



**Contra Costa County Emergency Medical Services
STEMI Hospital Training
Post-test**

Building a STEMI System is a process and your active participation is invited.

1. Development of a STEMI system requires participation and support of all stakeholders in the EMS community.
 - a. True
 - b. False

2. The purpose of developing STEMI systems is to:
 - a. Triage patients with ST elevation rapidly to definitive care.
 - b. Limit total ischemic time to less than 120 minutes from onset of symptoms to intervention.
 - c. Answer a and b

3. STEMI Receiving Center Designation requires:
 - a. 24/7-365 day a week STEMI coverage
 - b. Performance Improvement (QI) plan
 - c. Rapid transfer plan if surgical services are unavailable
 - d. All of the above

4. STEMI Receiving Centers will have a diversion process if their cardiac catheterization lab is down.
 - a. True
 - b. False

5. STEMI patients are identified by EMS in the field by
 - a. 12-Lead ECG that “diagnoses” the rhythm
 - b. ***ACUTE MI*** or ***ACUTE MI SUSPECTED***
 - c. ***POSSIBLE MI***
 - d. Answer a and b
 - e. Answer a and c

6. The false positive rate of 20% is typical in experienced STEMI systems
 - a. True
 - b. False

7. STEMI patient destination is determined at the scene after the 12 lead ECG meets the appropriate criteria by the EMS provider.
 - a. True
 - b. False

8. Factors that influence prehospital destination decisions in a STEMI system include:
 - a. Number and location of STEMI Receiving Centers
 - b. Patient Family Preference
 - c. If facilities are with 15 minutes difference of each other (equidistant)
 - d. If a STEMI Receiving Center is NOT within 30 minutes
 - e. All of the above

9. Contra Costa County STEMI destination protocol is designed to be flexible and honors the patient's right to choose.
 - a. True
 - b. False

10. Radio contact of a STEMI patient should include the following
 - a. Situation: "STEMI ALERT" confirmed by 12 lead, ETA and patient age and gender
 - b. Background: Presenting complaint, past cardiac history, history of pacemaker
 - c. Assessment: Patient stable or unstable. If unstable why
 - d. RX and Recap: Treatments given and patient response.
 - e. All of the above

11. Handoff of the patient at the hospital should include
 - a. Patient report:
 - i. Patient identification
 - ii. Recap of radio report with any updates
 - iii. Allergies and medications
 - iv. Other pertinent past medical history
 - v. Name of patient cardiologist-if known
 - b. Hardcopies of all prehospital 12 leads
 - c. Draft or completed patient care record.
 - d. Answer a, b, c

12. An effective STEMI system relies on good communication and effective problem-solving.
 - a. True
 - b. False

13. Hospital providers can support the STEMI system in the following ways
- a. Making sure ECG's get into the patient's chart.
 - b. Reporting issues when they occur to STEMI Program Manager or ED Manager.
 - c. Giving constructive solution focused feedback.
 - d. Being respectful in your communications.
 - e. All of the above.