



Waterbury Hospital Recognized for Cardiac Excellence

Waterbury Hospital is the recipient of the *Healthgrades* 2022 Coronary Intervention Excellence Award™, among the top 10 percent of hospitals in the nation to receive this distinction, and a Five-Star Recipient for Treatment of Heart Attack in 2022, according to new research released by Healthgrades, the leading resource that connects consumers, physicians and health systems. Every year, *Healthgrades* evaluates hospital performance at nearly 4,500 hospitals nationwide for 31 of the most common inpatient procedures and conditions.

“Consumers are increasingly becoming aware of the differences of care provided by different hospitals. Consumers can feel confident that hospitals receiving a Healthgrades 5-star rating have demonstrated exceptional outcomes and their ability to provide quality care,” said Brad Bowman, MD, Chief Medical Officer and Head of Data Science at Healthgrades.

“Waterbury Hospital is distinguished for quality cardiac care year after year from prestigious organizations such as *Healthgrades* and American Heart Association for quality care and great outcome for cardiac patients. These awards recognize the hard work and continued focus on excellent patient care of our **EMS partners** and cardiac teams,” said President and CEO Dr. Justin Lundbye.

Waterbury Hospital has received similar awards from *Healthgrades* consistently over the past several years including five stars for interventional procedures in 2021, the only hospital in New Haven County with this designation. In addition Waterbury Hospital was awarded **Mission Lifeline Gold Award** by the American Heart Association for treatment of patient who suffer a heart attack.



Beacon Hose Company #1 FF/EMT Connor Banks looks over the cardiac monitor during his rig check. Beacon Hose recently went live with their 12-lead BLS program in coordination with Waterbury Hospital by placing LifePak 15 monitors on both of the fire company ambulances.

Live CME’s Return

Waterbury Hospital will resume live, in-person CME’s beginning this month!

Kathryn Myers, BSN, RN, CEN, EMT-P, Stroke Coordinator at Waterbury Hospital will present on Wednesday **March 23 at 6:00PM** in the **Bizzozero Conference Room**.

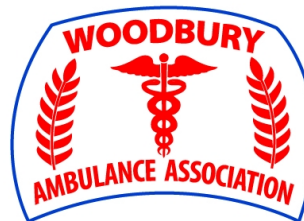
Myers will discuss Large Vessel Occlusion (LVO) strokes as well as the RACE scale.

Training is appropriate for all levels of EMS providers.

As a reminder, all Waterbury Hospital CMEs are recorded and made available online for those unable to attend in person.

EMT Courses in Oxford

The Oxford Ambulance Association Training Center will offer two EMT courses; May 3 to June 16—night class from 4:00PM to 10:00PM and May 11 to June 23 day class from 8:00AM to 4:00PM. Contact Keri McDermott at 203.881.5216



Woodbury Ambulance Association is celebrating their 50th Anniversary in March.

Congratulations WAA!



Thursday, April 7th &
Friday, April 8th, 2022

Register online at www.cttrauma.org

Recognizing Outstanding Work

Case #1

AMR Paramedic **Joshua Stokes** initiated a **"Stroke Alert"** in the field assisted by EMTs **Thomas LaRussa** and **Kenneth Bly**, along with Watertown Police and Watertown Fire Departments.

In the early morning hours EMS units were dispatched to a residence for a possible stroke. Upon arrival, First Responders and an AMR unit found a female patient semi responsive on the kitchen floor with a rightward gaze, aphasia, and left sided weakness of the upper and lower extremities. ALS care was initiated, and **Waterbury Hospital** was notified of a **Stroke Alert**. Total transport time was 8 minutes. With the timely notification of the incoming Stroke Alert, the ED Stroke Team was able to prepare and quickly initiate treatment. The patient was recognized as experiencing severe stroke-like symptoms and quickly brought to CT where a **large vessel occlusion** was discovered. The patient received the thrombolytic Alteplase and was quickly transferred to Yale New Haven Hospital via helicopter for **Mechanical Endovascular Reperfusion Therapy**. The patient underwent a successful Thrombectomy and has since returned home with minimal residual deficit. Brain pins were awarded to the crew for excellent work in recognizing and activating a Stroke Alert in the field. "The prehospital providers were on point in activating the stroke protocol and it resulted in a positive patient outcome", said Kathryn Meyers, Waterbury Hospital Stroke Coordinator.

Case #2:

AMR Paramedic **Jaelyn Stowe** and EMT **Jacquelyn Couillard** responded with Watertown Police and Fire units to a call for a male complaining of chest pain.

Paramedic Stowe recognized a **S.T. Elevation Myocardial Infarction** and initiated ALS care quickly, while simultaneously activating a **S.T.E.M.I. Alert** from the field affording the Waterbury Hospital Cath Lab to be activated within just a few minutes.

The patient had a massive occlusion of the Proximal & Distal Left Anterior Descending Artery and underwent a **Percutaneous Transluminal Coronary Angioplasty (PTCA)** and **Surgical Thrombectomy**.

"It is our ultimate goal to have EMS transmit an EKG early, so the Cath Lab can be activated prior to the arrival of the patient. The EKG transmitted by EMS was critical in the early cath lab activation", explained Eileen Woods, Waterbury Hospitals Outcomes/Performance Improvement Coordinator. Thanks to EMS and hospital staff, the patient was subsequently discharged and is doing well.

Guidelines adhered to:

D2EKG(Goal <10)= **EKG done by EMS < 5 minutes**

D2B(Goal <90) = **53 minutes**

First Medical Contact -to- First Device Activation(Goal<90) = **73 Minutes**

First Facility Contact -to- First Device Activation(Goal<120) =**NA**

Arrival mode: AMR Ambulance Service

Field EKG Transmission: **YES**

Cath Lab Activation to lab ready: 24 minutes (Cath Lab activated prior to pt arrival based on EMS EKG)

Cath Lab ready to for patient arrival: 10 minutes

Case #3

Kudos to Naugatuck Ambulance EMTs **Lydia Gourdiere** and **Jacob Fazekas** as well as AMR Paramedic **Joshua Stokes** and EMT **Shivam Soni** for a job well done. The crews exercised critical judgement with extraordinary compassion providing point of care for a male complaining of chest pain/stress following the death of his son. AMR Paramedic Stokes immediately recognized the patient's critical status and activated a **S.T.E.M.I. Alert** from the field and transmitted the LP15 EKG to Waterbury Hospital's Emergency Department." Hospital cath lab arrival time were minutes from point of entry to the Waterbury Hospital Emergency Department. The Emergency Department Staff did an outstanding job with a critical patient.

Guidelines adhered to:

D2B Time was **29 Minutes**(Goal is < 90 minutes)

First Medical Contact to First Device Activation was **65 Minutes** (Goal is < 90 minutes).

Thanks to the efforts of Naugatuck Ambulance, AMR and Waterbury Hospital Staff, the patient was subsequently discharged and is doing well post cardiac intervention for an occlusion of the Right Coronary Artery.

