

Emergency Cardiac and Stroke System Update #4, July 1, 2011

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Website Updated

Posted:

- [Regional Categorization Lists \(Central Region coming soon\)](#)
- [Official Cardiac and Stroke Triage Tools](#)
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Hospital Categorizations Announced

In May and June, we notified most hospitals that submitted applications in the first open application period of their categorization levels for participation in the Emergency Cardiac and Stroke System. We also provided [lists of hospitals](#) by region indicating their participation status and categorization level to EMS regional councils, EMS medical program directors (MPD), and county EMS councils. EMS councils and MPD’s will use these lists to begin developing county operating procedures (COP’s). COP’s are written operational procedures that direct triage and destination decisions at the county level.

Sixty-five of 95 hospitals applied by 1/31/11. Twelve more applied by 5/31/11. Most of the remaining hospitals have expressed interest in applying in August 2011. It looks like we might have near 100% participation by the end of the year! Thank you on behalf of the Department of Health, the Emergency Medical Services (EMS) and Trauma Care Steering Committee, the Emergency Cardiac and Stroke Technical Advisory Committee, and the people of our great state.

“Go Live” Process, County by County

In an email we sent you in January of this year, we told you the ECS System would “go live” community by community based on an individual community’s readiness. Going live means using the state [Cardiac and Stroke Triage Destination Procedures](#) (triage tools), regional patient care procedures and county operating procedures for all applicable EMS patients. A community is considered ready to go live when all the components necessary to implement the system are in place.

We’ve developed a process to determine when a community is ready to go live. The process entails the county EMS Councils attesting to the readiness of a community to “go live” using a form provided by the Department of Health. We will send these forms to the EMS Councils and EMS medical program directors (MPD’s) in the next week, and cc all the hospitals and regional EMS councils. Note, not all counties have an EMS Council. Where there isn’t one, the MPD and the Regional Council will attest to readiness.

County EMS Councils and MPD’s are in the best position to know when EMS and hospitals in their communities are ready to go live. EMS Councils develop county operating procedures (COP’s) that direct triage and destination decisions at the county level. These COP’s operationalize the triage tools. Hospitals and EMS agencies work together to develop these COP’s through the EMS Council.

The EMS Council will complete a form attesting to the following components being in place to implement the system locally:

- Regional patient care procedures (PCP’s) for cardiac and stroke patients are in place.
- All hospitals in the county are categorized as cardiac and stroke centers, or have officially opted out of participating in the Emergency Cardiac and Stroke System.
- County operating procedures (COP’s) and patient care protocols for cardiac and stroke patients have been updated as necessary to be consistent with the Washington State Prehospital Cardiac Triage Destination Procedure, the Washington State Prehospital Stroke Triage Destination Procedure, and the cardiac and stroke prehospital patient care protocol guidelines. The COP’s and protocols have been approved by the Department of Health.
- All EMS providers are trained on the triage tools and revised COP’s and protocols.
- Adequate prehospital resources are in place to implement the COP’s.

EMS Coordination Plans

These plans have been trickling in but we still haven’t received them from most of the hospitals. This is understandable due to the late announcement of participating hospitals and the time it takes to coordinate with new partners. We’ll extend the deadline to September 1, 2011. See guidance in [Update #3](#). Let me know if you need help with your plan.

ECS Conferences May 17, 2011 Seatac and June 7, 2011 Spokane

Over 275 hospital staff, emergency medical services (EMS) providers, and clinicians attended “Washington State Emergency Cardiac and Stroke (ECS) System—Making it Work in Your Community” in SeaTac on May 17 and in Spokane on June 7. The conferences brought pre-hospital and hospital partners together to discuss how to implement the ECS System regionally. Here are representative comments from attendees:

- Good information. DOH needs to do more informative meetings to keep hospital and EMS agencies up to date.
- Great job! Thank you for putting on this conference.
- Thank you for the combination of very talented people. The cream of the crop – good day. The breakout was very good. Good information from a diverse group of people. Thanks East Region!
- Thanks! What a wonderful collaborative effort! We are going to do GREAT things!
- Great meeting. A lot of useful info and especially encouragement.
- Very informative. Possibly a follow-up conference looking at the changes in patient outcomes due to cardiac & stroke activation
- This was a great learning opportunity! Thanks! We really appreciate the work of the larger hospitals & their willingness to share info with us!
- Enjoyed the conference. Learned much! Is it possible for attendees to obtain [PowerPoint presentations](#) used by the speakers?
- Thank you – inspiring to see how we’ve grown.

Where we could do better:

- Some duplication of information presented. Remove duplication = less time.
- Was hoping for “what to do next”. Was more about how we got here, not what to do to succeed?
- Was hoping for more direction on how to develop community plan with EMS.
- Need more time to actually network with participants.
- Rooms were cold!

You can see pictures from the Spokane Conference here [Cardiac & Stroke-Spokane June 2011](#)

The Department of Health, the Rural Healthcare Quality Network, and the American Heart Association/American Stroke Association organized the conferences. Thank you to all who attended, our speakers, and the EMS and Trauma Regional Councils.

Governor’s Proclamation on Stroke Awareness Month

Multicare Health Systems worked with Governor Gregoire’s office to proclaim May Stroke Awareness Month in Washington State. See the official proclamation, attached. I meant to send this to you all in May so you could use it for publicity and public education but did not find the time. I will try to do better next May!

Feature: Sharing Success with Hospital Staff Provides a Boost

In each System Update and possibly through other means, we'd like to feature a best practice, a success story, or other information from hospitals or EMS that could be helpful to others. The story we heard from Kadlec Regional Medical Center prompted this idea so it's our first feature. Please send me your best practices and success stories you'd like to share.

The cardiac coordinator at Kadlec Regional Medical Center, Cass Bilodeau, sent an email house-wide congratulating staff on a STEMI case well done. Afterward, a number of people said how nice it was to get this kind of good news. Below is a generic version of what she sent out.

Kadlec also has a new website focused on cardiac and stroke emergencies and the role Kadlec can play in providing care: <http://www.kadlec.org/JustCall911/>. Lincoln Hospital's website also combines public education and information on their services <http://www.lincolnhospital.org/>.

Generic version of Cass's email:

Good Morning,

I wanted to congratulate all of the individuals that played a role in setting a new record for Door to Balloon Time of **NINE (Insert minutes) MINUTES!!!** Incredible teamwork!!!

Yesterday a (insert woman/man) called 911 and (insert EMS agency) was dispatched at: (insert time)

(insert EMS agency) arrived on Scene: (insert time)

EKG (STEMI confirmed): (insert time)

Departure from Scene: (insert time)

Patient coded (V fib arrest with shock): (insert time)

(insert EMS agency) transmitted EKG and Called ahead to (insert hospital): (insert time)

Cardiac Team Activation at (insert hospital): (insert time)

(insert EMS agency) arrived with Patient to (insert hospital): (insert time)

Cath Lab arrival: (insert time)

Patient coded (V fib arrest with shock): (insert time)

Physician opened the artery: (insert time)

Time of 911 call to Balloon: _____ Minutes

(insert hospital) Door to Balloon Time: _____ Minutes

"Minutes Matter".....calling 911 saved this gentleman's life!!! I want to recognize the entire team for their incredible efforts. You make a difference each and every day and we are so blessed to have you in our community and hospital!! Thanks to (insert EMS agency) for their efficient work! They treated the patient with (insert as appropriate: aspirin, nitro, oxygen), and transmitted the EKG on the way to the ER. The ED initiated the (insert name for your cardiac team activation system). The cath lab team prepared the room then (insert interventional

(cardiologist name) and team met the patient at the ambulance bay, and took him directly to the lab. (insert EMS agency) also helped in transporting the patient to the cath lab. (Add details of interest). (insert interventional cardiologist name) was able to open his LAD with (insert) minutes to return blood flow. This patient did very well and is alive today due to the amazing teamwork that was exhibited. This is truly a system of care!!!

CMS Issues Final Rule on Telemedicine Support

From 5/6 WSHA Weekly Report:

The Centers for Medicare and Medicaid Services (CMS) issued a Final Rule on May 2 that makes a strong statement in support of telemedicine. The new rule, more than 30 months in development and review, streamlines the requirements for credentialing and privileging telehealth providers delivering services to Medicare hospitals. By simplifying how providers -- both hospitals and free-standing specialty groups -- privilege doctors who treat patients in a remote location, CMS has significantly lowered the administrative burden of delivering telehealth and telemedicine services for both the providers who deliver the service and those who receive it. The new rule should be of particular interest to hospitals in rural and isolated areas. They will find it easier to access remote specialty services. Medicare will now privilege telehealth practices such as teleradiology, teleICU and telestroke, whether they are delivered directly by a hospital or by an outside clinical vendor.

The final rule will go into effect July 2, 2011. A full copy of the rule is available [here](#). (Jeff Mero, jeffm@awphd.org)

Prehospital WAC

The Prehospital Washington Administrative Code (WAC) **changes are effective May 15, 2011**. These changes are the result of a tremendous amount of work that was done by our prehospital stakeholder community. I want to personally recognize this group for their hard work, patience and spirit of collaboration.

The entire prehospital WAC can be found on our website at: <http://www.doh.wa.gov/hsqa/emstrauma/statutes.htm>. This website includes a list of frequently asked questions that will help explain the rule changes and what they mean to our EMS agencies and providers.

Some of the changes in the revised WAC include:

- Adopting the national certification levels for EMS personnel.
- Adopting the new national education standards and instructional guidelines for initial EMS training at each level of certification.
- Establishing EMS Training Programs. This is done to consolidate EMS education activities, improve education quality improvement activities and create student-focused standards.

- Eliminating redundant and unnecessary equipment requirements for ambulances and aid vehicles.
- Provides clear guidance on the requirements to receive and maintain EMS certification.

Cardiac and Stroke Public Education Resources

[http://www.heart.org/HEARTORG/Affiliate/The-Cardiac-and-Stroke-Network UCM 316713 Article.jsp](http://www.heart.org/HEARTORG/Affiliate/The-Cardiac-and-Stroke-Network_UCM_316713_Article.jsp)

Lincoln Hospital has materials you can download for free. Contact Carey Guhlke guhлке@lhd3.org

<http://womenshealth.gov/heartattack/>

["Give Me 5!" campaign](#)

["Act in Time"](#)

["Stroke Heroes Act FAST"](#)

Questions? Contact Kim Kelley, Cardiac/Stroke Systems Coordinator
WA State Department of Health
360-236-3613
kim.kelley@doh.wa.gov

[*Washington State Emergency Cardiac and Stroke System*](#)

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