Systems of Care
Time Critical Condition

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Definitive Care

- Stabilization vs. definitive care
- Eye on where definitive care can be rendered
- Reason for system is to give direction prior to event

Time Critical Conditions Definitive Care In Rural States

- Tertiary hospitals are few and far between
- Therefore longer transports and distance are obstacles in rendering definitive care
- The mere presence of a hospital does not insure that definitive care can be rendered
- EMS must recognize the facilities within their region that can provide for definitive care
- Appropriate transport methods must be chosen
- All stakeholders must be present at the table

Definitive Care in Rural States

- DEMST has been given responsibility for Time Critical Conditions system development
- Includes EMS System, Trauma System, Stroke System and Cardiac System
- Each system has accompanying statewide continuum representation
- Evaluation should begin at the start of the process
- Develop measurement
- Public/private partnerships are important – cannot afford all resources necessary
- 1st Step – determine stakeholders – not perfect but a start – add stakeholders as process matures

Definitive Care in Rural States

- Get champions and early adaptors
- Determine elements within each system to launch efforts
- Competition should have a low priority – objective third party should be the lead – AHA, State Department of Health, Office of Rural Health, etc.
- Enabling legislation
- Funding? Private vs. Public
- May be easier in less populated states

Rural Trauma System

- All but one hospital is designated at some level of trauma designation
- Levels II through Level V
- No level I
- State designation for Levels IV and V
- ACS designation for Levels II and III
- All but six hospitals are Critical Access Hospitals
- Some Level IV and Level V hospitals vary in availability of surgeons and full time ER Physicians

Rural Trauma System

- State organized in 4 regions
- At least one Level II in each region
- Strength – QI or PI process
- Designation visits – Levels IV and V - Statewide Trauma Coordinator and Surgeon and Trauma Coordinator from Level II facility
- Mature system in existence for over 25 years

Stroke System

- Six years old
- Was in Chronic Disease
- Transitioned one year ago
- Significant progress
  1. Public education
  2. Hospital designation
     - Comprehensive Stroke Center
     - Primary Stroke Center – JCAHO
     - Acute Stroke Ready Hospitals – State Designation
  3. EMS Transport Plans

Stroke System

- Signs and symptoms – EMS, public, etc.
- Based on data early engagement of EMS is essential
- Over 50% of strokes delivered by POV
- Data has determined that definitive care can be rendered more quickly if arriving by EMS
- Determine window of time from onset to definitive care

Cardiac System

- Youngest of the systems
- Transition from the STEMI project – grant from The Helmsley Charitable Trust
- To start - determine elements or components – a few
  - Hypertension
  - Congestive failure
  - STEMI
  - Prevention
  - Cardiac Ready Communities (stolen from Montana)
- Champions – MD's , nurses, EMS, grassroots