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Report of the Emergency
Cardiac & Stroke
Work Group

Emergency Medical
Services and Trauma
Care Steering Committee

For more information or to
receive the complete report:

Kim Kelley, MSW
Cardiac/Stroke Systems
Coordinator

Chronic Disease Prevention Unit
PO Box 47855
Olympia, WA 98504

kim.kelley@doh.wa.gov
360-236-3613

Report is also available online:

www.doh.wa.gov/cfh/heart_stroke/

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Findings & Recommendations:

Emergency Cardiac & Stroke Care in Washington

Findings:

Heart disease and stroke – Leading causes of death and disability

- ❖ Heart disease and stroke are the 2nd and 3rd leading causes of death in Washington.
- ❖ Stroke is a leading cause of disability in adults.
- ❖ Heart disease and stroke take a tremendous toll on quality of life, caregivers, and the health care system.
- ❖ Heart disease and stroke cost more than \$3 billion in hospitalization charges, and at least \$950 million for long-term care. These costs do not include primary care, outpatient care, medications, or rehabilitation.
- ❖ People over 65 are at highest risk, a population that will double in the next 30 years.

Time is critical – The more delays, the more brain or heart tissue dies

- ❖ It is critical to get people having a heart attack or stroke to the right place in time to get proven treatments from qualified health professionals and hospitals, ideally within an hour for heart attack and three hours for stroke.
- ❖ There are treatments available that can save lives and reduce disability if started a short time after symptoms begin.
 - ◆ About 80 percent of strokes are ischemic. Less than 3 percent of ischemic strokes were treated with tPA, the best treatment for this type of stroke.
 - ◆ PCI – primary percutaneous coronary intervention – is the most effective treatment for heart attack. Less than half of all people who have a heart attack are treated with PCI.

Very few getting treatment in time

- ❖ Very few people in Washington get early treatments for heart attacks and strokes that would prevent death and disability. Why?
 - ◆ Most people don't call 9-1-1 when they are having a heart attack or stroke.
 - ◆ Access to resources to diagnose and treat heart attacks and strokes vary greatly, especially in rural areas.
 - ◆ Often people having a heart attack or stroke are transported to the nearest hospital only to be transferred to another hospital with specialists.

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- ◆ In many areas, ambulances are not automatically directed to hospitals that can treat heart attack and stroke.
- ◆ Rural areas have fewer resources and fewer specialists (cardiologists and neurologists) to respond to and treat heart attack and stroke. There are also fewer paramedics, who are qualified to do electrocardiograms (ECG) in the field, which help diagnose heart attack before getting to the hospital, so a response team can be ready.

Recommendations:

Early Recognition and Treatment: Educate the public about symptoms of heart attack and stroke, and calling 9-1-1. Train more people in cardiopulmonary resuscitation (CPR).

Uniform Standards: Make the American Heart Association's guidelines for heart attack and stroke care the state standard. These include assessing patients in the ambulance, alerting hospitals of incoming stroke or heart attack, having teams ready at the hospital, taking patients directly to hospitals that can give the care needed, and transferring them rapidly when they cannot provide care.

Training: Provide training and continuing education for dispatch, emergency medical services, and hospitals.

Quality Improvement: Use a statewide data system to track performance and quality of care.

Hospital Verification: Verify that hospitals meet state standards for cardiac and stroke facilities.

Telehealth: Use telehealth where available. Telehealth enables clinicians to diagnose and treat patients in remote areas using teleconferencing, videoconferencing, and digital imaging.

Rehabilitation: Assure that cardiac and stroke patients have access to accredited rehabilitation services.