This past May 8, Horace Kramer, of Eaton, found himself hitting one of his best golf shots in years. But a short time later, he was disoriented and staggering to his cart. "I felt some tightness in my chest earlier, but I kept going and drank water," he says about the day. "I was playing good. I really was. I thought maybe it was my heart, but it didn’t seem bad."

Fortunately, Horace’s golf partner reacted quickly and appropriately. He called 911 and drove him directly to the clubhouse. Horace, who is 84, remembers little of what happened after that — just his shirt being cut off and periodic pain. He was taken to Miami Valley Hospital via CareFlight, a trip he doesn’t recall.

Horace Kramer (left) is “sold” on the quick action that saved his life following a heart attack. Bypassing the emergency department saved valuable time . . . and probably his life.
“He was exhibiting the classic heart attack symptoms,” says Jack Royer, Fire and EMS Chief of Eaton, whose crew responded to the emergency call. “Chest pain, shortness of breath, a diminished level of consciousness.”

It’s routine for CareFlight to be called in these situations, says Royer, as traveling by ambulance from Eaton to a hospital would have taken too long. The EMS crew on the scene was able to diagnose Horace’s condition accurately by using a 12-lead EKG machine — an apparatus that offers multiple views of the heart. They then began lifesaving measures for him in the form of IV fluids and medicines designed to alleviate heart attack symptoms. This kept Horace stable until CareFlight personnel could take over.

A Direct Path to Saving Lives
Specific protocols, recently developed by both CareFlight and Catherization (Cath) Lab professionals, have also been contributing to saving the lives of patients like Horace. In recent years, the Cath Lab has become the first line of hospital treatment for them. “Opening clogged arteries as quickly as possible leads to the best possible outcomes,” says Wayel Azmeh, MD, an interventional cardiologist.

While heart attack patients used to travel via ambulance or CareFlight into the emergency department and then to the Cath Lab, now some of them go directly into the Cath Lab where a team of experts begins procedures immediately. This relatively new form of transfer was essential in Horace’s case as it was soon discovered he had a blood clot in an artery that was nearly 100 percent blocked.

Dr. Azmeh performed reperfusion [a re-opening of the artery to restore blood flow] for Horace. “We can open the vessel faster with this procedure than with surgery, and there are fewer potential complications,” explains Dr. Azmeh.

Now that the scare is over, Horace admits to himself what might have happened if more time had elapsed: “I wouldn’t have made it.”

Candy Skidmore, RN, is director of CareFlight air and mobile services. She says studies have shown that the best way to respond to a heart attack is to get the right patient to the right place at the right time. “There are windows of opportunity for treatment. We are trying to get people where they need to be the first time as opposed to stops along the way.”

“It’s not just saving lives but also the quality of life,” adds Robin Rutledge, RN, director of cardiology services. If the heart muscle gets damaged due to lack of blood flow, the more chance a patient like Horace could suffer debilitating results.

Skidmore and Rutledge explain that, because critical processes now occur simultaneously, precious time is saved during a heart attack situation. Once the EMS ground crew diagnoses a heart attack using the 12-lead EKG and other established criteria, the team communicates continuously with MVH’s Emergency Department about a patient’s changing...
condition. If it’s decided that a patient may need to go directly to the Cath Lab, an acute myocardial infarction (AMI) Alert is launched, and the Cath Lab team begins to mobilize.

“We have an internal paging system,” says Skidmore. “The coordination is happening before the patient is even here.” Similar protocols and procedures have been used for a longer time for trauma patients with superior results.

“It allows us to provide significant continuity of care at a real high level,” remarks Royer.

By simply meeting to discuss ways to speed up the process of responding to AMIs, MVH professionals were able to reduce drastically the amount of time it takes from the initial 911 call to the moment a patient is wheeled into the Cath Lab where the team is scrubbed and ready to go.

Now the goal of those involved in AMI treatment is no more than 90 minutes from initial response to Cath Lab treatment. The teams involved continue to meet on a regular basis so the treatment for patients like Horace can get faster and faster. There’s a strong motivation to get these patients in quickly. “It can be the difference between life and death,” says Dr. Azmeh.

Meanwhile, Horace — while he hasn’t regained all his normal strength and activity level — is playing some golf and working part-time in Eaton where he and his son operate a realty and auction company. He looks back on the event with gratitude: “I have a lot of faith in that hospital.”

Premier HeartWorks, soon to be located at Miami Valley South Health Center, is a convenient, affordable way for people to receive a comprehensive evaluation of their risk for heart attack or stroke. For more information or to make an appointment, call (937) 208-6980.

Hospitals have long used 12-lead electrocardiogram (EKG or ECG) machines to help diagnose heart attacks. A lead is a sensing device attached to the body to measure the electrical activity of the heart.

Dave Evans, Emergency Medical Services education coordinator at Miami Valley Hospital, says these machines work like a camera, giving medical professionals a way to view the heart from different angles.

But, it’s only been in the past several years that EMS ambulance crews have been able to utilize 12-lead EKGs when a heart attack is suspected. Since studies show that the faster a heart attack patient is treated, the better the result, this new approach is saving lives and contributing to heart attack patients leading more active, healthy lives post-treatment.

Jack Royer, Fire and EMS Chief of Eaton, says using 12-lead EKG machines is now routine for his crew when a heart attack is evident. EMS professionals have worked with hospitals like MVH to develop specific criteria for using 12-lead EKGs before the patient arrives at the hospital.

With information from an onboard 12-lead EKG, emergency medical crews are able to give the hospital’s ER team a more accurate description of the patient’s condition. As a result, more and more heart attack patients are being sent directly to the Cath Lab.