



SUBJECT: **SAMPLE MEMORANDUM OF UNDERSTANDING
AGREEMENT INTER-FACILITY TRANSFER FOR
ACUTE STEMI**

REFERENCE NO. 320.2

This Transfer Agreement (hereinafter referred to as "AGREEMENT") between _____ Medical Center and _____ Medical Center, bearing the effective date of ____/____/____ is made and entered into as of the date of execution below, by and between _____ the ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) (hereinafter referred to as "SRC"), and _____ the STEMI Referral Facility (SRF) (hereinafter referred to as "SRF"), and sets forth in full, completely, and exclusively of any understandings which shall be controlling over this AGREEMENT.

This AGREEMENT is to provide for the specific transfer of STEMI patients from _____, a SRF, to _____, a SRC with the intent to provide emergency angiography for STEMI in the cardiac catheterization laboratory (cath lab) and primary percutaneous coronary intervention (PCI) when clinically appropriate.

The following is to occur prior to transfer:

SRF Responsibilities:

- Email or Fax the patient's STEMI ECG to (____) ____-____.
- Call _____ at (____) ____-____ for patient acceptance.
- Appropriate transport modality should be made in consultation with the receiving SRC – it is the responsibility of the SRF to ensure the appropriate level of transport.
- Call the private ambulance company for transport to the SRC confirming a response time of less than 10 minutes.

If private ambulance is not available:

- Call 9-1-1 after the STEMI patient is packaged and ready for immediate transport – 9-1-1 transports are reserved for **Emergency Department** STEMI patients requiring emergent PCI.
- Send any available records with the patient without delaying transport – other information, not sent at the time of transfer may be sent at a later time.

SRC Responsibilities:

- Accept the transfer as appropriate – decision is at the discretion of the ED physician or interventional cardiologist after reviewing the patient history and 12-lead ECG.
- Notify the cath lab as per hospital protocol.

IN WITNESS, WHEREOF, we have executed this AGREEMENT on the dates written below:

STEMI Referral Facility: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

STEMI Receiving Center: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____