MEMORANDUM OF UNDERSTANDING BY AND BETWEEN
THE MONTEREY COUNTY HEALTH DEPARTMENT’S
EMERGENCY MEDICAL SERVICES AGENCY AND
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA
FOR
DESIGNATION AS AN
ST ELEVATION MYOCARDIAL INFARCTION RECEIVING CENTER

I. DECLARATION

This MEMORANDUM OF UNDERSTANDING (MOU) is entered into as of MARCH 6, 2014
by and between the Monterey County Health Department’s Emergency Medical Services Agency
(EMS AGENCY) and Community Hospital of the Monterey Peninsula (HOSPITAL), a California
nonprofit public benefit corporation, in Monterey County, for the purpose of designating
HOSPITAL as an ST Elevation Myocardial Infarction Receiving Center (SRC). This MOU provides the
standards for designation as an SRC and states the roles and responsibilities of the HOSPITAL as a
designated SRC. It also defines the roles and responsibilities of EMS AGENCY regarding STEMI Care
System within Monterey County.

II. BACKGROUND

A. An ST Elevation Myocardial Infarction (STEMI) occurs when there is a severe heart attack
caused by a prolonged period of blocked blood supply that affects a large area of the heart.
Patients suffering from this condition carry a substantial risk of disability and death, and it calls
for a quick response by many individuals and systems. STEMI is considered the most critical
type of heart attack, yet when quickly recognized and treated, damage to the heart is
considerably reduced.

B. This MOU is intended to best support residents in Monterey County in need of medical
response as it relates to a STEMI.

C. This MOU formalizes existing arrangements, which included participation by HOSPITAL,
which have been developed and piloted to implement the STEMI program. Under California
law, EMS AGENCY has responsibility for planning, implementing and evaluating the EMS
system throughout Monterey County. Therefore, it is appropriate for EMS AGENCY to
provide- oversight to the STEMI Care System.

III. DEFINITIONS

A. STEMI Care System - The integrated program that is intended to direct patients with an
identified STEMI directly to hospitals with cardiac catheterization laboratory capabilities which
can promptly treat these patients.

B. STEMI Quality Improvement (QI) Committee - The multi-disciplinary peer-review
committee comprised of representatives from the SRC and other professionals designated by
the EMS AGENCY. Committee members designated by the EMS AGENCY may include, but
are not limited to, SRC medical directors and program managers, representatives from other
local hospitals, interventional and non-interventional cardiologists, emergency medicine sub-
specialists, and representatives from ground and flight emergency service providers. The Committee audits the STEMI Care System, makes recommendations for system improvements, and functions in an advisory capacity on other STEMI Care System issues.

C. STEMI Receiving Center (SRC) - A licensed general acute care facility meeting STEMI Receiving Center standards, which has been designated as such by the EMS Agency.

D. STEMI Information System - The computer information system maintained by the SRC which captures the presentation, diagnostic, and treatment information required by the EMS AGENCY and the SRC standards.

E. STEMI Data Collection System - The computer data collection system used to collect and analyze STEMI treatment data to evaluate processes and treatments in order to continuously improve the STEMI Care System.

IV. TERM AND TERMINATION

The term of this MOU shall be for a period of five (5) years, commencing on the date the MOU is fully executed. Thereafter the MOU shall renew for successive five (5) year periods. Prior to the end of each term, the parties will confer and agree to any modifications to the MOU that may be needed. Such changes will be in accordance with Section XII below. Either party may terminate this MOU by giving at least thirty (30) days advance written notice to the other party of its intention to terminate. This Agreement may be terminated immediately upon written notification by either party of material breach of the terms of this Agreement or in the event that this Agreement is deemed to be unlawful in any way. Such notice shall set forth the effective date of the termination.

V. FEES

A. STEMI Information System. The EMS AGENCY, with input from HOSPITAL, will select a collective STEMI Information System to improve care of STEMI patients in Monterey County. The cost of the STEMI Information System will be divided equally among HOSPITAL, EMS AGENCY, and all other SRCs in the county.

B. STEMI Data Collection System. The EMS AGENCY, with input from HOSPITAL, will select a tool for data collection within the STEMI Care System to best record and evaluate STEMI care and outcomes. The cost of the system will be divided equally among HOSPITAL, EMS AGENCY, and all other SRCs in the county.

C. Additional Fees. At this time there is no additional fee required for designation by the EMS AGENCY as an SRC. Should the Monterey County Board of Supervisors approve a reasonable fee to be incurred by the HOSPITAL to maintain SRC status, the HOSPITAL agrees to pay the fee as mandated by the Monterey County Board of Supervisors, or HOSPITAL, at its option, may terminate this MOU with 30 days’ notice.

VI. HOSPITAL DUTIES AND RESPONSIBILITIES

A. General: All services provided pursuant to this MOU shall be in strict compliance with existing Federal, State, and local laws, ordinances, policies, and regulations, and with all resolutions,
practices, and procedures now in effect or which may be promulgated in the future by the EMS AGENCY and/or Monterey County Board of Supervisors applicable to emergency medical services.

B. Licensing and Accreditation:

1. HOSPITAL shall possess a current California Department of Public Health license for basic or comprehensive emergency service.

2. HOSPITAL shall maintain accreditation by the Joint Commission.

3. HOSPITAL shall notify the EMS AGENCY within 24 hours any time that HOSPITAL becomes aware that HOSPITAL is not in compliance with any applicable federal, state, or local laws, rules, regulations policies or procedures related to performance of services under this MOU. Such notice shall indicate the reason, date, and time for non-compliance and corrective actions that are being taken to resolve the violation. The EMS AGENCY shall maintain discretion to determine whether HOSPITAL may continue to receive patients pursuant to this MOU during the period that corrective actions are underway.

C. HOSPITAL shall accept and provide appropriate medical management of all patients triaged as having STEMI regardless of patients' ability to pay physician fees and/or hospital costs.

D. HOSPITAL shall comply with all standards, policies and criteria identified within this MOU, as well as any STEMI receiving hospital policies and other pertinent policies to the STEMI Care System as amended from time to time. Up to date Monterey County Policies and Protocols are referenced at the following website: http://www.mtyhd.org

E. HOSPITAL shall provide, at HOSPITAL's sole expense, all persons, employees, supplies, equipment, and facilities needed to perform the services required under this MOU and STEMI related policies put forth by EMS AGENCY. All such services will be performed by HOSPITAL or under HOSPITAL's supervision by persons authorized by HOSPITAL to perform such services.

F. HOSPITAL shall immediately notify the EMS Agency of any circumstances that will prevent HOSPITAL from providing the services described in this MOU.

G. HOSPITAL SRC Services:

1. Hospital will maintain Intra-aortic balloon pump capability with necessary staffing available at all times;

2. HOSPITAL shall maintain California permits for Cardiovascular Surgery Service;

3. HOSPITAL shall maintain a plan for emergency transport to a facility with cardiovascular surgery available that describes steps for timely transfer (within 1 hour);

4. HOSPITAL shall maintain a plan for emergency transport from a facility without cardiovascular surgery available (a STEMI referral center) that describes steps for timely transfer (within 1 hour);
5. HOSPITAL shall maintain a priority telephone to be used by ambulance personnel to contact HOSPITAL regarding patients with STEMI;

6. HOSPITAL shall develop and/or maintain policies and procedures designed to ensure that patients presenting to the HOSPITAL with possible STEMI receive appropriate care in a timely manner. Policies should include:
   a. Performance standards regarding fibrinolysis and "door-to-balloon" time;
   b. Definition of patients who shall receive emergency angiography vs. fibrinolysis patients;
   c. Processes by which fibrinolytic therapy and PCI can be delivered rapidly to meet performance standards as defined by the QI committee;
   d. Transfer agreements and procedures for referral hospitals within the geographic area.

7. HOSPITAL shall maintain designation as a Base Hospital.

H. HOSPITAL Personnel:

1. SRC STEMI Programs will appoint a STEMI Program Medical Director. The program Medical Director will be board certified in Cardiovascular Disease and a credentialed member of medical staff.

2. SRC STEMI Programs will appoint a Program Manager. The Program Manager will be a Registered Nurse with STEMI program experience.

3. SRC STEMI Programs will appoint an Administrative Primary Point of Contact. The Primary Point of Contact will be the official liaison between the EMS AGECNY and the SRC regarding the integrity of this MOU and all related issues that arise during the life of this MOU.

I. Data Collection/Records/Reporting:

1. HOSPITAL shall participate in STEMI data collection and evaluation studies as agreed upon by the STEMI QI Committee.

2. HOSPITAL shall participate in STEMI QI Committee meetings as requested by the EMS AGENCY.

3. On a quarterly basis, HOSPITAL shall provide the EMS AGENCY, if requested, with patient outcome information for patients, as agreed upon by the STEMI QI Committee, with STEMI transported to HOSPITAL pursuant to this MOU. This information shall be in electronic format reasonably acceptable to the EMS AGENCY. This information shall be used for quality improvement activities for patients transported to HOSPITAL for STEMI, or as otherwise permitted by HIPAA, the California Confidentiality of Medical Information Act, and other applicable statues, regulations, ordinances or policies. Some but not all of these policies can be viewed at the EMS Agency website http://www.mtyhd.org.
4. HOSPITAL shall submit other reports to EMS Agency quarterly as requested and agreed to by HOSPITAL.

VII. EMS AGENCY DUTIES AND RESPONSIBILITIES

A. EMS AGENCY shall provide HOSPITAL with standardized STEMI EMS System policies and/or protocols as maintained by the PHD.

B. EMS AGENCY will notify HOSPITAL of new or adjusted medical control policies, as well as EMS System policies as they relate to STEMI treatment as soon as possible.

C. EMS AGENCY shall administer and coordinate the EMS System consistent with the Emergency Medical Services System and the Pre-hospital Emergency Medical Care Personnel Act, as defined in California Health and Safety Code Division 2.5.

D. EMS AGENCY shall develop and coordinate a comprehensive STEMI data collection system, in consultation with various EMS System stakeholder committees and HOSPITAL, which includes required data elements, data analysis, reports generation, and other details related to evaluating and ensuring the quality of the EMS System.

E. EMS AGENCY shall not be liable for any costs or expenses incurred by HOSPITAL to satisfy HOSPITAL's responsibilities under this MOU, including any costs or expenses incurred by HOSPITAL for services provided to STEMI patients lacking the ability to pay for services.

F. EMS AGENCY shall not be liable for any other costs or expenses incurred by the HOSPITAL as a result of this MOU including, but not limited to, the costs of training and equipment.

VIII. QUALITY IMPROVEMENT PROGRAM

A. EMS AGENCY shall provide, or cause to be provided, to HOSPITAL system data related to pre-hospital STEMI as mutually agreed upon. The EMS AGENCY and HOSPITAL shall contribute to continuous quality improvement through data collection.

B. The QI process is intended to identify and manage problems in the EMS System, as well as individual issues and concerns. The EMS AGENCY, HOSPITAL and EMS Field Operators, both at the organization level and individual level, shall work together to evaluate and improve STEMI EMS response and care.

C. HOSPITAL shall participate in STEMI QI program meetings as requested by the EMS AGENCY to establish and follow data collection and evaluation studies.

IX. ADVERTISING/MARKETING

HOSPITAL may only represent itself to be an SRC when designated by the EMS AGENCY pursuant to this MOU. HOSPITAL, upon request, shall provide the EMS AGENCY the opportunity to comment on any marketing materials primarily related to the provision of services covered under this MOU.
X. PERFORMANCE MONITORING

A. The EMS AGENCY and its authorized representatives shall be entitled to monitor, assess, and evaluate HOSPITAL's performance pursuant to this MOU. To the extent permitted by law, such monitoring, assessments, or evaluations shall include, but not be limited to: audits relative to services provided under this MOU; inspection of premises; review of reports relative to activities under this MOU; review of STEMI patient records; and interviews with HOSPITAL's staff and STEMI patients. Monitoring, assessment, and evaluation activities will occur at any time during normal business hours and as often as EMS AGENCY may deem necessary, within reason. HOSPITAL shall make available to EMS AGENCY, upon EMS AGENCY's reasonable request, all of HOSPITAL's records with respect to all matters covered by this MOU.

B. HOSPITAL shall comply with any EMS Agency plan of correction, regarding any identified failure to meet any standards identified in this MOU, within the timeframes established by the EMS Agency. HOSPITAL may file an objection to EMS Agency's finding within 30 calendar days.

XI. INDEMNIFICATION

A. HOSPITAL shall indemnify, defend, and hold harmless the County of Monterey and the EMS AGENCY, its officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, performance of this MOU by HOSPITAL and/or its agents, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by County of Monterey or the EMS AGENCY.

B. The County of Monterey and the EMS AGENCY shall indemnify, defend, and hold harmless HOSPITAL, its directors, officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, performance of this MOU by The County of Monterey or the EMS AGENCY and/or its agents, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by HOSPITAL.

XII. Notification

A. This MOU contains the entire agreement of the parties and supersedes any and all prior oral and/or written understandings or agreements between the parties regarding STEMI treatment of patients. No amendment, modification or discharge of this MOU, and no waiver hereunder, shall be valid or binding unless set forth in writing and duly executed by both parties. The waiver by either party of any breach of any provision of this MOU shall not operate as, or be construed to be, a waiver of any subsequent breach of any other term or provision of this MOU.

B. Invoices regarding STEMI fees defined in this MOU will be submitted to the SRC on June 1st annually.

C. Should the EMS AGENCY add an additional SRC within the county, the EMS AGENCY will notify all existing SRC Centers of the addition with adjusted SRC fees defined in this MOU within 30 days.
The parties have executed this agreement on the date written below.

HOSPITAL

By: [Signature]

Dated: Dec. 17, 2013

EMS AGENCY
County of Monterey

By: [Signature]

Dated: 3/4/2014

Approved as to Form:

By: [Signature]

Dated: 3/6/14

By: Susan K. Blitch
Deputy County Counsel Office of County Counsel

Dated: 3/6/14