



SUBJECT: **EMERGENCY DEPARTMENT INTERFACILITY  
TRANSPORT OF PATIENTS WITH** (ALS PROVIDERS, HOSPITALS)  
**ST – ELEVATION MYOCARDIAL INFARCTION** REFERENCE NO. 513.1

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PURPOSE: To define the transportation options available for the **Emergency Department** (ED) interfacility transfer of patients diagnosed with ST-elevation myocardial infarction (STEMI) and who may require emergent percutaneous coronary intervention (PCI).

AUTHORITY: Health and Safety Code 1797.220 and 1798  
California Code of Regulations, Title 22, Sections 100147 and 100169 and  
Division 9, Chapter 7.1  
Social Security Act Section 1867(a) (EMTALA) of the United States Code,  
Section 42

POLICY:

- I. The ED interfacility transfer of STEMI patients shall comply with current EMTALA and Title 22 transfer laws and regulations for both sending and receiving hospitals.
- II. Transfer agreements between approved STEMI Receiving Centers (SRC) and STEMI Referral Facilities (non-approved SRCs and non-PCI capable facilities) are the optimal practice to facilitate the transfer process.
- III. Transportation arrangements are the responsibility of the STEMI Referral Facility (SRF). The appropriate transport modality (as defined in Ref. No. 517, Private Provider Agency Transport/Response Guidelines) should be made in consultation with the receiving SRC.

TRANSPORTATION OPTIONS:


1. Private Advanced Life Support (ALS) and/or Critical Care Transport (CCT) provider agencies are to be utilized when the ALS/CCT transport unit is available within 10 minutes of the initial transport request.
2. The jurisdictional 9-1-1 provider agency may be contacted when a private ALS transport unit is not available within 10 minutes. Patient destination shall comply with Ref. No. 513, ST-Elevation Myocardial Infarction Patient Destination.
  - A. 9-1-1 should be accessed only when the patient is ready for immediate transport.
  - B. Patients are to be transported to the SRC as directed by the SRF physician (base hospital contact/notification guidelines apply) once acceptance has been made by the SRC's ED physician or interventional cardiologist. The decision to accept is at the discretion of the SRC's ED physician or interventional cardiologist after reviewing the patient history and 12-lead ECG

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PAGE 1 OF 2

APPROVED:   
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WITH ST- ELEVATION MYOCARDIAL INFARCTION**

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- C. Transport units may bypass the most accessible SRC to a prearranged receiving SRC within 30 minutes if, the provider-based resources at the time of transport allow.

**CROSS REFERENCES:**

Prehospital Care Manual:

Ref. No. 320.2, **Sample Memorandum of Understanding Agreement for Interfacility Transfer of Acute STEMI Patients**

Ref. No. 513, **ST-Elevation Myocardial Infarction (STEMI) Patient Destination**

Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**

Emergency Medical Treatment and Active Labor Act (EMTALA)