

FRIDAY, JANUARY 30, 2009

SC Chapter of AHA Mission: Lifeline



I was recently invited to be on the EMS Advisory Committee for the South Carolina chapter of the AHA's Mission: Lifeline (the AHA's STEMI initiative).

This is a collaborative partnership between the AHA, South Carolina Hospital Association, South Carolina Chapter of American College of Cardiology, South Carolina Chapter of the College of Emergency Physicians, South Carolina Department of Health and Environmental Control Office of Emergency Medical Services, all 17 of the South Carolina hospitals that provide interventional cardiac services and patient advocate representatives.

The first organizational meeting was held yesterday in Columbia, SC. As luck would have it, I was already in Columbia for the FEMA Structural Collapse Technician Course which concluded one day earlier.

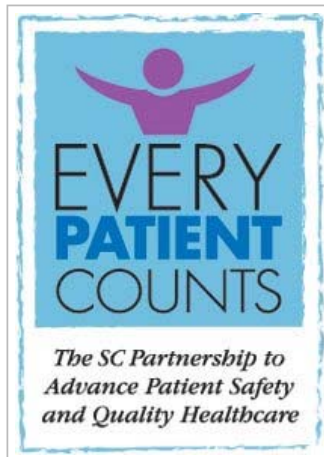
I wasn't sure what to expect, but I was pleasantly surprised by the professionalism of all involved.

One of the more interesting things about the meeting was identifying the incredible diversity of the various EMS systems across the state.

Some have been doing 12 lead ECGs for over a decade, and have a history of giving prehospital Retavase in the field. Others just acquired 12 lead ECG monitors. A few are still using basic 3-lead cardiac monitors.

Some can transmit 12 leads from the field. Others can't.

Some have extensive training programs for 12 lead ECGs. Others have limited their training to a couple of hours, citing the difficulty of teaching older paramedics new tricks.



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Some have great working relationships with the ED docs. Some don't.

Some are so rural that no cell signals are available in huge areas of their respective counties.

Some counties have no hospitals.

Some EMS systems are forbidden to take their ambulances out of the county, which means they are limited to delivering patients to facilities incapable of performing primary PCI.

Many EMS systems are already struggling financially, even without the economic downturn.

These are incredible challenges that need to be overcome. If not for the highly professional people I met yesterday, I might have considered it a fool's errand. Instead, I feel optimistic.

I sense the tide is really starting to change.

These are interesting times, both for EMS, and for emergency cardiac care.

Posted by Tom B at [11:38 AM](#) 

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Tom B

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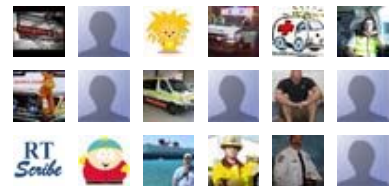
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