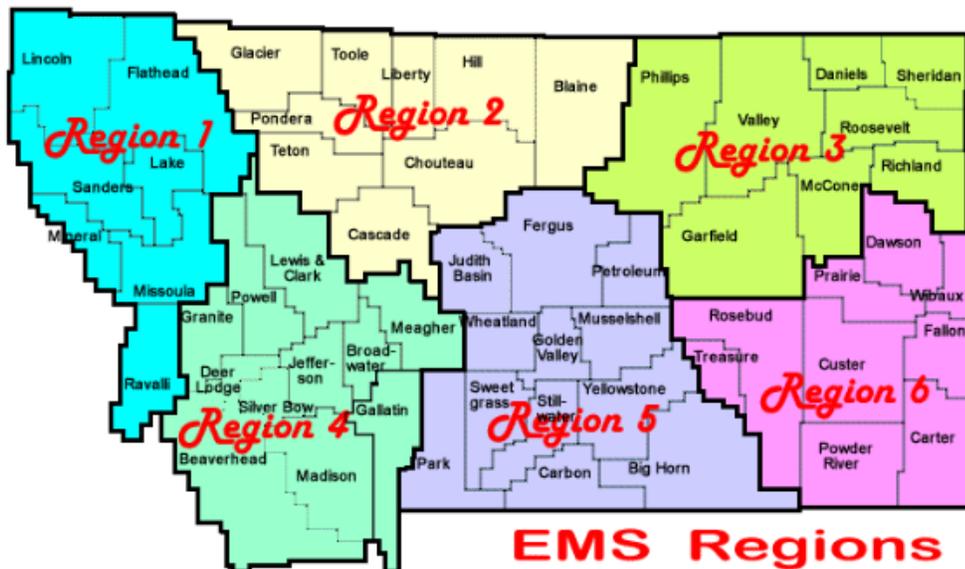


Cardiac Ready Community Toolkit & Application.

In order to facilitate recognition as a Cardiac Ready Community, an application has been developed to guide interested community stakeholders through an evaluation of where they are and where improvements may be made in order to be Cardiac Ready. Interested communities can start the process by reviewing the application and returning the Letter of Intent when they are ready for an assessment visit. In order to efficiently utilize resources and time, we will begin assessment visits in EMS Region 6 first and then move sequentially to Regions 2, 4, 3, 5 and 1. While it's going to be some months before we can visit some communities, the assessment tool can be used to optimize the community's readiness before we visit. Minimum readiness will be measure by verification of at least level 3 in each category. Achievement of level 4 will further challenge communities to be the best they can be and become communities of excellence

[Cardiac Ready Community Application and Toolkit \(PDF\)](#)

[Cardiac Ready Community Application and Toolkit \(Word\)](#)



Overview

In a cardiac arrest, every second can mean the difference between life and death. In rural communities, the cardiac arrest survival rate is lower than in urban areas due to increased EMS response times. One important factor affecting rural cardiac arrest survival rates is whether there is a bystander trained in cardiopulmonary resuscitation (CPR) who witnessed the arrest. An untrained bystander may be hesitant to begin CPR and/or are unable to deliver high-quality CPR for very long. A trained 911-dispatcher can talk a caller through the steps of CPR, but many rural dispatchers lack the training to do so. These are just a few of the important factors that delay the onset of life-saving CPR.

Another important factor affecting rural cardiac arrest survival is the availability of automated external defibrillators (AEDs). In rural areas, AEDs are not as readily accessible. Some rural first responders, including law enforcement, carry AEDs; however, by the time they arrive on scene it may be too late to save the patient.

To address these issues, Cardiac Ready Communities (CRC) attempt to improve survival rates by intervening along the continuum of the chain of survival (Eisenberg, 2013). The cardiac arrest chain of survival includes early cardiac arrest detection, early access to EMS services, bystander CPR, early defibrillation, advanced cardiovascular life support and post resuscitative care in a hospital. A CRC operates on the principle that better outcomes from a cardiac arrest are possible when every community member knows basic CPR and community resources are available (such as AED's) to assist in maintaining life before ambulance services arrive. The chain of survival in rural areas depends on community-wide involvement.

The Cardiac Arrest Chain of Survival

In a community wide effort, each citizen is extremely important in saving a life; he/she may be the only person who can provide CPR or administer a shock until emergency medical services arrive.

The Cardiac Ready Communities Program of the EMS and Trauma Systems Section of the Montana DPHHS developed a toolkit describing the conditions a community needs to attain to be Cardiac Ready recognized. Recognition suggests a community is more likely to improve survival rates from cardiac arrest for its citizens. This manual is a supplement to the toolkit and details the steps for the effective implementation and subsequent evaluation of a CRC. The manual consists of eight (8) steps, each listing key considerations and resources in becoming CRC recognized. The eight steps are:

1. Identifying a Champion
2. Establishing a Community Coalition
3. Complete an Initial Assessment of all Community Wide Initiatives (CWIs)
4. Implement a few CWIs at a time
5. Promoting the CWIs Leadership is essential to the success of the CRC initiative. First, you need to identify a champion who will be responsible for spearheading the CRC initiative. The champion must be a strong, motivated problem solver who is knowledgeable about the community and the CRC initiative (Kirkpatrick & Locke, 1991). Anyone or any organization can serve as the champion. Three organizations that typically act as the champion, with someone designated as the lead person include the local EMS agency, the local LEPC or the local health department. Your local Emergency Medical Service (EMS) is well versed in cardiac arrest protocol and because of their central position in the cardiac arrest response have established relationships with many other community agencies. This is very beneficial in securing community wide cooperation. The EMS Medical Director would be an effective champion because of his/her relationship between EMS services and the hospitals (FEMA, 2012). Your Local Emergency Planning Committee (LEPC) will already be familiar with many of the major stakeholders in the cardiac care response. The LEPC's preexisting working relationship with these stakeholders will be a valuable asset. The county or town emergency manager could be an effective champion. Your Local Health Department (LHD) is also a good choice because of its familiarity with government regulations. This is especially helpful when interacting with the state as you implement a CRC. Someone on the staff could be an effective champion. Identifying a champion from any of these organizations is a good choice because all have extensive knowledge of the community, health care organizations, and health care regulations. Each also has networks to secure cooperation from other key community stakeholders. Another possibility is the local hospital. The champion is responsible for providing progress updates to

the state as well as collecting any materials needed for the final recognition process. After identifying and selecting a champion, send the champion's contact information to Janet Trethewey. The champion will serve as the primary point of contact with the state and be responsible for coordinating and providing the data needed for the recognition visit. **Janet Trethewey**, Cardiac Ready Communities Program Coordinator.

6. Monitoring/Evaluating the Progress of Chosen CWIs
7. Selecting Additional CWIs and Repeating
8. Setting up a Final Meeting with the State for recognition

It is important to note although every community should follow the eight steps, each CRC implementation plan will be unique. This is because each community has different strengths and this will dictate unique strategies for implementing each CWI.

As you complete the eight steps, you must collect and organize specific lists, tables and other information needed by the state to verify and recognize your community as cardiac ready. It is highly recommended you pay due diligence to gathering these data so there will be no surprises during the recognition visit. The state recommends you organize these data into a single packet called the , to submit prior to the recognition visit.

Cardiac Ready Community Implementation and Evaluation Guidelines Workbook (PDF Format)