

Cardiac Alert Pilot Program Begins Feb. 6 for Heart Attack Patients in Thompson Valley EMS District

February 2, 2006

McKee Medical Center and Poudre Valley Hospital announced today that they have entered into an agreement to start a pilot program called “Cardiac Alert” on February 6. The pilot program is designed to provide more rapid life-saving emergency treatment for people who suffer certain heart attack symptoms within the Thompson Valley Emergency Medical Services district, which covers southeastern Larimer County, including Loveland.

The pilot program will transport heart attack patients by ambulance directly to PVH in Fort Collins. While en route, highly trained Thompson Valley EMS paramedics will connect a patient suspected of having a heart attack to a sophisticated 12-lead electrocardiogram. If it is determined the patient is having a heart attack, then the patient will be transported directly to the cardiac catheterization lab at Poudre Valley Hospital.

In the cardiac cath lab, the standard treatment is to perform an angioplasty. The technique inserts and inflates a tiny specialized balloon that opens a blocked artery, stopping the progression of damage caused by a heart attack. Cardiac Alert will help save critical time in the patient’s treatment.

Previous to February 6, heart attack patients in southeastern Larimer County were first transported to McKee’s Emergency Department, and then, if needed, transported to PVH, which has a regional heart center. This transportation procedure could add an hour or more to the patient’s treatment time. “Cardiac Alert will help save lives,” said Rick Sutton, McKee’s CEO. “It’s the right thing to do for patients.”

The local Cardiac Alert program was developed by the two hospitals, in conjunction with Thompson Valley EMS; Heart Center of the Rockies, and other EMS agencies in Northern Colorado.

Kevin Unger, president and CEO of PVH, said the program “is a testament to the way hospitals and other medical service providers can work together to ensure patients receive cardiac care in the most timely fashion possible.” Sutton added, “We’re all focused together for the patient’s benefit.”

Cardiac Alert will be used for patients ranging in age from 35 to 80, who have less than 12 hours of symptoms and whose symptoms are consistent with acute myocardial infarction, a coronary episode where blood flow to the heart is interrupted by a blockage. Symptoms include crushing, viselike pain in the chest that may radiate to the arms, particularly the left arm; shortness of breath; faintness; anxiety; an ashen or sweaty appearance; and irregularities of heart rhythm that can be identified by an electrocardiogram.

The pilot program is expected to last several months. Afterwards, Cardiac Alert may be expanded to include other areas of Northern Colorado. Dennis Young, chief of Thompson Valley EMS, said Thompson Valley EMS was chosen for the pilot program because the service has nine years of experience with 12-lead ECGs. Thompson Valley EMS was the first ambulance service provider in Northern Colorado to use 12-lead ECGs. “The combination of increased training, knowledge and experience allows our paramedics to accurately interpret the 12-lead ECG and decide whether the patient will benefit from cardiac catheterization,” Young said.

In addition, the location of Thompson Valley EMS’ service area in southeastern Larimer County allows optimal time for Cardiac Alert to be initiated while the patient is en route in an ambulance and for PVH to deploy staff and medical equipment in preparation of the patient’s arrival, Young said. Cardiac Alert represents a change in philosophy nationwide within the medical industry.

For many years the traditional standard of care was for heart attack patients to be treated with clot-busting drugs until a catheterization procedure could be scheduled. In the late 1990s, medical studies found that patients treated immediately by catheterization tend to have fewer complications, less heart damage and were less likely to suffer a related stroke. As a result of the studies, some hospitals have been implementing Cardiac Alert to minimize the time it takes for heart attack patients to reach a cardiac catheterization unit.

Dr. Gary Luckasen, a cardiologist with the Heart Center of the Rockies, said Cardiac Alert means the patient will be able to receive cardiac catheterization much sooner. “Time is critical,” Dr. Luckasen said. “The sooner we can open a blocked artery, the better off the patient will be.” Dr. Luckasen said that in order for Cardiac Alert to be effective, several things need to be in place: Sophisticated equipment, a high level of paramedic expertise, streamlined processes and advanced preparation, and a commitment to quick response from cardiologists and catheterization staff.

Randy Leshner, assistant chief of Thompson Valley Emergency Medical Services, said an important benefit of Cardiac Alert is that it begins in the field where paramedics connect the patient to a 12-lead ECG. The ECG information is interpreted by the paramedic, who then initiates a Cardiac Alert, if appropriate. This sets off a chain of events that prepares physicians and staff at PVH to receive the patient.

“The strategy is to identify the acute myocardial infarction in the field so we can alert the hospital to be ready when the ambulance arrives,” Leshner said. As the ambulance heads for PVH, specific procedures get underway at the hospital in anticipation of the patient’s arrival. Cardiologists and other medical staff members are alerted and the cardiac cath lab is prepared to treat the patient. Unless the patient’s condition requires treatment in the ER, the patient is moved directly to the cardiac catheterization lab for immediate treatment.

Source: www.heartcenteroftherockies.com