Process for EMS/ED Integration in the Care of the Acute Coronary Syndrome and Acute Heart Failure Patient

Purpose

The goal of this integration is to strengthen the relationship between EMS providers, dispatchers and United Regional to improve the care of the Acute Coronary Syndrome (ACS) and Acute Heart Failure (AHF) patient in the community. An action plan for improvement will be developed and revised as needed when completion of an objective has occurred.

The Emergency Department at United Regional is never on divert to patients with symptoms consistent with cardiac issues, stroke, or appropriate trauma patients unless the facility is experiencing a disaster rendering it incapable of accepting any patients.

1. Integrate ED with EMS for emergency assessment and community outreach opportunities.
    a. Provide joint community education concerning ACS/AHF signs, symptoms and possible treatment options
    b. Meetings with minutes that occur quarterly between EMS, Dispatchers and United Regional to discuss case reviews of ACS/AHF patients with documentation.

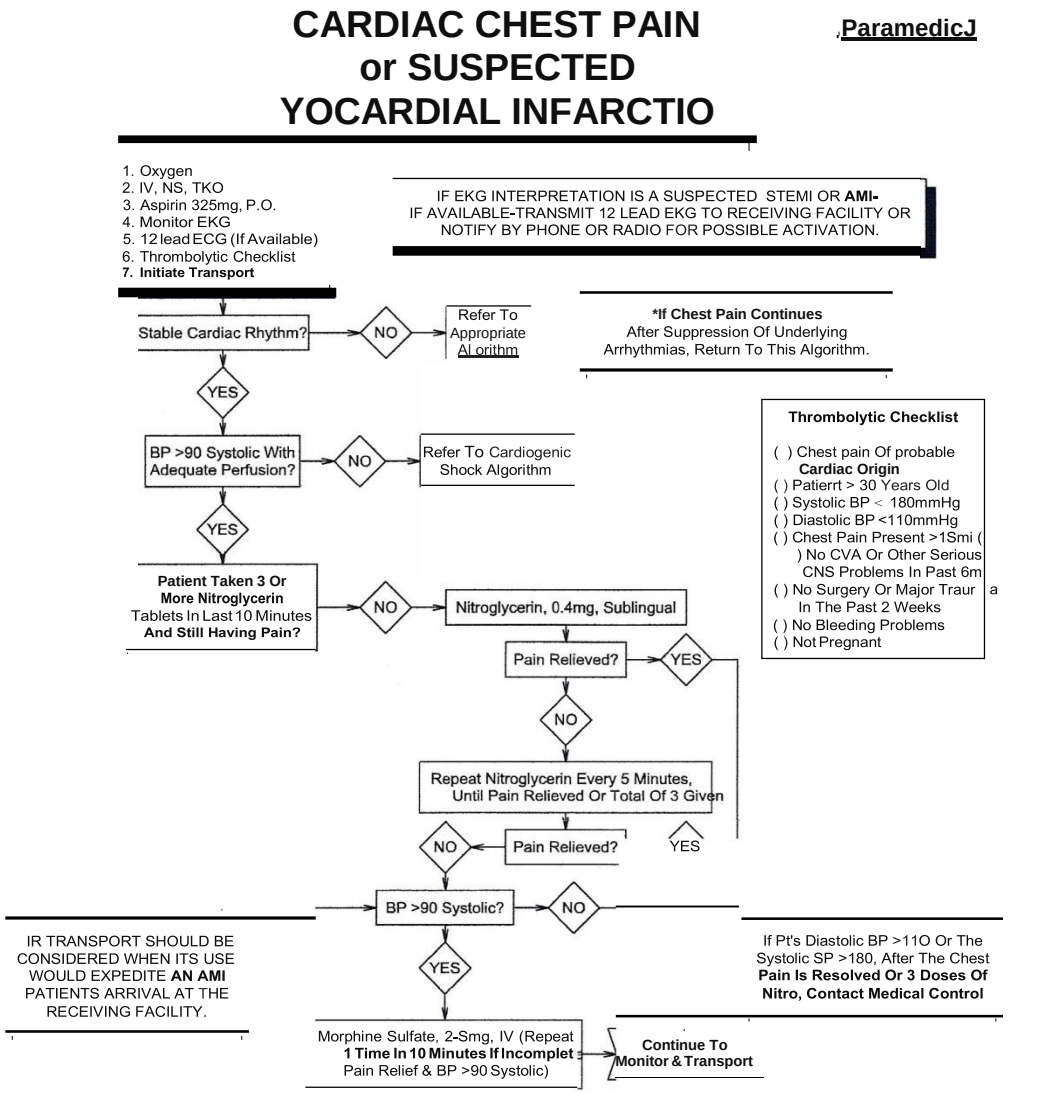
2. Integration of protocols with EMS/Dispatchers to improve outcomes for the ACS and Heart Failure patient.
    a. Administration of ACLS protocol while in the care of EMS provider.
    b. All patients with symptoms of ACS will have an EKG obtained and transmitted to the facility.
    c. When suspected, STEMI EKGs will be reported to the ED as well as transmitted.

3. Provide educational opportunities for EMS, Dispatchers and United Regional to improve outcomes for the ACS and Heart Failure patient
    a. Chest Pain Center/Heart Failure Coordinator will work closely with EMS to communicate new advances in the care of ACS/Heart Failure patients and to ensure that standards are met or exceeded.
    b. United Regional offers combined EMS/ED training on ACS protocols and care of the Heart Failure patient.
    c. EMS is invited to accompany an Acute MI patient to the Cath lab for observation of the procedure provided that hospital orientation is complete.

4. United Regional offers EMS a forum to understand the facility based approach to ACS/AHF.
    a. Metrics using the ACC/AHA Guidelines for time to reperfusion (fibrinolysis or PCI for patients with STEMI arriving by EMS is tracked and shared with EMS)
    b. EMS provides tracking time from first EKG to arrival in ED.
    c. United Regional provides tracking time from first EMS EKG to primary PCI for performance improvement initiatives.

5. Reliable voice or data communication exist between EMS and United Regional.

Regional Chest Pain Protocol (version adapted for basic and intermediate)



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