



# VCEMS Training Bulletin



Bulletin 051

Date: 10/3/2019

## For Immediate Release: Specialty Care and ROSC Update

Dr. Shepherd would like to make all prehospital providers and MICNs aware of a system enhancement regarding ROSC patients and clarify our expectations for “early base hospital contact” for specialty care system activation.

### ROSC Diversion

Effective immediately, all cardiac arrest patients with return of spontaneous circulation (ROSC) will be transported to the closest STEMI Receiving Center (SRC), even if the prehospital ECG is positive for STEMI and the SRC is on “STEMI Diversion.” ROSC patients will not be diverted away from the closest STEMI Receiving Center unless that facility is on internal disaster.

### Specialty Care Patients: Early BHC

Early base hospital contact is indicated in the following clinical situations: STEMI Alert, Stroke Alert, ELVO Alert, Step-One Trauma, and ROSC. These base hospital notifications should be brief and are not intended to replace traditional base hospital contact. The first ALS provider who **identifies the need for early BHC** is expected to do so, and not defer to the transporting provider. Early BHC helps the facility initiate internal responses to prepare for the arriving patient. It also gives the medics an early notification of destination in case a facility is on diversion. A new California Core Measure report requires the “time of identified POS STEMI to the time base hospital contact is made shall be within 10 min”. In terms of documentation and multiple base contacts, the early BHC shall be documented in the ePCR by the provider who made the contact. If another provider makes BHC later, then he/she will document their own BHC time.

The above policy modifications will be reflected on the policy update published 12/1/2019, and additional reminders will be discussed during Fall EMS Update