



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

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.

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

REFERENCE NO. 320.2

- 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.
- For inpatient STEMI patients and/or NSTEMI patients requiring transport to the SRC for higher level of care, arrange for appropriate level of care transport via **private ambulance** and follow hospital policy for transfer. **Do not call 9-1-1.**
- 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: _____