



**Advisory 26-04: New REMAC Policy for Destination Facility Guidance for Patients with
Cardiogenic Shock and Related Conditions**

To: All Agencies and Personnel

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At their February 23rd meeting, the Monroe-Livingston REMAC approved the following policy which is effective immediately: Destination Facility Guidance for Patients with Cardiogenic Shock and Related Conditions

This policy establishes guidance for selecting destination facilities for patients with cardiogenic shock and related conditions that may require advanced therapies including mechanical circulatory support or emergent cardiac/cardiothoracic surgery.

This and all other Regional Policies can be found at <https://www.mlrems.org/policies/>.

Education related to this policy developed and delivered by Drs Dorsett and Verneti can be found at <https://youtu.be/liPDy2iyZRs>.

Please do not hesitate to contact this office with any questions.

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Destination Facility Guidance for Patients with Cardiogenic Shock and Related Conditions

PURPOSE

To provide EMS Clinicians guidance for selecting destination facilities for patients with cardiogenic shock and related conditions that may require advanced therapies including mechanical circulatory support or emergent cardiac/cardiothoracic surgery.

BACKGROUND

Cardiac and advanced vascular care has become increasingly specialized. While several hospitals in our region can perform cardiac catheterization, not all centers can support patients who deteriorate or require advanced therapies such as mechanical circulatory support (e.g., Intraaortic balloon pump, Impella, or Extra-Corporal Membrane Oxygenation - ECMO) or require emergent surgical intervention. Patients transported to a facility without these services often require secondary transfer to a facility with them, which may delay definitive care. Destination decisions should therefore consider where the patient may ultimately need definitive care, not just the initial intervention. For this reason, patients at higher risk for deterioration should be transported directly to a cardiac surgery–capable center even if the transport time is longer, as higher-risk patients stand to benefit even more from direct access to comprehensive cardiac services.

CLINICAL DESTINATION GUIDELINE

The following is intended to help EMS Clinicians identify patients who are most likely to require advanced cardiac interventions and which facility is recommended, even when transport distance is longer:

Condition	Preferred Destination(s)
STEMI with stable vital signs	Rochester General Hospital Strong Memorial Hospital Unity Hospital
STEMI with any unstable vital sign including: <ul style="list-style-type: none"> • Hypotension or other signs of cardiogenic shock (e.g. altered mental status, mottling, low EtCO₂) • Ongoing or recurrent ventricular dysrhythmias 	Rochester General Hospital Strong Memorial Hospital
Cardiac arrest with refractory VF or VT ¹	
Post-ROSC following a shockable rhythm	
Suspected massive pulmonary embolism with hemodynamic instability	
Suspected aortic dissection	

¹ See also [MLREMS Prehospital ECLS Algorithm](#)

Service Type	Highland	Rochester General	Strong Memorial	Unity	Noyes	FF Thompson	Stong West
Medical Control Phone	(585) 341-6444	(585) 338-3367 (Adult) (585) 338-1014 (Peds)	(585) 271-2769	(585) 368-4068		(585) 396-6938	(585) 395-0259
Emergent Obstetric Capabilities	Yes	Yes	Yes	Yes	No	Yes	No
Neonatal Capabilities (Gestational Age)	≥ 34 weeks (Special Care Nursery)	≥ 32 weeks (NICU)	≥ 22 weeks (NICU)	≥ 34 weeks (Special Care Nursery)	≥ 36 weeks (Special Care Nursery)	≥ 34 weeks (Special Care Nursery)	No
Pediatric ED		<21 years of age	<19 years of age				
Psychiatric Services	No	Adult (9.39 Receiving Facility)	Adult and Pediatric (9.39 Receiving Facility)	No	No	No	No
Specialized Cardiac Care	Stabilization only	STEMI, ECLS, VAD	STEMI, ECLS, VAD	STEMI - stable vital signs only	Stabilization only	Stabilization only	No
Stroke Center	Yes	Yes + Comprehensive with Embolectomy	Yes + Comprehensive with Embolectomy	Yes	Yes	Yes	No
Trauma/Burn Injuries Meeting Field Triage Criteria	No - Minor injuries only	No - Minor injuries only	Yes - Level 1 Adult/Pediatric Trauma and Burn	No - Minor injuries only	No - Minor injuries only	No - Minor injuries only	No - Minor injuries only

*version 4- 2026 STEMI capability updated
REMAC approved
2/23/2026