

Emergency Cardiac and Stroke System Update #5 August 5, 2011

Topics

- **ECS System in the news**
- **Update on participating hospitals**
- **Hospital applications now being accepted**
- **Website updates**
- **Some very informative articles on EMS, t-PA – good, quick reads**

Our ECS System in the news

As a result of the news release sent out 8/3, Kathy Schmitt did 4 taped radio interviews (KGMI, KPLU, KIRO, KELA) and 1 newspaper interview (Tri Cities Herald).

We also made it into national EMS news! <http://www.jems.com/article/news/washington-s-new-cardiac-and-stroke-care>

Update on participating hospitals

Seventy-five Washington hospitals have applied for one or both categorizations, and one Idaho hospital has applied. That means if 14 more hospitals apply, we'll have all WA hospitals participating in the system (not counting naval hospitals and children's hospitals)! It would be wonderful to have 100% participation by the end of 2011. So far:

Total WA hospital applications: 75; Idaho hospital applications: 1

Level I Cardiac: 29

Level II Cardiac: 39

Level I Stroke: 9

Level II Stroke: 29

Level III Stroke: 35

To see which hospitals are participating and at what categorization level, check the [participating hospitals lists by region](#).

Hospital applications now being accepted

We are accepting applications for cardiac and stroke center categorization to participate in the [Emergency Cardiac and Stroke System](#) from August 1, 2011 – September 30, 2011. If you want to apply, or you are already categorized and want to change your level, request applications from Kim Kelley, kim.kelley@doh.wa.gov. Please indicate whether you want an application for level I, II, or III for stroke and level I or II for cardiac. To decide which level makes sense for your hospital, see the [participation criteria](#).

<http://www.doh.wa.gov/hsqa/hdsp/default.htm>

Some very informative articles

Summary of two studies on EMS and response to suspected heart attack: 1) reducing EMS scene-time to reach 120 minute goal time for STEMI, and 2) BLS doing EKGs:

<http://www.jems.com/article/patient-care/studies-examine-affects-scene-times-stem>

Great summary article of t-PA for stroke (embedded, below):

“Intravenous Thrombolytic Therapy for Acute Ischemic Stroke” by Lawrence R. Wechsler, M.D.
“This *Journal* feature begins with a case vignette that includes a therapeutic recommendation. A discussion of the clinical problem and the mechanism of benefit of this form of therapy follow. Major clinical studies, the clinical use of this therapy, and potential adverse effects are reviewed. Relevant formal guidelines, if they exist, are presented. The article ends with the author’s clinical recommendations.”

New England Journal of Medicine 2011; 364:2138-2146, June 2, 2011



t-PA for stroke NEJM
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