



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:	July 2, 2013
Placement:	Departmental
Estimated Time:	10 minutes on 7/2/13
Continued Item:	No
If Yes, date from:	
Vote Required:	Majority

TO: Board of Supervisors

FROM: Department Takashi M. Wada, MD, MPH Director/ Health Officer
Director Public Health Department
Contact Info: Nancy Lapolla, MPH (681-5264)
Emergency Medical Services Agency Director

SUBJECT: STEMI Receiving Center Designation Amendments with Santa Barbara Cottage Hospital and Marian Regional Medical Center.

County Counsel Concurrence

As to form: Yes

Auditor-Controller Concurrence

As to form: Yes

Other Concurrence: Risk Mgmt

As to form: Yes

Recommended Actions:

That the Board of Supervisors consider recommendations regarding STEMI Receiving Center designation for two area hospitals within Santa Barbara County as follows:

- A) Receive a brief presentation on the Comprehensive Cardiac Care System, STEMI Program.
- B) Approve and authorize the Chair to execute a First Amendment to the Professional Services Agreement between Santa Barbara County and Marian Regional Medical Center (MRMC) for designation as a Santa Barbara County STEMI Receiving Center.
- C) Approve and authorize the Chair to execute a First Amendment to the Professional Services Agreement between Santa Barbara County and Santa Barbara Cottage Hospital (SBCH) for designation as a Santa Barbara County STEMI Receiving Center.
- D) 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 provide an oral presentation on the local Comprehensive Cardiac Care System, STEMI Program and to execute two Amendments to Agreements with local hospitals currently designated as STEMI Receiving Centers.

The Comprehensive Cardiac Care System was created in 2010. The STEMI program is part of this system and was established to provide an organized response to STEMI patients which includes oversight of the STEMI Receiving Centers 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.

On March 2, 2010, your Board approved the Emergency Medical Services (EMS) Agency’s Comprehensive Cardiac Care Program. On August 3, 2010, your Board approved Agreements with MRMC and SBCH as STEMI Receiving Centers. These First Amendments before your Board 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:

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 (SRCs), 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 (PCI), 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 SRC where PCI can be performed.

System Performance

Since the Comprehensive Cardiac Care Program was initiated in 2010, 318 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).

- 161 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 49 minutes. The ACC/AHA goal for this interval is 90 minutes.

- 90 patients arrived to an SRC by means other than ambulance. The Door-to-Balloon Time for these patients was 68 minutes. The ACC/AHA goal is 90 minutes.
- 67 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 SRC. The median Door-to-Balloon Time was 108 minutes. The ACC/AHA goal is 120 minutes.

SBCH and MRMC 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 from June 30, 2013 to June 30, 2016, and increase the Agreement amount from \$10,000 to \$15,000.

Fiscal and Facilities Impacts:

Budgeted: No

<u>Funding Sources</u>	<u>Current FY 13-14 Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund			
State			
Federal			
Fees	\$ 30,000.00	\$ 30,000.00	
Other:			
Total	\$ 30,000.00	\$ 30,000.00	\$ -

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 \$15,000 annually and thereafter for maintaining the STEMI program. Once your Board approves this agreement, the PHD will return to your board with the necessary budget revision request. For FY 2013-14, \$30,000 will be included as part of the adjusted FY 2013-14 budget and will be included as part of the prospective fiscal year recommended budget.

Staffing Impacts:

This will not result in any additional need for facilities.

Special Instructions:

Please return one executed original Amendment for each hospital (MRMC and SBCH) and a copy of the Minute Order to the PHD Contracts Unit at PHDRES.ContractsUnit@sbcphd.org

Attachments:

First Amendment to Agreement for STEMI Designation with Santa Barbara Cottage Hospital
 First Amendment to Agreement for STEMI Designation with Marian Regional Medical Center

Authored by:

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