

NETRAC Regional STEMI Transport Plan



STEMI Transport Plan 2025

Next Review: 2027

NETRAC Regional STEMI Transport Plan

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I. Introduction

Organization

Northeast Texas Regional Advisory Council (NETRAC) is a 501 (c)(3) organization located within Trauma Service Area or TSA-F in Texas. NETRAC proudly serves Northeast Texas including the counties of Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, and Titus.

Mission

To Promote, Develop, and Advance an Acute Care, Emergency Healthcare, and Disaster Preparedness System.

Summary

The Regional STEMI Plan is to establish a uniform set of criteria for triage and transport of acute STEMI patients by seeking rapid recognition and timely reperfusion of patients with a STEMI.

STEMI patients should be recognized as quickly as possible to identify those eligible for thrombolytic or invasive therapy. In-the-field recognition by pre-hospital providers utilizing 12-lead ECG coupled with pre-hospital notification of the receiving facilities can reduce time to reperfusion. EMS personnel must be trained to recognize, treat, and transport ST Elevation Myocardial Infarction (STEMI) patients in a timely manner.

Regional Plan

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

STEMI Patient

The classification of STEMI patients is based on a standard definition of "the STEMI patient" which is applied in a consistent manner in both the pre-hospital and hospital setting. The STEMI patient is defined by new or presumed new ST-elevation of 1mm or more in two or more contiguous leads.

II. TSA-F – EMS Providers

Ground

Atlanta Fire/EMS

P.O. Box 669
Atlanta, TX 75551
903-799-4062

City of Paris EMS

P.O. Box 9037
Paris, TX 75460
903-784-9228

Hopkins County HD EMS

115 Airport Road Sulphur Springs, TX 75482

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903-439-2851

LifeNet EMS

6225 St. Michael Drive Texarkana, TX 75503
903-832-8531

Titus Regional Medical Center EMS

2011 N. Jefferson Mt. Pleasant, TX 75455
903-577-6362

Air

Air Evac Lifeteam

Paris Base 675 Deshong Drive Paris Texas
1-800-247-3822

CHRISTUS Flight for Life

2201 S. Mobberly Ave Longview, TX 75603
800-441-8677

LifeNet Air

6225 St. Michael Drive Texarkana, TX 75503
903-832-8531

III. TSA-F - Hospitals

Percutaneous Coronary Intervention (PCI) Capable Facility

Christus St. Michael Health System
2600 St. Michael Drive, Texarkana, TX 75503
903-614-1000

Paris Regional Health
Paris, TX 75460
903-737-1111

Titus Regional Medical Center,
Mt. Pleasant, TX 75455
903-577-6000

Non-PCI Capable Facility

Christus St. Michael Hospital – Atlanta,
1007 S. William St, Atlanta, TX
903-799-3000

Christus Pine Street
Texarkana Texas
903-798-8000

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IV. Communications

Goal

The Goal for Communications within TSA-F is to ensure communication capability between EMS providers, medical control, receiving facilities; and other First Responders entities. To ensure that all EMS providers, First Responders, and hospital facilities in the NETRAC region have functional communications equipment in order to communicate information related to the patient's condition, the need for medical, EMS, or helicopter backup, and to receive and communicate information related to patient care and disposition. Rapid dispatch and notification of the need for emergency and trauma care at any location within TSA-F must be available to all persons in the region.

1. Dispatch to EMS
 - Emergency dispatch in each county within NETRAC is accomplished through their local PSAP (Public Service Answering Point).
2. EMS to hospital
 - EMS must maintain communication capability with hospitals to pre-alert when a STEMI is identified to activate care teams prior to arrival.
 - Communication can occur through UHF,VHF frequency, cellular phones, or a secure communication app.
3. Hospital to EMS
 - Feedback to be provided to EMS on patients EMS initiates a STEMI as well as patients transported by EMS and later identified to have a STEMI.

V. Pre-hospital Triage

Goal

Patients will be identified, rapidly and accurately assessed, and based on identification of their actual or suspected onset of symptoms, will be transported to the nearest appropriate facility. In order to ensure the prompt availability of medical resources needed for optimal patient care, each patient will be assessed for the presence of abnormal vital signs; concurrent disease/predisposing factors; and abnormal EKG or 12-lead if available.

System Triage

- If a provider is unable to complete an EKG or 12-lead, a suspected cardiac patient should be taken to the nearest acute care facility
- If a provider suspects a STEMI (confirmed by 12-lead), the patient should be taken directly to a PCI Facility
- If a provider is unable to provide MICU care to the suspected cardiac patient, paramedic intercept should be considered. Paramedic intercept may be by ground or air.
- If transport by ground to the nearest appropriate facility is greater than 30 minutes
 - Helicopter activation should be utilized if possible. Patients transported via helicopter should be taken to the nearest PCI Facility.
 - Consider transport to Non-PCI Facility if FMC-to-Device time exceeds 90 minutes because of unavoidable delays.
 - In the absence of contraindications, fibrinolytic therapy should be administered to patients with STEMI at Non-PCI Facility when the anticipated FMC-to-device

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time at a PIC Facility exceeds 120 minutes because of unavoidable delays When fibrinolytic therapy is indicated or chosen as the primary reperfusion strategy, it should be administered within 30 minutes of hospital arrival

VI. Facility Diversion

Goal

TSA-F PCI and Non-PCI facilities will communicate facility diversion to regional EMS and other facilities to ensure that STEMI patients are transported to the nearest appropriate facility.

This communication includes notification of diversion status and notification and termination of diversion status.

VII. Facility Bypass

Goal

Suspected STEMI patients will be safely and rapidly transported to the nearest appropriate facility.

Patients who meet criteria for activation of STEMI will be transported directly to the nearest appropriate PCI Facility rather than to the nearest acute care facility except under the following circumstances:

1. If unable to establish and/or maintain an adequate airway, the patient should be taken to the nearest acute care facility for stabilization.
2. If the expected transport time to the nearest appropriate PCI Facility could result in FMC-to-Device greater than 90 minutes due to unavoidable delays, consider transport to the nearest acute care facility.
3. Medical control or the EMS crew on scene should consider activating air transportation resources when closest PCI Facility is greater than 30 minutes.
4. Should there be any question regarding whether or not to bypass a facility, the receiving facility should be consulted.

VIII. Inter-Hospital Transfers

Goal

The goal for establishing and implementing inter-hospital transfer criteria is to ensure that those STEMI patients requiring additional or specialized care and treatment beyond a facility's capability are identified and transferred as soon as possible.

EMS transport availability, ground or air, for STEMI patients being transferred from a non-PCI facility to a PCI facility to meet the door in to door out time of 30 minutes or less.

IX. System Performance Improvement

Goal

The goals for system performance improvement are to establish a method for monitoring and evaluating system performance over time and to assess the impact of STEMI system development.

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To facilitate the sharing of information, knowledge, and scientific data. To provide a multidisciplinary forum for STEMI care providers to evaluate STEMI patient outcomes from a system perspective and to assure the optimal delivery of cardiac care.

References

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