DO YOU LIVE IN A CARDIAC READY COMMUNITY?

If someone in your community suffers a sudden cardiac arrest tomorrow, how likely is he or she to survive due to rapid access to life-saving treatment?

Cities and towns in Montana have enhanced 9-1-1. Are emergency operators in your local public safety dispatch able to provide instructions on how to handle an emergency before police, fire or EMS arrives?

Most cardiac arrests occur outside a hospital. How many residents and public safety officials in your community can recognize the symptoms of cardiac arrest and know how to get help “on the way, right away?” Who knows CPR in your community and is prepared to administer it when necessary?

Law enforcement officers are proven lifesavers when trained and equipped with automated external defibrillators. Does law enforcement in your community respond to medical emergencies? Are they trained in CPR/AED and equipped with automated external defibrillators?

Are there medical emergency response plans in place for schools and municipal buildings in your community? Are AEDs located in these buildings and where? Who has been trained to use the AEDs?

Early treatment of heart attack improves outcomes. Does your EMS provider have12-lead EKG capability and provide High Performance CPR?

Does your local medical center provide High Performance CPR and Advanced Cardiac Life Support?

Improvement happens through continual evaluation and assessment of processes and outcomes. Does your EMS provider and medical center participate in data-driven outcomes assessment and review?

The answers to these questions could determine whether or not your community qualifies as a Montana Cardiac Ready Community.

The Montana Cardiac Ready Communities Project aims to help communities in Montana improve their cardiovascular health and increase the chance that individuals suffering from cardiovascular emergencies will have the best possible opportunity for survival.

Through the Cardiac Ready Communities Project, communities can implement programs to:

- Strengthen what the American Heart Association (AHA) has called the "Chain of Survival"
- Improve Heart Health
- Improve chances of survival from Sudden Cardiac Arrest

This assessment and plan is designed specifically to meet the steps in the cardiac chain of survival. The cardiac chain of survival is highlighted on the next page. By completing the attached community assessment and participating in community-wide initiatives, with the help of the Montana Cardiac Ready Communities Program, Montana communities can achieve recognition as a Cardiac Ready Community. This recognition signifies the community's preparedness for a cardiac emergency as well as its commitment to developing a healthier population.

To begin this worthwhile and lifesaving process, please return the following letter of intent. The program manager, Janet Trethewey, will then schedule a visit with your community to help you with the application packet and process for becoming cardiac ready. Please note: the program manager will be scheduling visits based on geographic regions. It may be several months until an on-site visit is scheduled. Use this time to work on meeting goals for the plan. Janet can be reached via phone (406-444-0442) or e-mail (Jtrethewey@mt.gov) at any time to answer questions or provide assistance.

To access the application and planning document go to:
http://dphhs.mt.gov/publichealth/EMSTS/cardiacready

Chain of Survival

Critical Steps to Take in the Event of Sudden Cardiac Arrest:

a) Early Access to Emergency Care

- Bystanders recognize the symptoms of cardiac arrest and call 9-1-1 immediately.
- EMS dispatchers are equipped with instructions for the caller and can get EMS responders to the scene quickly.

b) Early CPR

- CPR, when properly administered, buys precious minutes until a defibrillator is available.
- Public knowledge, awareness and training in CPR to assure citizens will actually perform CPR when it is needed.

c) Early Defibrillation

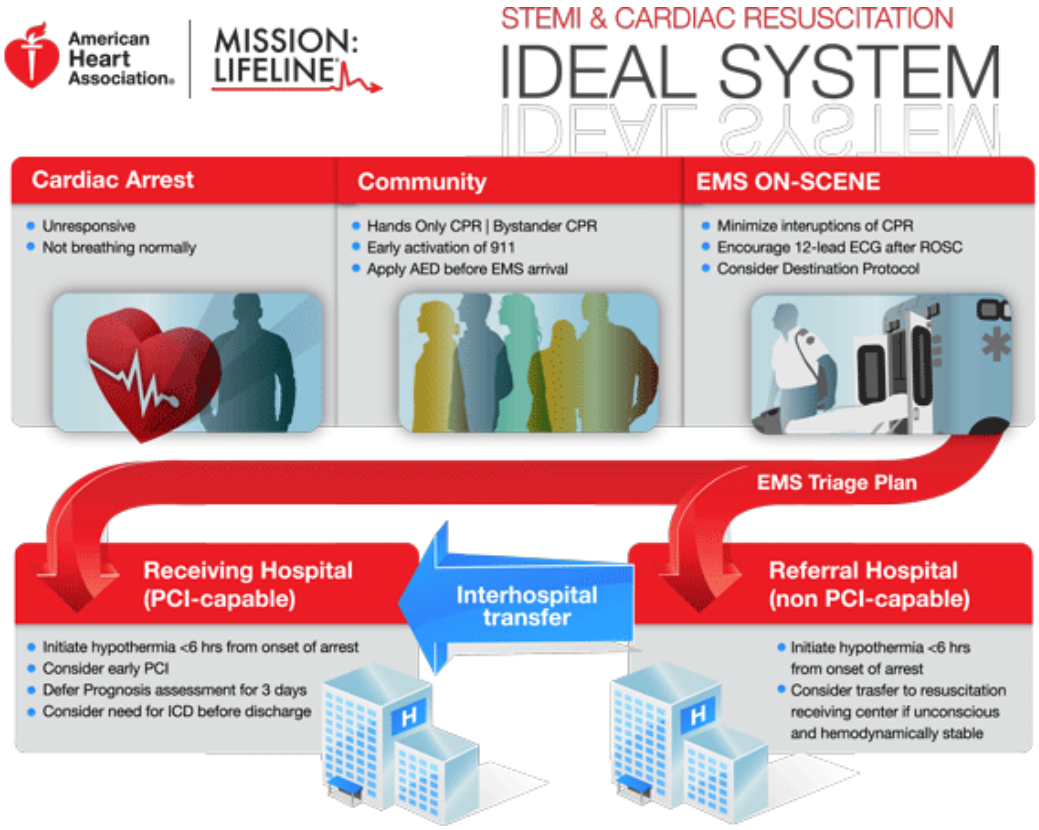
- Defibrillation is the delivery of electric shock to restore the heart's normal rhythm. Early defibrillation is considered to be the one of the most critical links in the Chain of Survival.
- Automated External Defibrillators (AEDs) are lightweight, sturdy, and easy to use and should be deployed so that a shock can be delivered within 3 – 5 minutes.

d) Early Advanced Care

- An Emergency Response vehicle staffed with qualified EMS professionals delivers advanced care in a timely manner.
- Additional therapies delivered by these personnel can be critical to the survival of cardiac patients.

e) **Definitive Hospital Care**

- Treatment provided by the hospital emergency department follows STEMI System protocols to decrease time to diagnosis of a heart attack and ensure definitive therapy within 90 minutes of 911 activation.



Letter of Intent

It is the intention of the city/town/community of _____to obtain designation as a Montana Cardiac Ready Community.

We have chosen _____as the lead organization to oversee our effort towards our Cardiac Ready Community designation.

The coordinator/contact for our Cardiac Ready Community program will be:

Name: _____

Address: _____

_____

Contact Number: _____

E-Mail: _____

Our goal is an on-going Cardiac Ready Community campaign. We want to have the best possible chance for survival for anyone suffering a cardiovascular emergency. This will be possible by raising awareness of the signs and symptoms of a cardiovascular emergency (heart attack, stroke or sudden cardiac arrest); having residents activate the 9-1-1 system for cardiovascular related problems at least 90% of the time in lieu of going to the hospital by a privately owned vehicle; and having the elements of the Chain of Survival in place.

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Please return to:

jtrethewey@mt.gov

Or mail to:

Montana Cardiac Ready Communities
EMS and Trauma Services Section
PO BOX 202951
Helena, MT 59620-2951
Fax: 406/444-1814

Cardiac Ready Communities Program

Planning and Application Packet

June 2015

Facts

When the heart is not getting enough oxygen because a blood vessel is blocked, someone is experiencing a heart attack.

When the heart stops beating for any reason, someone is experiencing a cardiac arrest.

When the brain is not receiving enough oxygen either because a blood vessel has broken or is blocked, a person is experiencing a stroke.

Often, the first sign of heart disease is sudden death from a cardiac arrest.

Survival of people suffering from a cardiac arrest who do not receive immediate CPR is less than 5%. Survival by people who receive immediate CPR followed by a shock from an AED within 6 minutes and who are then transported to a highly trained hospital by highly trained EMTs can be increased to 35-50%.

Knowing the signs and symptoms of these conditions and acting in an appropriate and timely manner can mean the difference between life and death, recovery and long-term disability.

Most people suffer a health emergency at home or at work. Bystanders are the first people who can “DO Something” in the event of an emergency. Waiting for an ambulance or other rescuer may be too late.

You could save the life of a family member or friend by learning a few simple skills. Communities can save lives of their residents by coming together to form a Cardiac Ready Community.

Application Form

Montana Cardiac Ready Communities and our partner agencies encourage and promote community awareness regarding heart health and the potential for saving the lives of persons with cardiac emergencies.

In order to increase this awareness, the Montana EMS and Trauma Systems Section has launched an initiative to designate Montana cities, towns and communities as Cardiac Ready Communities.

A Cardiac Ready Community VIGOROUSLY supports:

- Promotion of heart health and early detection of cardiovascular disease (CVD).
- Strategies that improve the chances of favorable outcome for victims of acute event emergencies such as heart attack, stroke, and cardiac arrest.

Recognition as a Cardiac Ready Community is determined by meeting certain criteria outlined in the application. Each section has a range from 0 (needs improvement) to 4 (exceeds minimum expectations). The minimum required to improve cardiac survival and to be a Cardiac Ready Community is to meet a 3 in each section and work toward a 4 to provide patients an even better chance for survival.

Return completed applications including: *Your criteria worksheet, a summary of your Ongoing Community Awareness Campaign, and an addendum for any mandatory criteria your community cannot comply with to the address below.*

Upon receipt of the completed application, a verification visit will be scheduled to determine recommendations to a community plan so your Community can become a Cardiac Ready Community.

Name of City/Town/Community seeking designation:

City/Town/Community

Address

	MT	

City *Zip Code*

Lead Organization for Coordination of Cardiac Care Community Designation

Name (Print)

Organization Address *Phone*

	MT	

City *Zip Code*

Contact Name (Print) *Title*

Contact Phone *Contact Email*

Indicate your community's population: _____

I attest that all information contained in this application is correct. Supporting documentation is on file for review.

Lead Organization Official: _____

_____ _____

Print Name *Date*

Please e-**mail or fax** this application and worksheets to jtrethewey@mt.gov or send to:

Montana Cardiac Ready Communities
EMS and Trauma Services Section
PO BOX 202951
Helena, MT 59620-2951
Fax: 406/444-1814

Department USE ONLY ☐ Recommended ☐ Not Recommended (*Explanation Attached*)

Name/Title (Print) *Signature*

RECOGNITION PRESENTED: _____

Date *Place*

Community Leadership

Through group meetings of all stake holders in a community (EMS providers, health care providers, hospital personnel, law enforcement, city/county officials, fire department, churches, schools, public health officials, civic groups, etc.) an organization should be selected to spearhead the Cardiac Ready Community effort. This group will ideally have an individual who becomes the “face” of the program in that community. This person is not “in charge” but is the coordinator of all stakeholders who want to see their community become Cardiac Ready. Other groups and entities must still play their part to see the program succeed.

It is the goal of the Cardiac Ready Community program that a single organization leads the community effort with support from the entire population. This organization will be responsible for data collection and reporting to the Cardiac Ready Community program manager for the duration of the grant.

Community Leadership

	There is no coordinated effort to develop a Cardiac Ready Community effort	0
	Organizations are working independently to improve cardiac readiness within the community	1
	Several stakeholders have formed a coalition to develop a Cardiac Ready Community effort coordinating with EMS	2
	A lead organization (e.g. fire, police, ambulance, board of health) is designated to oversee the Cardiac Ready Community effort involving all stakeholders (EMS, hospital, health care providers) and community organizations (e.g. businesses, schools, churches)	3
	A lead organization is designated to oversee the Cardiac Ready Community effort, has involvement from all sections of the community, is integrated into the EMS system, and has developed a strategic plan for sustainability of the program.	4

On-Going Community Awareness Campaign

Most people wait two hours or more to seek medical assistance after experiencing symptoms of a heart attack. Further, countless people travel to the emergency room by privately owned vehicle. Both of these issues are contributing factors to the high mortality rate associated with heart attacks. Ideally, people experiencing symptoms, or those with someone experiencing symptoms, will dial 9-1-1 right away for care and transport to a hospital in an ambulance.

An ongoing community awareness campaign should not only include information on how a person can reduce their risk of having a heart attack, sudden cardiac arrest or stroke, but just as importantly what to do should it occur. A community awareness program is a unique marketing campaign that includes information on:

- Heart disease risk factors
- Prevention techniques
- Signs and symptoms of a cardiovascular emergency
- Importance of "The Chain of Survival"
- Importance of early activation of 9-1-1
- How to call 9-1-1
- Importance of immediate initiation of CPR
- Knowledge of public access AEDs and the importance of using one if available
- Cardiac Ready Communities Program

The program would also include the development and implementation of a system to track and evaluate the effectiveness of various marketing tools and methods.

While prevention is the preferred method of reducing the loss of life from a cardiovascular emergency, history has shown if the focus is on prevention alone you will have little impact on decreasing the incidence of sudden cardiac arrest.

It is the goal of the Cardiac Ready Communities program to improve community awareness of the signs and symptoms of a cardiovascular emergency (heart attack, stroke or sudden cardiac arrest) and to have citizens activate the 9-1-1 system in lieu of going to the hospital by a privately owned vehicle.

Community Awareness Campaign

	There is no awareness campaign	0
	The community is developing an Awareness Campaign specific to its needs and population that includes cardiovascular disease (CVD) prevention and initiating the chain of survival in case of a heart attack, cardiac arrest or stroke.	1
	The community has developed an Awareness Campaign focused around the Cardiac Ready Communities project that includes CVD prevention and initiating the chain of survival in case of a heart attack, cardiac arrest or stroke and is ready to launch it.	2
	The community has implemented an ongoing Awareness Campaign specific to its needs and population that includes CVD prevention and initiating the chain of survival in case of a heart attack, cardiac arrest or stroke.	3
	The community awareness campaign has been implemented and evaluated for effectiveness. Changes to the program are ongoing based on data.	4

CPR Programs

There are several different CPR courses available through the American Heart Association and the American Red Cross. All provide valuable information for the general public. However, recent research has shown that for the average layperson, Hands-Only CPR (no rescue breathing) for teens and adults is just as effective and is more likely to be implemented in a cardiac emergency. Having law enforcement officers and fire fighters trained in high quality CPR as well as being equipped with an AED decreases the time from initial collapse to having a shock delivered to the heart.

The Cardiac Ready Communities Program promotes the cardiac chain of survival which includes early recognition and initiation of CPR and does not differentiate between courses in which community members participate. Whichever course(s) is implemented should also include a section/module on the use of an AED to meet the other step in the chain of survival of having an electrical shock delivered to the heart within 3-5 minutes.

CPR Instructors

	There are no available CPR instructors to the community	0
	Instructors are unable to teach enough courses to meet needs/goals. Instructors may be burned out from too much teaching.	1
	Instructors are teaching regularly scheduled courses, but not enough to meet need/goal	2
	There is an adequate number of instructors to fill need and reach goals for CPR courses. Courses are offered at a variety of times and days and cover the range of course levels.	3
	There are enough instructors to have a regular schedule of CPR classes without overload. The community tracks numbers of courses and students as an ongoing performance improvement indicator.	4

CPR for the Layperson

	It is unknown what percent of the population is trained in CPR	0
	Less than 5% of population is trained in CPR	1
	10% of the population is trained in CPR	2
	25% of population is trained in CPR	3
	50% of population is trained in CPR	4

Law Enforcement AED/CPR

	No Law Enforcement Vehicles responding in the community are equipped with an AED and officers trained in CPR/AED	0
	Less than 25% of Law Enforcement Vehicles responding in a community are equipped with an AED and have officers trained in CPR/AED	1
	25% of Law Enforcement Vehicles are equipped with an AED and have officers trained in CPR/AED	2
	50% of Law Enforcement Vehicles are equipped with an AED and have officers trained in CPR/AED	3
	100% of Law Enforcement Vehicles are equipped with an AED and have officers trained in CPR/AED	4

Fire Department AED/CPR

	No FD Responder Vehicles responding in the community are equipped with an AED and officers trained in CPR/AED	0
	Less than 25% of FD Responder Vehicles responding in a community are equipped with an AED and have CPR/AED trained personnel	1
	25% of FD Responder Vehicles are equipped with an AED and have CPR/AED trained personnel	2
	50% of FD Responder Vehicles are equipped with an AED and have CPR/AED trained personnel	3
	100% of FD Responder Vehicles are equipped with an AED and have CPR/AED trained personnel	4

Public Access Defibrillation Program

The American Heart Association reports that sudden cardiac arrest victims who receive immediate CPR and an AED shock within three to five minutes have a much higher chance of surviving. As a part of the Cardiac Ready Community Program, public access AEDs should be deployed in target areas throughout the community. Consideration should be given to deploying AEDs so that a shock can be delivered within three to five minutes of the event occurring and members of the community are encouraged to use an AED when the need arises. Consider deployment of AEDs in the following locations.

- City/Town owned facilities - a minimum of one AED per building
- Public, private, charter schools
- Multi-use/purpose community buildings
- Locations with large public gatherings
- Shopping Centers
- Nursing Homes
- Health Clubs – OSHA required
- Aquatic facilities
- Churches
- Businesses/Business Parks
- Senior/Community Centers
- Tourist Attractions

It is the goal of the Cardiac Ready Communities program to have communities assess the locations of the AEDs currently available, report those locations to 911 dispatching and the local ambulance service and to develop a plan to acquire and distribute additional AEDs to adequately cover their community. Cardiac Ready Communities also assure that AEDs are registered with the Department of Public Health and Human Services as required by MCA 50-6-502.

Public Access Assessment Plan

	There is no overall community plan to assess AED locations and needs	0
	Location of currently existing AEDs in the community is known	1
	A plan for assessing unmet AED needs and locations is being developed	2
	There is a developed plan to assess location and need of AEDs in the entire community	3
	There is a developed plan to assess dispersal and need of AEDs and a strategic plan for funding unmet needs is developed	4

Municipal Building Assessment

	No survey of AEDs in municipal buildings has been conducted and it unknown what percentage are covered	0
	Less than 25% of public/municipal buildings have an AED available	1
	At least 25% of public/municipal buildings have an AED available	2
	At least 50% of public/municipal buildings have an AED available	3
	At least 75% of public/municipal buildings have an AED available	4

Schools AED Assessment

	No survey of AEDs in schools has been conducted and it unknown what percentage are covered	0
	Less than 25% of schools have an AED available	1
	At least 25% of schools have an AED available	2
	At least 50% of schools have an AED available	3
	At least 75% of schools have an AED available	4

EMS Dispatching Program

Every community is unique in how Emergency Services are delivered. 911 dispatching is a key element in this process. Communities that have enhanced 911 improve response by knowing where the call is originating from even without the caller telling them. Having dispatchers trained in how to help a caller assess a medical emergency and giving directions on what to do over the phone greatly improves the chance of survival. Recent studies have shown that simply having dispatchers coach a caller through the steps of hands-only CPR vastly improves the chance of survival while risks from doing CPR on someone who doesn't actually need it are relatively low. Dispatch assisted CPR and Emergency Medical dispatching (EMD) are key components in the chain of survival.

Additionally, by using enhanced 911, a dispatcher is often times able to direct bystanders to the nearest location of an AED. Even without enhanced 911, if communities know the location of all AEDs and share that information with dispatch, the ability to get the AED off the wall and onto the patient is greatly improved.

There is strong evidence to show that dispatching law enforcement officers and/or fire department personnel, who may be closer to the emergency, greatly improves the chance of survival. Having dispatching protocols that include law enforcement and fire departments will strengthen the chain of survival.

It is the goal of the Cardiac Ready Communities program to have effectively used enhanced 911 in every community, to have all dispatchers trained in EMD and know the location of all AEDs, and to have law enforcement and fire personnel dispatched to emergencies as appropriate.

AED Dispatching

	Law Enforcement and/or FD personnel are not routinely dispatched to medical emergencies	0
	Law Enforcement and/or FD personnel are dispatched only on request of ambulance personnel	1
	Law Enforcement and/or FD personnel are routinely notified of cardiac emergencies	2
	Dispatch has an inventory or mapping capability of all community AEDs and the closest responder (public, law enforcement, fire, non-transporting unit and EMS) are dispatch as primary responders.	3
	Law Enforcement and/or FD personnel are dispatched to all probable cardiac emergencies and the Community has a performance improvement program to asses all responses	4

911 Dispatching

	911 personnel only dispatch EMS providers and provide minimal information to callers	1
	911 personnel stay on line with caller to relay information to EMS personnel while enroute	2
	911 personnel are trained and use dispatch-aided CPR	3
	911 personnel are trained and use emergency medical dispatching (EMD)	4

EMS Services

Having a well-trained EMS service is critical for an out of hospital cardiac arrest. Utilizing High Performance CPR, using an AED as soon as possible and having access to a 12 lead EKG to alert the receiving hospital to the patient's condition are all vital steps in the chain of survival. Access to a Lucas Device will assist with high performance CPR. Robust performance improvement (PI) through use of patient data and run reports ensures EMTs are striving for better patient outcomes. Some defibrillators and EKG monitors will print reports to determine the quality of CPR done during a response. An EMS patient record system that collects data on all aspects of a response, including times, treatment and outcomes is used for performance improvement.

It is the goal of the Cardiac Ready Communities program that all EMTs are trained in High Performance CPR and that all ambulances are equipped with an AED or other type of defibrillator. Further, services engage in PI through a planned program of run reviews and data analysis.

Ambulance Service

	EMS personnel do not have an AED/defibrillator available for cardiac responses	0
	Only one AED/defibrillator shared between multiple ambulances	1
	Each ambulance or QRU Vehicle is AED/defibrillator equipped	2
	Ambulance personnel use High Performance CPR and are AED/defibrillator equipped	3
	Ambulance personnel are trained and use High Performance CPR and are AED/defibrillator equipped; they do PI on every cardiac arrest call	4

Medical Control

	Medical Control provides minimal support to the EMS service	0
	Medical Control provides feedback to EMTs only when there is a problem or question	1
	Medical Control provides feedback to EMTs but not on a regular basis	2
	Medical Control provides feedback to EMTs on all cardiac arrest calls	3
	Medical Control is an integral part of service operations including data collection and benchmarking for performance improvement over time	4

Hospital Services

Hospitals that have improved cardiac survival rates are prepared for cardiac and stroke emergencies and share common characteristics. They receive, interpret and make decisions prior to patient arrival based on incoming EKG transmissions from transporting ambulances. Emergency Department (ED) personnel are all trained and use High Performance CPR. Critical Access hospitals have established protocols for stabilizing and transferring patients. PCI hospitals (advanced cardiac care hospitals) are STEMI (ST Elevated Myocardial Infarction) prepared. Constant data analysis drives PI through informed decision making.

The goal of the Cardiac Ready Communities is to ensure all hospitals are trained and utilize High Performance CPR. They are using data analysis to drive PI.

All Hospitals

	Hospital is not working toward training in High Performance CPR	0
	Hospital is initiating training in High Performance CPR	1
	Some hospital ED personnel are trained and utilize High Performance CPR	2
	Hospital ED personnel are trained and utilize High Performance CPR	3
	Hospital ED personnel are trained and utilize High Performance CPR and do PI on CPR incidents	4

Critical Access Hospitals (CAHs)

	Have no specific treatment and transfer protocols for STEMI, Cardiac Arrest and Stroke patient care	0
	Are developing ED treatment and transfer protocols with PCI hospitals and EMS that emphasize AHA systems approach to STEMI, Cardiac Arrest and Stroke patient care	1
	Have treatment and transfer protocols but they have <u>not</u> yet been jointly coordinated with PCI hospitals and EMS	2
	Have developed ED treatment and transfer protocols coordinated with Receiving/PCI hospitals and EMS that emphasize AHA systems approach to STEMI, Cardiac Arrest and Stroke patient care	3
	Have developed ED treatment and transfer protocols with Received/PCI hospitals that emphasize AHA systems approach to STEMI, Cardiac Arrest and Stroke patient care. Hold multidisciplinary meetings with PCI hospitals and EMS to evaluate outcomes and PI data.	4

PCI Hospitals

	Have no treatment and transfer protocols for STEMI, Cardiac Arrest and Stroke patient care with CAHs	0
	Have treatment and transfer protocols that have not been jointly developed with CAHs and EMS	1
	Are developing ED treatment and transfer protocols with CAHs and EMS that emphasize AHA systems approach to STEMI, Cardiac Arrest and Stroke patient care	2
	Have developed ED treatment and transfer protocols with CAHs and EMS that emphasize AHA systems approach to STEMI, Cardiac Arrest and Stroke patient care	3
	Have developed ED treatment and transfer protocols with CAHs and EMS that emphasize AHA systems approach to STEMI, Cardiac Arrest and Stroke patient care. Plans for reporting patient data and outcomes back to CAHs and EMS have been developed.	4

Cardiac Ready Community Program Evaluation

To insure that the Cardiac Ready Community Program is implemented and utilized effectively, annual review of the system needs to occur. Frequent review and practice ensures that all steps in the Chain of Survival, as well as other components, are seamlessly combined. By practicing scenarios that include bystander CPR, use of an AED within 3-5 minutes, dispatcher aided CPR, appropriate dispatching of emergency response personnel, and use of high performance CPR by responders and the hospital, communities will be better prepared for a true emergency. Having a process in place to implement these practice scenarios, combined with review of the outcomes will identify gaps and errors which will improve responses in the future. Further, reviewing all actual emergency responses to cardiac events will provide valuable information, provided a process is in place to ensure the review happens.

The goal of the Montana Cardiac Ready Communities Project is to help communities in Montana improve their cardiovascular health and increase the chance that individuals suffering from cardiovascular emergencies will have the best possible chance for survival. Implementing a review process is the means of showing the goal is being addressed and continues to be improved upon.

Program Assessment

	There is no strategic plan.	0
	A plan is being developed to evaluate and improve the “Chain of Survival” including an annual Cardiac Ready Communities review of the plan.	1
	A plan has been developed to evaluate and improve the “Chain of Survival” including an annual “table top” level review of the plan.	2
	A plan has been implemented to evaluate and improve the “Chain of Survival” including annually scheduled and implemented practice of the “Citizen Responder to ED” CPR plan.	3
	A Cardiac Ready Community review of the plan includes review of data and benchmarks and community performance improvement review of cardiac success.	4

Data Collection System

	There is generally little data available about cardiac incidents by EMS, hospital and other components of a Community.	0
	Only parts of the entire chain of survival have data collected and reported. e.g. EMS and/or hospital collects data, but generally there is no data about public response or dispatch training and response.	1
	Data on each step in the chain of survival is collected according to the Community plan . Prehospital data is collected by EMS services and reported to the State registry.	2
	Data on each step in the chain of survival is collected and reviewed by the Cardiac Ready Community Team. Data drives changes to the Cardiac Ready Community Plan. Compiled data and a summary are reported to the State Cardiac Ready Communities Program on an annual basis.	3
	Data on each step in the chain of survival is collected and shared with all stakeholders including the public. Data drives changes to the Cardiac Ready Community Strategic Plan. These changes are included in the annual summary report.	4

Resources

For information on developing a community campaign go to:

http://www.resuscitationacademy.com/index.php/toolkit/

http://www.cdc.gov/nccdphp/dch/resources/index.htm

http://dphhs.mt.gov/publichealth/Cardiovascular.aspx

For information on registering your AEDs with the State of Montana go to:

http://dphhs.mt.gov/publichealth/EMSTS/aed/aedregistration.aspx

For information on developing/expanding your Public AED program go to:

http://www.resuscitationacademy.com/index.php/toolkit/

Automatic external defibrillator grants: Several available ~ Search via Google

American Heart Association Classes:

http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp

American Red Cross Classes:

http://www.redcross.org/ux/take-a-class/program-highlights/cpr-first-aid#

For more information on developing a tracking and review system go to:

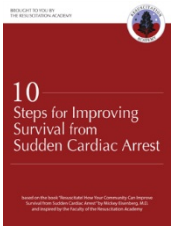
http://www.resuscitationacademy.com/index.php/toolkit/

For information on hospital STEMI certification go to:

http://www.heart.org/HEARTORG/HealthcareResearch/MissionLifelineHomePage/Mission-Lifeline-Home-Page_UCM_305495_SubHomePage.jsp

Montana Mission Lifeline:
http://www.heart.org/HEARTORG/Affiliate/Mission-Lifeline-Montana_UCM_462304_SubHomePage.jsp#

General Information about Cardiovascular Health, Cardiac Arrest and Stroke:



http://www.resuscitationacademy.com/index.php/ebook/

http://www.nhlbi.nih.gov/health/resources/heart

http://www.heart.org

http://dphhs.mt.gov/publichealth/Cardiovascular.aspx

http://www.heartrescueproject.com/resource-downloads/index.htm#epg

Logic Models:

https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide

https://apps.publichealth.arizona.edu/CHWToolkit/PDFs/Logicmod/logicmod.pdf

http://www.uwex.edu/ces/pdande/index.html

Additional resource links can be found on the Cardiac Ready Communities Web page:

http://dphhs.mt.gov/publichealth/EMSTS/cardiacready