** No remedy herein conferred upon or reserved to COUNTY is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder or now or hereafter existing at law or in equity or otherwise.

17. **NO WAIVER OF DEFAULT.** No delay or omission of COUNTY to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy

given by this Agreement to COUNTY shall be exercised from time to time and as often as may be deemed expedient in the sole discretion of COUNTY.

18. **ENTIRE AGREEMENT AND AMENDMENT.** In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel.

19. **SUCCESSORS AND ASSIGNS.** All representations, covenants and warranties set forth in this Agreement, by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

20. **CALIFORNIA LAW.** This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in state court, or in the federal district court nearest to Santa Barbara County, if in federal court.

21. **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

22. **AUTHORITY.** All parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and that all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, HOSPITAL hereby warrants that it shall not have breached the terms or conditions of any other contract or agreement to which HOSPITAL is obligated, which breach would have a material effect hereon.

23. **ATTORNEYS' FEES.** If any legal action or proceeding arising out of or relating to this Agreement is brought by either party, the prevailing party shall be entitled to receive from the other party, in addition to any other relief that may be granted, reasonable attorneys' fees, costs and expenses incurred in any such action or proceeding.

Agreement for EMS Medical Services Oversight between the **COUNTY OF SANTA BARBARA**
and **MARIAN MEDICAL CENTER**

IN WITNESS WHEREOF, the parties have executed this agreement to be effective upon the date authorized by the Santa Barbara County Board of Supervisors.

COUNTY OF SANTA BARBARA

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

Chair, Board of Supervisors

By: _____
Deputy

Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED
TAKASHI WADA, MD, MPH
DIRECTOR / HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____
Director

By: _____
Risk Program Administrator

NANCY LAPOLLA, MPH
DIRECTOR, EMS AGENCY

By: _____
Director

Agreement for EMS Medical Services Oversight between the **COUNTY OF SANTA BARBARA**
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IN WITNESS WHEREOF, the parties have executed this agreement to be effective upon the date authorized by the Santa Barbara County Board of Supervisors.

Charles J. Cova
Chief Executive Officer
Marian Medical Center

By: _____

Date: _____

POLICY NO:	640
DATE ISSUED:	3/15/2010
DATE REVIEWED/REVISED:	
DATE TO BE REVIEWED:	3/15/2012

EXHIBIT A

TITLE: STEMI Receiving Center Standards

Purpose: To define the criteria for designation as a STEMI Receiving Center in Santa Barbara County.

Authority: Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Sections 100147 and 100169.

Policy: A STEMI Receiving Center (SRC), approved and designated by Santa Barbara County EMS Agency shall meet the following requirements:

A. Hospital Licenses Requirements for a SRC

1. Currently recognized as a Receiving Hospital according to SB EMS Policy 600
2. Holds a Special permit for a Cardiac Catheterization Laboratory from the California State Department of Health Services (DHS)
3. Holds a special permit issued by DHS for Cardiovascular Surgery Service or has established current transfer agreements with a hospital or hospitals holding such a special permit.
4. Enters into a written agreement with the County for designation.

B. Hospital Capabilities

1. Cardiac Catheterization Laboratory available 24 hours per day / 7 days per week.
2. An Intra Aortic Balloon Pump shall be available on site 24 hours per day / 7 days per week with a person capable of operating this equipment.

C. Personnel

1. SRC Medical Director:
 - a. The SRC shall designate a medical director for the STEMI program who shall be a physician certified by the American Board of Internal Medicine (ABIM) with current ABIM sub-specialty certification in Cardiovascular Disease, and Interventional Cardiology who will ensure compliance with these SRC standards and perform ongoing Quality Improvement (QI) as part of the hospital QI Program.
 - b. The SRC Medical Director must be a credentialed member of the medical staff with PCI privileges.
2. SRC Program Manager:

The SRC shall designate a program manager for the STEMI program who shall be a registered nurse with experience in Emergency Medicine or Cardiovascular Care, who shall assist the SRC Medical Director to ensure compliance with these SRC standards and the QI program.

3. Cardiovascular Lab Coordinator:

The SRC shall have a Cardiovascular Lab Coordinator who shall assist the SRC Medical Director and the SRC Program Manager to ensure compliance with these SRC Standards and the QI Program.

4. Physician Consultants:

- a. The SRC shall maintain a daily roster of on-call Interventional Cardiologists-with privileges for PCI and credentialed by the hospital in accordance with the American College of Cardiology/American Heart Association national standards. These physicians must respond immediately upon notification and be promptly available when a STEMI Patient presents to the hospital.
- b. The SRC will submit a list of Cardiologists with active PCI privileges to the EMS Agency annually.

D. Clinical Process Performance Standard

1. The overall goal of the STEMI Care System in Santa Barbara County is to minimize the interval between first medical contact to coronary artery reperfusion.
2. SRCs will adopt evidence-based strategies to reduce time to reperfusion.

E. Policies

Internal policies and procedures shall be developed for the following:

1. STEMI Alert. The interventional cardiologist and cardiac catheterization lab team will be immediately contacted upon notification by prehospital personnel that they are transporting a patient on whom a 12-lead ECG that has been interpreted as an “Acute MI Suspected” or “Meets ST Elevation MI Criteria.”
2. Interventional cardiologist and cardiac catheterization laboratory staff will be required to respond immediately upon notification and have a response time standard of 20-30 minutes.
3. Emergency medicine physicians will have the authority to activate the cardiac catheterization laboratory staff.
4. Allow the automatic acceptance of any STEMI Patient from a Santa Barbara County Hospital upon notification by the transferring physician.
5. That an interventional cardiologist assumes care of the patient from the time the patient

arrives at the SRC.

6. To accept all patients meeting STEMI Patient triage criteria or upon transfer notification from a STEMI Referral Hospital, except when on an internal disaster, and provide a plan for triage and treatment of simultaneously presenting STEMI Patients, regardless of ICU/CCU or ED status.
7. Criteria for patients to receive emergent angiography or emergent fibrinolysis based on physician decisions for individual patients.

F. Data Collection:

1. Data listed in Appendix A shall be collected on an ongoing basis and provided to the Santa Barbara County EMS Agency.
2. Data will be entered into an EMS-approved instrument and submitted monthly, by no later than the 15th of the following month.
3. In consultation with the STEMI CQI Committee, EMS may require additional data be submitted.

G. Quality Improvement

1. The Quality Improvement program will include a process to review all cases of STEMI Patients taken to the catheterization laboratory at the end of the procedure and provide immediate feedback to the staff in the emergency department and the catheterization laboratory – prior to the end of that shift.
2. An SRC QI program shall be established to review performance and outcome data for STEMI Patients.
3. The SRC will actively participate in the Santa Barbara County EMS STEMI QI Program. This will require regular meeting attendance by the SRC Medical Director or designee, who will be a staff interventional cardiologist, and the SRC Program Manager.

Procedure:

A. Designation

An SRC may be designated following satisfactory review of written documentation and a site survey when deemed necessary, by the Santa Barbara County EMS Agency.

1. Application:
Eligible hospitals shall submit a written letter of intent and request for SRC approval to the EMS Agency, as well as complete a formal application documenting the compliance of the hospital with Santa Barbara County SRC Standards.
2. Approval:

SRC approval or denial shall be made in writing by the EMS Agency to the requesting hospital within two weeks after receipt of the request for approval, application completion and submission of all required documentation.

B. Redesignation

1. The EMS Agency may suspend or revoke the approval of a SRC at any time for failure to comply with any applicable policies, procedures, or regulations.
2. An SRC may be re-designated following a satisfactory Santa Barbara County EMS Agency review every year.
 - a. SRCs shall receive notification of evaluation from the EMS Agency.
 - b. SRCs shall respond in writing regarding program compliance.
 - c. On-site SRC visits for evaluative purposes may occur.
 - d. SRCs shall notify the EMS Agency by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

C. Discontinuation

The SRC shall submit a written 180 calendar day notice to the EMS Agency prior to the discontinuation of SRC services.

Exhibit A, Appendix A - STEMI Receiving Center Data Elements

All cases will include:

- Date of incident
- Receiving Center (SRC) identification
- (SRC) Medical Record Number assigned to patient
- Age of patient on day of arrival *
- Gender of patient.*
- Chief Complaint*
- Onset*
- Time*
- Location*

(in the case of patient admitting from a STEMI Referral Hospital, the SRH will collect these elements.)*

Cases will then be defined as either a Category 1, 2 or 3 as follows;

CATEGORY 1

For all patients arriving at a STEMI Receiving Center (SRC) by air or ground ambulance as a Field to SRC Transport

- Time of Dispatch (from PCR)
- Time On Scene – time treating paramedics arrived on scene (from PCR)
- Time at patient– time treating paramedics at patient's side (from PCR)
- Time first ECG was performed in the field (from PCR)
- Area of injury as printed on machine interpretation of prehospital ECG
- EDMD or Cardiologist interpretation of prehospital ECG
- Time of transport from scene to hospital begins (from PCR)
- Time of arrival to Emergency Department (from PCR)
- Time of arrival to Emergency Department (from hospital patient care record)
- Time first ECG was done by SRC
- ECG Interpretation by ERMD or cardiologist
- Time of SRH's first call to cardiologist
- Time of cardiologist arrival at SRC
- Time first call made to cardiovascular team (CVL)
- Time cardiovascular team arrives to SRC
- Time patient transported from ED to Cath Lab
- Time of arrival to Cath Lab
- Time of first reperfusion by balloon/device in Cath Lab
- Specific Infarct Related Artery
- Date of discharge from hospital
- Status at discharge (Alive, Dead)
- Comments

CATEGORY 2

For all patients arriving at a STEMI Receiving Center (SRC) as an “Arrival by Other than Ambulance” (i.e.; private vehicle, walk-in, etc.)

Time of arrival to Emergency Department
Time first ECG was done by SRC
ECG Interpretation by ERMD or cardiologist
Time of SRH's first call to cardiologist
Time of cardiologist arrival at SRC
Time first call made to cardiovascular team (CVL)
Time cardiovascular team arrives to SRC
Time patient transported from ED to Cath Lab
Time of arrival to Cath Lab
Time of first reperfusion by balloon/device in Cath Lab
Specific Infarct Related Artery
Date of discharge from hospital
Status at discharge (Alive, Dead)
Comments

CATEGORY 3

For all patients arriving at a STEMI Receiving Center as a STEMI Referral Hospital (SRH) Transport

Time of arrival to Emergency Department at SRH
Time first ECG was done by SRH
ECG Interpretation by ERMD or cardiologist
Time of SRH's first call for transport ambulance
Time of SRH's first call to STEMI Receiving Center
Time of ambulance arrival to referring hospital
Time of patient departure from SRH to STEMI Receiving Center (SRC)
Time of ambulance arrival at SRC
Time of patient arrival at Cath Lab
Time of first reperfusion by Cath Lab
Infarct Related Artery
Date of discharge from hospital
Status at discharge (Alive, Dead)
Comments
(additional data will have been collected by the STEMI Referral Hospital)*

Contract Summary Form:

Contract Number : REVENUE

- D1. Fiscal Year : FYs: 2009-10, 2011-12, 2012-13
 - D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 041
 - D3. Requisition Number..... : n/a
 - D4. Department Name..... : Public Health
 - D5. Contact Person : Nancy Lapolla
 - D6. Phone..... : 681 5264
-

- K1. Contract Type (check one): Personal Service Capital Project/Construction
 - K2. Brief Summary of Contract Description/Purpose : EMS Oversight: Marian Medical
 - K3. Original Contract Amount..... : \$15,000 for 10-11; 10,000 for 11-12 and 10,000 for 12-13
 - K4. Contract Begin Date : July 1, 2010
 - K5. Original Contract End Date : June 30, 2013
 - K6. Amendment History (leave blank if no prior amendments):n/a
- | <u>Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate</u> | <u>Purpose (2-4 words)</u> |
|---|----------------------------|
| \$ | \$ |
| \$ | |
-
- K7. Department Project Number..... :

- B1. Is this a Board Contract? (Yes/No)..... : Yes
 - B2. Number of Workers Displaced (if any) : n/a
 - B3. Number of Competitive Bids (if any)..... : n/a
 - B4. Lowest Bid Amount (if bid)..... : \$n/a
 - B5. If Board waived bids, show Agenda Date..... : n/a
 - B6. ... and Agenda Item Number..... : #n/a
 - B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : yes
-

- F1. Encumbrance Transaction Code..... : 1701
 - F2. Current Year Encumbrance Amount..... : \$n/a
 - F3. Fund Number : n/a
 - F4. Department Number..... : 041
 - F5. Division Number (if applicable)..... : 13
 - F6. Account Number : n/a
 - F7. Cost Center number (if applicable) : 6200
 - F8. Payment Terms..... : n/a
-

- V1. Vendor Numbers (A=uditor; P=urchasing) :
- V2. Payee/Contractor Name : Marian Medical Center
- V3. Mailing Address : 1400 East Church St,
- V4. City State (two-letter) Zip (include +4 if known) : Santa Maria, CA 93454
- V5. Telephone Number..... :
- V6. Contractor's Federal Tax ID Number (EIN or SSN) : n/a
- V7. Contact Person..... : Charles J. Cova
- V8. Workers Comp Insurance Expiration Date :
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :
- V10. Professional License Number : #n/a
- V11. Verified by (name of County staff) : John Eaglesham/Rose Davis
- V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature