



Regional Acute Coronary Syndrome (ACS) System Plan

Endorsed by SETRAC Board of Directors

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SETRAC Regional Cardiac Care System Plan

Table of Contents

INTRODUCTION	3
ACS SYSTEM OF CARE GOALS	4
CARDIAC FACILITY CAPABILITIES/EXTERNAL CREDENTIALING	4
HEART ATTACK AWARENESS AND PREVENTION.....	5
SYSTEM ACCESS.....	5
COMMUNICATIONS.....	5
MEDICAL DIRECTION/OVERSIGHT.....	6
PRE-HOSPITAL TRIAGE CRITERIA	6
FACILITY SATURATION.....	6
FACILITY BYPASS.....	7
FACILITY TRIAGE CRITERIA	7
INTER-HOSPITAL TRANSFERS	7
SYSTEM QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT	7
Annex A: Demographics & Organizations	8
Appendix A-1: Map of the Region	9
Appendix A-2: List of Cardiac Designated Hospitals	9
Appendix A-3: EMS, Air Medical, & FRO	12
Annex B Governance	15
Appendix B-1: Cardiac Committee Charter	16
Appendix B-2: Cardiac Committee Structure	19
Annex C: Regional Guidelines.....	20
Appendix C-1: ACS/Chest Pain Prehospital Guidelines	21

INTRODUCTION

- **PURPOSE**

The purpose of the Acute Coronary Syndrome (ACS) Plan is to facilitate coordination of heart attack care providers to promote the most efficient, consistent, and expeditious care of each individual who experiences a heart attack.

- **MISSION**

The mission of the Southeast Texas Regional Advisory Council (SETRAC) Cardiac Committee is to reduce heart disease morbidity and mortality by developing and maintaining integrated quality processes in patient care and public education.

- **VISION**

SETRAC will provide leadership in ACS treatment within TSA Q through a stakeholder coalition supported by resources which will develop, operate, evaluate, and integrate a regionalized cardiac system of care.

- **ORGANIZATION**

SETRAC provides the infrastructure and leadership necessary to sustain an ACS treatment and transfer system within the designated nine-county region of Trauma Service Area Q (TSA Q) and works to improve the level of care provided to persons living or traveling through this region. Together, through the work of designated standing committees, SETRAC member organizations (hospitals, first responder organizations, EMS providers, air medical providers, emergency management, public health, etc.) collaborate to assure that quality care is provided to ACS patients by pre-hospital and hospital professionals. SETRAC will provide heart health awareness and education to the public and healthcare providers in each of the nine counties it serves.

- **REGIONAL PLAN**

This plan has been developed in accordance with the general accepted ACS guidelines and procedures for implementation of a comprehensive Emergency Medical Services (EMS) and ACS system plan. This plan does not establish a legal standard of care but is intended as an aid to decision-making in ACS patient care. It is not intended to supersede the physician's prerogative to order treatment.

ACS SYSTEM OF CARE GOALS

The purpose of the SETRAC Cardiac Care Committee is to facilitate the development, implementation, and operation of a comprehensive ACS system based on accepted, evidence-based standards of care to decrease morbidity and mortality related to ACS. SETRAC will solicit participation from health care facilities, organizations, entities, and professional societies involved in health care. SETRAC will encourage multi-community participation in providing ACS care, work to promote improvement of facility services, and cooperate with all member entities, agencies, and organizations in the establishment of an efficient and effective system of ACS care. SETRAC will develop a plan for a regional comprehensive ACS system that will:

- Identify and integrate resources to foster commitment and collaboration in developing a regional cardiac system of care.
- Identify strategies to promote EMS provider participation in the cardiac system of care.
- Establish system coordination relating to access, protocols/ procedures, and referrals. This coordination intends to establish continuity and uniformity of care among the providers of cardiac patient care.
- Promote internal communication as the mechanism for system coordination. This communication will include stakeholders such as EMS providers, hospitals, and members of the SETRAC Cardiac Committee.
- Create system efficiency through continuous quality improvement processes to develop standardization and uniformity in approaches to cardiac patient care.

CARDIAC FACILITY CAPABILITIES/EXTERNAL CREDENTIALING

- To ensure that there is understanding throughout the region with regards to facility capabilities for the care of the ACS patient, and this information is available for patient destination decision making.
- EMResource is the official means of notification of these capabilities and their availability. To remain listed in EMResource as a cardiac facility, the facility must remain in good standing through the participation requirements listed below.
- Because the Texas Department of State Health Services (DSHS) does not designate ACS facilities in Texas, the committee will encourage external credentialing organizations as the means for recognition of cardiac facilities. Examples of credentialing bodies are:
 - American College of Cardiology
 - Joint Commission
 - Mission: Lifeline
 - Accreditation for Cardiovascular Excellence
- SETRAC participation requirements specific to PCI facilities include, but are not limited to:
 - Payment of dues as an accredited center.

SETRAC Regional Cardiac Care System Plan

- Participation in SETRAC—6 annual meetings with at least 3 being cardiac committee meetings.
- Submission of cardiac data to SETRAC on a quarterly basis.
- Compliance with all rules established by the SETRAC Board and the Cardiac Committee (with approval by the SETRAC Board.)

NOTE: Any facility that does not meet participation requirements of the above-mentioned committees and misses two fiscal quarters of data submission will be deemed “Not participating with SETRAC” and arrangements will need to be made on an individual basis between the facility and SETRAC in relation to any discrepancies.

HEART ATTACK AWARENESS AND PREVENTION

Goal: The SETRAC Cardiac Care system stakeholders (SETRAC, EMS and facilities) will partner to conduct health education, public awareness and community outreach on heart health, early heart attack care, recognition of signs and symptoms of heart attack, and the emergent care of the heart attack victim.

SYSTEM ACCESS

Goal: Persons in the region will have access to emergency cardiac care. In portions of this region, First Responder Organizations (FRO) may provide initial treatment pending EMS arrival.

A primary element of an EMS/ACS system is the provision of easy and rapid access to EMS and subsequent mobilization of a medical response to the scene. Every call for emergency services should universally and automatically be accompanied by location identifying information. Routing is based on telephone exchange area, not municipal boundaries. Automatic Number Identification (ANI) and Automatic Location Identification (ALI) should be available. Alternative Routing allows 911 calls to be routed to a designated alternative location when in effect. Most areas route their calls to the county 911 in case of overload or failure.

Committee Charge

EMS Committee in collaboration with the Cardiac Care Committee will promote written protocols and proper training of dispatch personnel.

COMMUNICATIONS

- EMS to hospital alerts
 - EMS should have the ability to alert the hospital when a STEMI is identified to activate care teams prior to the patient’s arrival at the hospital.

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- Hospitals should work with local EMS to define and continually improve communications methods and procedures that describe how EMS alerts are received in the hospital and then distributed to physicians and treatment teams.
- EMS to hospital 12-leads
 - EMS should have the ability to send 12-lead ECGs from the field to the hospital.
 - EMS protocols should describe which patients should have their 12-lead ECG transmitted to the hospital.
 - STEMI Team Notification should not be dependent on 12-lead ECG transmission.
- Follow Up
 - Hospitals should provide feedback to EMS on all patients where EMS initiated a STEMI alert as well as any patient transported by EMS that was later found to have a STEMI.

MEDICAL DIRECTION/OVERSIGHT

- Each EMS agency Medical Director is responsible for developing local protocols and for monitoring and improving their agencies performance.
- Local guidelines should be generally compatible with regional prehospital guidelines but may be modified at the discretion of the agency Medical Director.
- The SETRAC Cardiac Care Committee should work with the Medical Director and EMS Committees to complete a periodic review and update of prehospital guidelines.

PRE-HOSPITAL TRIAGE CRITERIA

- EMS should follow local protocols regarding triage criteria.
- Local protocols should describe when a patient should be taken preferentially to a PCI center over a non-PCI center as well as situations where air medical transport should be considered.

FACILITY SATURATION

Goal: SETRAC ACS/Chest Pain facilities will communicate “facility saturation” (formerly known as “facility diversion”) status promptly and clearly to regional EMS and other facilities through EMResource to assure that cardiac patients are transported to the nearest appropriate ACS/Chest Pain facility.

Facility Saturation is used by ACS/Chest Pain System entities to assure ACS/Chest Pain patients will be transported to the nearest appropriate ACS/Chest Pain facility when the facility cannot at that time accept a patient for safe and appropriate patient care. (See ACS/Chest Pain Prehospital guidelines). These include situations which would require the facility to go on saturation, notification/ activation of saturation status, and the procedure for termination of saturation status. All facilities and pre-hospital providers should use the EMResource to notify EMS partners of saturation status.

FACILITY BYPASS

Goal: Suspected ACS/Chest Pain patients who are eligible within the timeframe for United States FDA approved cardiac therapies will be safely and rapidly transported to the nearest appropriate ACS/Chest Pain facility in accordance with published SETRAC transport guidelines.

SEE APPENDIX A: ACS/Chest Pain Prehospital Guidelines.

FACILITY TRIAGE CRITERIA

GOAL: To promote the use of National, evidence-based guidelines for the triage of ACS/Chest Pain patients

INTER-HOSPITAL TRANSFERS

GOAL: To assure that those ACS/Chest Pain patients requiring additional or specialized care and treatment beyond a facility's capability are identified and transferred to the most appropriate facility as soon as possible.

According to the federal Emergency Medical Treatment and Labor Act (EMTALA), a cardiac facility must accept any transfer of patients whose condition requires a higher level of care that cannot be provided at the initial facility.

SYSTEM QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

GOAL: To promote participation in SETRAC's data collection registry for regional performance improvement.

SETRAC has established a method for monitoring and evaluating ACS/Chest Pain system performance over time and assessing the impact of ACS/Chest Pain system development on the region's public health.

SETRAC has established regional cardiac data filters which reflect processes and outcomes of the SETRAC ACS/Chest Pain system of care. SETRAC also provides a multidisciplinary forum for cardiac care providers to evaluate cardiac patient outcomes from a system perspective and facilitates the sharing of information, knowledge, and scientific data.

SETRAC and our stakeholders shall conduct ongoing performance evaluation through quality indicators developed by each Committee Chair of the Board Recognized Committees, to ensure continued compliance with regional guidelines. The Medical Director for the Cardiac Committee will facilitate case reviews based on criteria established in the SETRAC QI Plan.

Annex A: Demographics & Organizations

- Appendix A-1 Map of Region
- Appendix A-2 List of Hospitals
- Appendix A-3 List of EMS, Air Medical & FRO Agencies

Appendix A-1: Map of the Region



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Appendix A-2: List of Cardiac Designated Hospitals

Facility	PCI Status
CHI Baylor St. Luke's Medical Center	PCI
CHI St. Luke's Health - Patients Medical Center	PCI
CHI St. Luke's Health - Sugar Land Hospital	PCI
CHI St. Luke's Health - The Vintage Hospital	PCI
CHI St. Luke's Health - The Woodlands Hospital	PCI
Columbus Community Hospital	Non-PCI
El Campo Memorial Hospital	Non-PCI
Harris Health System- Ben Taub Hospital	PCI
Harris Health System- Lyndon B. Johnson Hospital	Non-PCI
HCA Houston Healthcare Clear Lake	PCI
HCA Houston Healthcare Conroe	PCI
HCA Houston Healthcare Kingwood	PCI
HCA Houston Healthcare Medical Center	PCI
HCA Houston Healthcare North Cypress	PCI
HCA Houston Healthcare Northwest	PCI
HCA Houston Healthcare Southeast	PCI
HCA Houston Healthcare Tomball	PCI
HCA Houston Healthcare West	PCI
HCA Woman's Hospital of Texas	Non-PCI
Houston Methodist Baytown Hospital	PCI
Houston Methodist Clear Lake Hospital	PCI
Houston Methodist Hospital	PCI
Houston Methodist Sugar Land Hospital	PCI
Houston Methodist The Woodlands Hospital	PCI
Houston Methodist West Hospital	PCI
Houston Methodist Willowbrook Hospital	PCI
Huntsville Memorial Hospital	Non-PCI
Matagorda Regional Medical Center	Non-PCI
Memorial Hermann - Texas Medical Center	PCI
Memorial Hermann Children's - Texas Medical Center	<i>Non-PCI</i>
Memorial Hermann Cypress Hospital	PCI
Memorial Hermann Greater Heights Hospital	PCI
Memorial Hermann Katy Hospital	PCI
Memorial Hermann Memorial City Medical Center	PCI
Memorial Hermann Northeast Hospital	PCI
Memorial Hermann Southeast Hospital	PCI
Memorial Hermann Southwest Hospital	PCI
Memorial Hermann Sugar Land Hospital	PCI
Memorial Hermann The Woodlands Hospital	PCI
Michael E. DeBakey VA Medical Center	PCI

SETRAC Regional Cardiac Care System Plan

Midcoast Medical Center -Bellville	<i>Non-PCI</i>
OakBend Medical Center	Non-PCI
OakBend Medical Center - Williams Way	Non-PCI
Rice Medical Center	Non-PCI
St. Joseph Medical Center	PCI
Texas Children's Hospital	Non-PCI
Texas Children's Hospital - The Woodlands	Non-PCI
Texas Children's Hospital - West Campus	Non-PCI
United Memorial Medical Center	Non-PCI
UTMB Clear Lake Campus	PCI

SETRAC Regional Cardiac Care System Plan

Appendix A-3: EMS, Air Medical, & FRO

RAC Q EMS, Air Medical, & FRO	
A BELIEVERS EMS LLC	CITY OF LA PORTE FIRE DEPARTMENT
ABERDEEN AMBULANCE EMS	CITY OF NASSAU BAY EMS
ABOVE AVERAGE EMS LLC	CITY OF SEABROOK
ACUTE CARE EMS INC	CITY OF SOUTH HOUSTON EMS DEPARTMENT
ADAMS EMS	CITY OF WEBSTER FIRE DEPARTMENT
ADJUVANT AMBULANCE TRANSPORT	CITY OF WHARTON EMS
ADVANCE EMS AMBULANCE SERVICE LTD	CLEVELAND EMS DBA DFWEMS; TEXOMA EMS; ECTOR-MIDLAND COUNTY EMS
AERO EMS INC	COLASSAL EMS LLC
AFFIRMATIVE EMS	COLORADO COUNTY EMS
AIR AMBULANCE 1	COMMUNITY VFD
ALDINE FIRE RESCUE	COMPASSIONATE EMS LLC
ALERT MEDICAL RESPONSE	CONCORD EMS INC
AM / PM EMS INC	CONOCOPHILLIPS COMPANY
AMBU-CARE TRANS	CORRECTIONAL MANAGED CARE
AMERICAN ADVANCED CARE	COUNTY EMS
AMERICAN CARE EMS, INC	CRABBS PRAIRIE VOLUNTEER FIRE DEPARTMENT
AMERICAN MEDICAL RESPONSE DBA AMR DBA P&S AMBULANCE	CY-FAIR FIRE DEPARTMENT
AMGREF EMS INC	CYPRESS CREEK FIRE DEPARTMENT
APEX AMBULANCE SERVICES	D & L EMS
ATASCOCITA FIRE DEPARTMENT	DALIA AMBULANCE SERVICE
ATLANTIS EMS	DAYSTAR EMS INC
ATWELL EMS, INC	DEER PARK VOLUNTEER FIRE DEPARTMENT
AUSTIN COUNTY EMERGENCY MEDICAL SERVICES	DIGNITY BEST EMS INC
AVANTE AMBULANCE INC	DODGE VOLUNTEER FIRE DEPARTMENT INC
BAYOU CITY EMS	DYNAMO EMS INC
BAYTOWN FIRE DEPARTMENT	EAST BERNARD EMERGENCY MEDICAL SERVICE INC
BEASLEY COMMUNITY VOLUNTEER FIRE DEPT	EVENT EMS
BEST CARE AIR & GROUND AMBULANCE SERVICE	EXECUTIVE EMERGENCY MEDICAL SERVICES LLC
CARE EMS INC	FAIRCHILD VOLUNTEER FIRE DEPARTMENT INC
CAT SPRING VOLUNTEER FIRE DEPARTMENT	FIRST CHOICE AMBULANCE SERVICE INC
CHAMPIONS ESD	FIRST MED CARE EMS
CHANNELVIEW FIRE DEPARTMENT	FIRST MEDICAL RESPOND
CHILDREN'S AMBULANCE SERVICE	FIRST MEDICAL RESPONSE, KIDDIEMED EMS
CITY AMBULANCE SERVICE, FIRST MEDICAL RESPONSE, CYPRESS CREEK EMS	FOREST BEND VFD
CITY OF BELLAIRE FIRE DEPT	FORT BEND COUNTY EMS
CITY OF EL CAMPO	FORT BEND COUNTY ESD #8
CITY OF LA PORTE EMS	FULSHEAR SIMONTON FIRE DEPARTMENT
	GALENA PARK FIRE DEPARTMENT
	GARWOOD VOLUNTEER FIRE DEPT

SETRAC Regional ACS System Plan

GREATER CARE EMS LLC	LIFESTAR EMS
HARRIS COUNTY EMERGENCY CORPS	LITTLE YORK VOLUNTEER FIRE DEPARTMENT
HARRIS COUNTY EMERGENCY SERVICE DISTRICT #17	LONE STAR EMS INC
HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 5	LONGHORN AMBULANCE SERVICES
HARRIS COUNTY ESD 10 DBA	LYNBROOK EMS
HARRIS COUNTY ESD 11 MOBILE HEALTHCARE	MAGNOLIA EMS
HARRIS COUNTY ESD 12 FIRE DEPARTMENT	MEDIC TRANSIT EMS INC
HARRIS HEALTH SYSTEM EMS	MEDIX EMS
HATZALAH OF HOUSTON	MEDXPRESS EMS
HCESD 48 FIRE DEPARTMENT	MEGA CARE EMS
HCESD5	MEMORIAL HERMANN HOSP LIFE FLIGHT, MEMORIAL HERMANN LIFE FLIGHT
HEALTH QUEST EMS LLC	METRO EMS
HEALTHSOURCE MEDICAL RESPONSE LLC	MISSOURI CITY FIRE & RESCUE SERVICES
HEALTHSTAR EMS	MISSOURI HEALTH SERVICES INC
HHT GROUP INC DBA	MOBILE EMS PLLC
HIDALGO COUNTY EMS/SOUTH TEXAS AIRMED/CAMERON COUNTY EMS	MONTGOMERY COUNTY FIRST RESPONSE
HIGHLANDS VOLUNTEER FIRE DEPARTMENT	MONTGOMERY COUNTY HOSPITAL DISTRICT EMS
HOLINESS & BROTHERS EMS	NASSAU BAY VOLUNTEER FIRE DEPARTMENT
HOLISTIC CARE EMS LLC	NATIONAL CARE EMS
HOUSTON FIRE DEPARTMENT	NEEDVILLE FIRE DEPARTMENT
HOUSTON LIVESTOCK SHOW & RODEO SAFETY COMMITTEE	NEW QUEST EMS INC
HOUSTON MEDICAL RESPONSE	NEW STAR EMS
HOUSTON METHODIST HOSPITAL	NEW WAVERLY VFD
HUFFMAN VOLUNTEER FIRE DEPARTMENT INC	NOA EMERGENCY MEDICAL SERVICE
HUMBLE FD EMS	NORTH CHANNEL EMERGENCY MEDICAL SERVICES
HUNTSVILLE FIRE DEPARTMENT	NORTH CHANNEL EMS
I D F EMS INC	NORTH CYPRESS EMS
INSTACARE EMS	NORTHEAST FORT BEND COUNTY VOLUNTEER FIRE DEPT
INSTAMED EMS	NORTHWEST COMMUNITY HEALTH
INTEGRITY ALLIANCE PARTNERS LLC	NORTHWEST VOLUNTEER FIRE DEPARTMENT
JACINTO CITY FIRE DEPARTMENT	NURSE MANAGEMENT EMS
JERSEY VILLAGE FIRE DEPARTMENT	ORION EMS LLC
JEWEL AMBULANCE SERVICE INC	PATRIOT EMS
KANGAROO CREW	PEDIATRIC TRANSPORT EMS LLC
KATY FIRE DEPARTMENT	PHI AIR MEDICAL
KLEIN VFD	PLATINUM STAR EMS LLC
LIFE LINE EMS LLC	PLEAK FD
LIFE MED CARE INC	PONDEROSA VOLUNTEER FIRE DEPARTMENT INC
LIFECARE EMS	PORT OF HOUSTON FIRE DEPARTMENT
LIFERITE EMS	PRECISE CARE EMS

SETRAC Regional ACS System Plan

PRECISE EMS; TEXAS MEDICAL RESPONSE	ST STEPHEN EMS
PREFERRED MEDICAL TRANSPORT	STAFFORD FIRE DEPARTMENT
PREMIER CARE EMS LLC	STANDARD EMS INC
PREMIUM CARE EMS LLC	SUGAR LAND EMS
PRIME AMBULANCE SERVICE INC	SUGAR LAND FIRE-EMS, SUGAR LAND FIRE
PRIORITY AMBULANCE TRANSFER LLC	DEPARTMENT
PROCARE EMS LLC	SUPPORT SYSTEMS EMS INC
PROGRESSIVE AMBULANCE SERVICE LLC	SWEENEY COMMUNITY HOSPITAL
PULSE EMS	SYNERGY AMBULANCE SERVICE
QUICK RESPONSE EMS	TENDER CARE AMBULANCE
RAPID MEDICAL TRANSPORTATION CORPORATION	TEXANS AMBULANCE
RELIEF AMBULANCE SERVICES	TEXAS CRITICAL CARE
REPUBLIC EMS LTD	THOMAS LAKE ROAD VFD INC
RESCUE EMS	THREE STAR EMS INC
RICE UNIVERSITY EMS	TOMBALL FIRE DEPARTMENT
RICHMOND FIRE DEPARTMENT	TRANSPARENT CARE EMS LLC
RIGHT CHOICE EMS	TRANS-STAR MEDICAL TRANSPORT INC
RIVERSIDE VOLUNTEER FIRE DEPT	TRULIFE AMBULANCE TRANSFER INC
ROBINHOOD EMS INC	UAC EMS
ROSEHILL FIRE DEPARTMENT	UNICARE EMS LLC
ROSENBERG FIRE DEPARTMENT	UNIFIRST EMS INC
SEABROOK VOLUNTEER FIRE DEPARTMENT	UNITED AMBULANCE
SEALY FIRE DEPARTMENT	VELOCITY HEALTHCARE SERVICES LLC
SHELDON COMMUNITY VOLUNTEER FIRE & RESCUE INC	VENTURA EMS
SIGNA EMS INC	VILLAGE FIRE DEPARTMENT
SKYLINE EMS	WALKER COUNTY EMS
SOCIETY TEAM EMS	WALLER COUNTY EMS
SOLID ROCK EMS	WALLER-HARRIS COUNTY EMERGENCY SERVICES
SOUTH LAKE HOUSTON EMS	DISTRICT 200
SOUTHEAST VOLUNTEER FIRE DEPARTMENT	WEST UNIVERSITY PLACE FD
SPARTANS EMS LLC	WESTLAKE VOLUNTEER FIRE DEPARTMENT INC
SPECIALTY MEDICAL TRANSPORT INC.	WILLOWBROOK EMS
SPRING FIRE DEPARTMENT	WILLOWFORK FIRE DEPT
ST ANDREW'S EMS	WINDSOR EMS INC
ST CHRISTINAS EMS	WOODLANDS FIRE DEPARTMENT
ST JOSEPHS AMBULANCE SERVICE INC	ZAP EMERGENCY MEDICAL SERVICES

Annex B Governance

- Appendix B-1 Cardiac Committee Charter
- Appendix B-2 Cardiac Committee Structure

Appendix B-1: Cardiac Committee Charter

Southeast Texas Regional Advisory Council Cardiac Committee Charter

The Southeast Texas Regional Advisory Council's (SETRAC) Board of Directors recognizes the Cardiac Committee for the geographic area encompassing TSA-Q and as a Standing Committee to the SETRAC Board, with the authority, responsibilities and specific duties as described in this Charter.

Definition

For the purposes of this instrument, *Charter* shall be defined as: "A written instrument given as evidence of agreement."

COMPOSITION

The Cardiac Committee is open to all healthcare, emergency medical services providers, public health professionals, jurisdictional entities, business, and volunteer organizations within the pre-designated region. The Cardiac Committee will establish a leadership structure which shall consist of select members of the cardiac region to include:

CARDIAC COMMITTEE

- 2 Healthcare Representatives from each chest pain designated hospital in the SETRAC region (1 Physician, 1 Nurse) appointed by the CEO or CNO of the facility.
- 2 EMS representatives from each county.
- 1 Chair (Must be from the Committee membership)
- 1 Medical Director
- 2 Vice Chairs (Must be from the Committee membership)

Voting: All appointed representatives by entity CEO/ CNO

Non-Voting: Invited guests

PURPOSE AND SCOPE

The purpose and scope of the Cardiac Committee is to establish a collaborative, coordinated, consistent and transparent system to improve STEMI care for all citizens in the SETRAC region.

RESPONSIBILITIES

- Coordinate with local, regional, and state officials/jurisdictions in cardiac program development and education efforts for the healthcare community.
- Identify and determine gaps in clinical outcomes, resources, education, or training and develop actionable plans to support educational and process refinement.
- Facilitate integration with local, regional, and state cardiac partners.
- Assist in development and execution of education based on identified needs/issues, formulate corrective action plans, and perform follow-up measures to ensure best practices have been instituted.
- Disseminate education and cardiac initiatives.
- Provide guidance and recommendations to the Board on planning initiatives, program development and grant expenditures.

SETRAC Regional ACS System Plan

SUBCOMMITTEES/WORKGROUPS

The cardiac committee may establish subcommittees and workgroups as part of the committee structure designated to accomplish these responsibilities.

Standing cardiac subcommittees include:

Cardiac Data Subcommittee – this committee is comprised of SETRAC clinical and data staff and subject matter experts in their respective fields to analyze cardiac data across the region and address initiatives based on data findings.

STEMI Coordinators Subcommittee – this committee is comprised of designated STEMI coordinators across the region and SETRAC clinical staff. The purpose is to identify training gaps and develop and offer educational opportunities to enhance cardiac program development at member institutions.

Current workgroups are subject to change based on the needs of the committee:

Cardiac Education Workgroup – The purpose of this workgroup is to identify educational needs and implement educational programs throughout the region related to cardiac health and care.

REPORTING STRUCTURE

The cardiac committee leaders will report to the cardiac Chair, who in turn reports to the SETRAC Board of Directors. Reports are provided periodically, but on at least an annual basis.

CHAIR

The Chair and Co-Chairs will be elected by and from the cardiac committee. The Chair must be affiliated with a cardiac designated healthcare organization. The Co-Chair will assume the position of Chair in the absence of the Chair.

TERM

Terms of chairs, co-chairs, and Medical Directors are designated through SETRAC bylaws.

ROLE OF CARDIAC COMMITTEE CHAIR

The Chair of the cardiac committee is responsible for the following:

- Working with the Clinical Leadership on setting the agenda and ensuring that agenda items are addressed.
- Facilitating achievement of committee priorities.
- Communicating the activities of the cardiac committee to the SETRAC Board of Directors via the SETRAC Clinical Leadership and following up on issues identified.
- Identifying planning gaps within the purview of the cardiac committee and addressing those issues in an appropriate manner.
- Referring planning gaps or concerns outside the purview of the cardiac committee to the appropriate committees/departments
- Facilitating data-driven regional initiatives to improve patient outcomes.

PARTICIPATION REQUIREMENTS

The following are the requirements of participation:

- Membership dues

SETRAC Regional ACS System Plan

- Six (6) meeting credits annually with at least three (3) credits earned in cardiac committee, subcommittee, and/or workgroup meetings.
- The three (3) other credits can be earned by attending any SETRAC Board meeting, or any other SETRAC standing committee meeting in person or virtually.
- Submit completed and accurate cardiac data to SETRAC (last fiscal year + current).

ATTENDANCE

Members of the cardiac committee are expected to attend and actively participate in all meetings. If an appointed member is unable to attend and will send an alternate delegate, this should be communicated to the SETRAC clinical leadership.

The Chair and Co-Chairs are expected to attend and actively participate in all meetings and must be present (in-person) for 50% of all Cardiac Committee meetings. Failure to meet these criteria will result in removal as Chair/Co-Chair and will initiate an election process to replace the vacant position(s). Committee leaders must remain in good standing with attendance and data submission requirements.

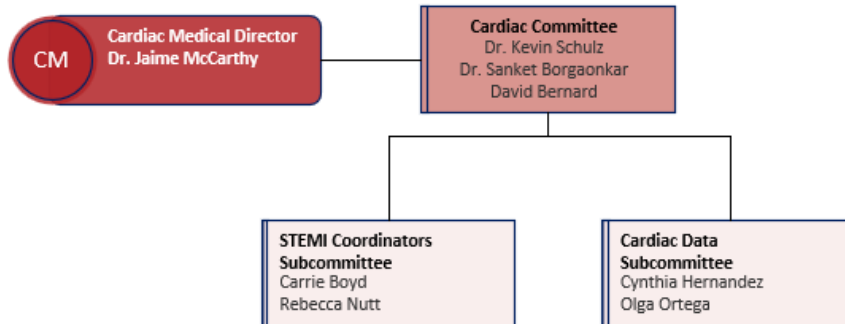
COMPLIANCE

No member or leader of committees, subcommittees or workgroup may speak on behalf of SETRAC, provide interviews, or publish related work within these committees without express permission from SETRAC leadership.

All data requests require completion of data usage form and should adhere to the usage requirements within. Any revision of the SETRAC bylaws that conflict with any item in this charter will supersede as the rules by which the committee is governed.

Appendix B-2: Cardiac Committee Structure

SETRAC Cardiac Committee Structure 2024



Cardiac Committee

Purpose: The Cardiac Committee will establish a collaborative, coordinated, consistent and transparent system to improve STEMI care for all citizens in the SETRAC region.

Goals:

- Develop regional cardiac plan
- PCI facilities will identify at least one free-standing non-PCI facility to partner with within 60 days
- Total of transfer patients meeting D2B<120 minutes: Given lytics when deemed appropriate and transferred out within 30 minutes. Goal: 75% by the end of 2023
- PCI hospitals will give feedback to EMS on patients 80% of the time
- Develop community education, including a regional hands-only CPR event
- Unified social media presence related to STEMI regional education



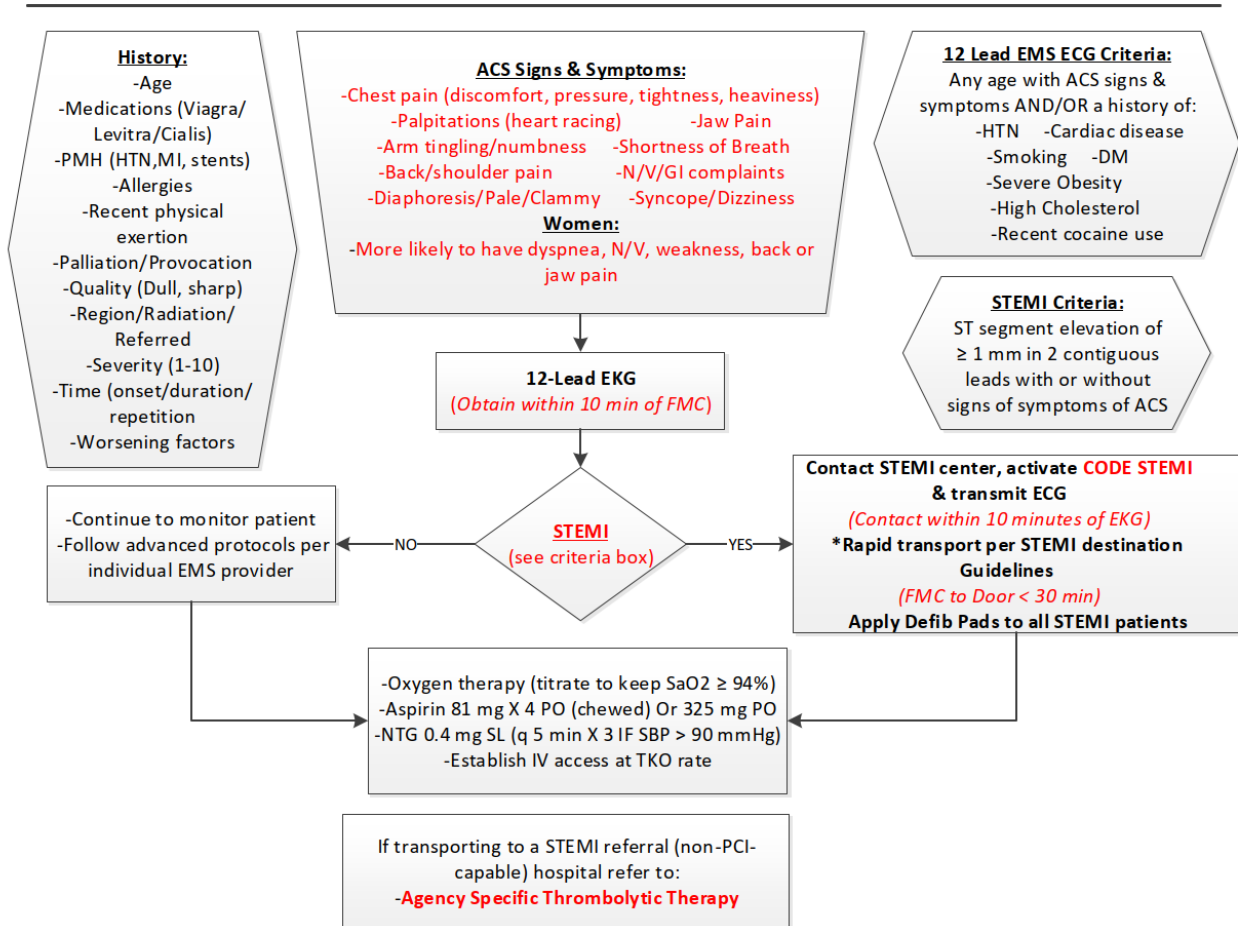
Annex C: Regional Guidelines

Appendix C1: ACS/Chest Pain Prehospital Guidelines

Appendix C-1: ACS/Chest Pain Prehospital Guidelines



ACS/CHEST PAIN Prehospital Guidelines



Code STEMI Considerations:

- Establish 2nd IV if possible with NS (250-500 ml) infusing at TKO as pre-cath hydration
- Keep patient connected to monitor, place defibrillator pads & 12 lead cables when brought into ED for physician evaluation
- If possible, remain on EMS stretcher and monitor in ED
- Prepare to be escorted to CATH Lab on EMS stretcher and monitor to expedite transfer of care to CATH LAB nurse/physician.

Pearls

- Exam: Mental status, neuro, skin, neck, lung, heart, abdomen, back, extremities
- Consider STEMI imposters: LBBB, Pericarditis, Benign Early Repolarization, LV Hypertrophy, and Brugada Pattern.
- Avoid Nitroglycerin in any patient who has used Viagra (sildenafil) or Levitra (vardenafil) or Cialis (tadalafil) in the past 24 hours due to potential severe hypotension.
- Document the time of the FMC, 12-Lead ECG and STEMI activation
- Apply Defib pads to all patients for whom a STEMI alert is called; pads are not mandatory for those with ECG transmitted for consult only. Provider judgment may guide pad application in non-STEMI alert patients.

O'Gara, P. T., Kushner, F. G., Ascheim, D. D., & Casey, D. E. (2013). 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction. *Journal of the American College of Cardiology*, 61(4), 78–140. <https://doi.org/10.1016/j.jacc.2012.11.019>

Cardiac Care Committee Version 1 7/2019 CIM