



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

COMMUNITY HEALTH SYSTEMS

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January 10, 2011

TO: Emergency Cardiac and Stroke System Stakeholders

FROM: Janet Kastl, Director
Office of Community Health Systems

SUBJECT: **Update on Emergency Cardiac and Stroke System Implementation**

The 2010 Legislature passed a law that establishes a formal cardiac and stroke system of care in our state. A tremendous amount of work has been accomplished by EMS providers, physicians and nurses across the state to design the new system. Their input has been invaluable. It took considerable time to design the system and it will take time to fully implement the system.

A July 1, 2011 system “go live” date was established as a goal to work toward. We recognize that not all communities will be ready to implement the system locally that soon. Some communities will take longer than others due, in part, to resource availability, how far along hospitals are in developing their programs, and how far along communities are in developing local EMS plans for the new system. In light of this, the emergency cardiac and stroke system will be phased in, community by community, based on the individual community’s readiness. A community is considered “ready” when the following pieces of the system are in place:

- **Participating hospitals are identified.** Applications to participate in the system are out and over 60 hospitals now have applications in hand. Applications are due January 31, 2011. Our goal is to have an initial list of participating hospitals available by March of 2011. A second application period will be open to hospitals in April and another in July. After July, 2011, we plan to have open application periods in January and July every year. The list of participating hospitals will be revised at the end of each application period.
- **Cardiac and stroke regional patient care procedures (PCP’s) are developed and approved.** PCP’s are the general blueprint for how the EMS system operates in each region. They are based on the unique characteristics and resources in each region. They define the level of EMS response and the appropriate patient destination. They are developed by the eight Regional EMS and Trauma Care Councils.

- **Cardiac and stroke county operating procedures (COP's) are updated based on the PCP's and participating hospitals.** COP's further define how the EMS system operates at the county level. They are developed by the Local EMS Councils with active involvement by the EMS Medical Program Director (MPD).
- **MPD patient care protocols are in place.** These protocols define the care EMS provides to patients. Each county MPD develops protocols based on state guidelines for EMS providers in their county.
- **EMS providers are trained on the destination triage tools, PCP's, COP's and protocols.**

Implementing the cardiac and stroke system of care will take patience, careful thought and collaboration. The department is prepared to provide assistance to communities who might be struggling with how the system will work locally. The department's lead on the emergency Cardiac and Stroke System is Kim Kelley. If you would like additional information on our new cardiac and stroke systems, please contact Kim. Her email address is kim.kelley@doh.wa.gov and her telephone number is 360-236-3613. Thank you for your interest in saving lives and reducing disability from heart attack and stroke by getting the right patient to the right treatment in time.