



Department of Health & Human Services

Milwaukee County

Emergency Medical Services



Number: 14-01

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From: Ken Sternig; Dr Colella

Section: EMS Administration, Medical Director

To: All MC EMS paramedics, MC EMS Communication Center staff, and MC EMS staff

Subject: "Code STEMI Alert" process

Purpose: Clarification of paramedics activating a "Code STEMI Alert"
Clarification of EMS communicators paging a "Code STEMI Alert"

Memo: As part of our continuous quality improvement process, the MC EMS management team reviewed the "Code STEMI Alert" process data for the month of January 2014 and determined that a large number of "Code STEMI Alerts" activated by EMS resulted in over-triage (thought to be a STEMI but not meeting true STEMI criteria based on further ECG review or hospital feedback).

While a reasonable over-triage rate is normal and expected to ensure that all STEMI patients are identified, too large of an over triaged amount (false positives) can lead to system fatigue and costs.

In an attempt to ensure that all patients with a true STEMI are identified through our "Code STEMI Alert" process and to minimize over-triage, MC EMS would like to clarify when the paramedics should activate a "Code STEMI Alert".

If the Zoll generated 12 lead ECG analysis results reads “ ****STEMI**** ”, the EMT/P agrees with the interpretation and it fits with the patient’s clinical presentation;

- Advise MCEMS Communication (EMSCOM) of a “Code STEMI Alert”
- Provide EMSCOM 4 data elements: case number, vital signs, STEMI hospital destination, and ETA
- EMSCOM will page a “Code STEMI Alert” with the 4 data elements to the receiving hospital.
- EMS Providers continue medical care per protocol; NO NEED TO ESTABLISH MEDICAL CONSULTATION UNLESS YOU HAVE A SPECIFIC CLINICAL QUESTION.
- Transmit ECG
- Safe transport using red light and siren to a system STEMI hospital should be done
- Provide remaining patient information to EMS COM so they can transfer full patient report to the receiving hospital.

According to the manufacturer, this specific reading is only displayed for a Category 1 acute MI notification meeting strict qualifying conditions consistent with the American College of Cardiology’s definition for an acute STEMI. Based on our review, this category has the highest rate of true positive STEMI’s receiving a PCI at our system hospitals.

If the ZOLL generated 12 lead ECG analysis results reads “Probable ST Elevation acute MI”, “Acute MI”, “MI-probable acute” or “MI-possible acute”(categories 2-5), OR if paramedics have a concerning ECG and suspect an acute coronary syndrome

- EMS Providers should continue medical care per protocol
- Transmit ECG to EMSCOM
- Contact EMSCOM for medical consultation with physician and
- Safe transport to system STEMI hospital using red lights and siren as necessary
- Physician responsible to notify receiving hospital directly with patient information and ETA.