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Law sets up guidelines for stroke, heart attack care

By Kathleen O'Dell

Stroke and heart attack patients across Missouri could soon get the right intervention faster, and in the right setting, boosting their chances of survival.

Gov. Matt Blunt on Friday signed legislation creating a "Time Critical Diagnosis System" for stroke and a fatal type of heart attack called ST-elevation myocardial infarction, or STEMI.

Missouri is the first state in the nation to enact legislation calling for guidelines for designating stroke and STEMI centers, a Blunt news release said.

"The sooner we treat people, the better they do," said CoxHealth Dr. Scott Duff. He was among CoxHealth and St. John's Hospital doctors and staff who helped develop the legislation.

The task force also used the Springfield Area Stroke Coalition (of hospitals and health agencies) as one model for the time-critical diagnosis system. Both Cox and St. John's also already use time-critical procedures for patients.

The task force included more than 100 members of the state's emergency medicine community and was spearheaded by the late Dr. William Jermyn, state emergency medical services director.

Jermyn died of a heart attack earlier this year, before he could see their efforts come to fruition.

"His goal was to get the 'Right care, right place, right time,' said St. John's Stroke Program Director Carol Beal.

Heart disease and stroke made up one-third of all Missouri deaths in 2006, a CoxHealth news release said.

The legislation requires emergency medical services to transport acute stroke and STEMI patients directly to a designated center of care as their first stop, not just the closest facility, said Duff, who chaired the task force.

Research shows patients in those cases have higher survival rates, he said.

Incoming stroke patients will then get "reperfusion therapy," or tPA, the clot-busting drug, as soon as possible, Duff explained.

As soon as a stroke begins, doctors have about three hours to try to get blood flow back to the brain.

"If we waste time in the transport of a patient to an appropriate center, we lose the chance to save brain cells," Duff explained in a news release.

"The sooner we treat people with...the clot-busting drug, the better they do. It's the difference between the patient going home, going to a nursing home or dying."

Duff predicted the system would help reduce the $750 million or more that Missouri spends on direct and indirect stroke care costs.

Duff predicts that, at Cox, "We will see a larger percentage of patients coming in sooner. So that instead of only 2 percent of patients being able to take advantage of tPA, we're looking for 20 to 25 percent of patients being able to get this therapy."