HEART Safe Community

Directions for Completing Application

The process for completing the HEART Safe Community Application will take a little time and requires the tracking and providing of documentation from the community/organization applying for recognition. The documentation must be from the three years prior to the application time. All of the information should be collected and submitted at one time. Incomplete applications will be returned for completion. All of the information submitted should be copies. None of the information submitted will be returned to the requesting agency. The committee may contact the lead person requesting the agency to clarify any information submitted or to request additional data.

Applications will be reviewed four times per year. They must arrive at the North Central Texas Trauma Regional Advisory Council (NCTTRAC) no later than:

December 31st (prior year)	January Review
March 31st	April Review
June 30th	July Review
September 30th	October Review

Applications must be mailed or delivered in person to:

North Central Texas Trauma Regional Advisory Council
600 Six Flags Drive
Suite 160
Arlington, TX 76011

The application must be submitted using the following criteria:

1) Included in a binder no larger than 3" thick
2) Each section must be separated by a tab with a correlating number to the application
3) Each piece of paper in the packet should be identified with the corresponding section and letter (i.e., Section 4, F). This letter and number should be written on the top right of each page
4) Paper documentation (which can include photos) only can be submitted to document programs, giveaways, menus, etc.
5) The first page of the book, inside the front cover, should have a cover page that outlines each criteria met and how many points requested per section as well as the total points for the entire application
6) Questions or clarification can be submitted by emailing - heartsafe@ncttrac.org
7) All patient identifiers must be removed prior to submission. Failure to do so will result in the application being returned without review

NCTTRAC does not represent or imply that participation in the program will result in improved survival rates within the community. However, increased community-level efforts to strengthen the chain of survival has been successful in many participating communities throughout the country.

Section 1. Accessing Emergency Care

The access to emergency care is a key tenet to survivability. This section is grading the accessibility and type of accessibility each community has to emergency care.

A letter from the community is required on official jurisdictional letterhead that has oversight of the Public Safety Answering Point (PSAP) as to the type of the 911 system that serves the community. In this category, only the highest service level is awarded points. The Voice Over Internet Protocol (VOIP)/Cellular 911 is the system that allows for determining the location of 911 callers by fixed points from the cellular towers and telephone technology. If the jurisdiction has one component of Phase II and has not yet completed or acquired the completion components, the community can claim the higher 911 service level.

Section 2. Emergency Medical Dispatch

The provision of pre-arrival instructions to 911 callers has shown to improve the outcome of patients, especially those suffering from sudden cardiac death. This section gives credit for those communities that provide initial care via pre-arrival instructions.

In the letter from the jurisdiction with oversight of the PSAP, there should be mention of whether Emergency Medical Dispatch (EMD) is being utilized, attempted or provided on appropriate incidents and the type of EMD program being used. Proof of pre-arrival instructions may be utilized in place of EMD certifications or credentialing. This can be accomplished by a letter on official letterhead from the supervisor or director of the PSAP site. If the jurisdiction is not truly an EMD community, but does provide pre-arrival instructions for Cardio-Pulmonary Resuscitation (CPR), that should be noted and one or two specific instances when this was deployed. This can be the same letter used in Section I.

Section 3. Automated External Defibrillators (AED) Access & First Response

Since the AED has been made available to first responders and the public, there have been countless lives saved by the deployment of these devices. This section recognizes the efforts of communities to make as many AEDs available in the public and attempts to get them to the scene where they are needed.

Letters must come from each entity within the community that have AEDs available which A) Describes their AED program, B) Counts the approximate number of AEDs deployed, and C) Describes where they are located. Part C can be accomplished with a Geographic Information System (GIS) map to just show the location of the devices, other than those in vehicles or a spreadsheet that outlines the device type and the location, both by address and location type (hospital, store, park, etc.). Also, there needs to be notation as to whether the AEDs are for private or public use, because both may be present at the same locations.

For First Responders, items acceptable for proof of the provisions of AED access and medical care in this section are copies of Medical Protocols, letters from the Medical Director, dispatch run cards or copies of policies or Standard Operating Procedures/Standard Operating Guidelines that demonstrate not only the level of care provided after dispatch, but the units that respond to medical calls.

Other examples of documentation to augment, but not necessarily provide absolute proof of the response models, are newspaper articles or news stories citing the types of responses, pictures of AED sites and signs or a daily equipment checklist of a vehicle or apparatus showing the AED and its presence.

Section 4. Advanced Life Support

This section recognizes the efforts of communities that have implemented advanced care in their emergency responders by advocating for Advanced Life Support (ALS) equipment, procedures and personnel.

There are several components in this section to receive the appropriate levels of credit. The medical protocols submitted above will address many of these requirements. However, the appropriate section needs to be flagged or highlighted for the ease of the committee. Training records need be submitted that demonstrate the Advanced Cardiac Life Support (ACLS) & Pediatric Advanced Life Support (PALS) certifications of personnel. This can be in the form of class rosters, copy of the cards of the individuals or training records from the training department **(Remove personal identifiers other than name and certification)**.

Either an electrocardiogram (EKG) transmission sample from a receiving facility must be submitted as evidence of the ability and actual transmissions, or a Health Insurance Portability and Accountability Act (HIPAA) compliant electronically transmitted sample of a patient chart. If a sample of a patient chart is used, all patient identifiers MUST be deleted or blacked out. A copy of the medical protocol should be submitted that illustrates pre-determined transport destinations that specifically show the cardiac receiving facilities, the ST- Elevation Myocardial Infarction (STEMI) protocol and the post-arrest care.

Section 5. Community Awareness, Education & Activities

The Community must designate one person to be the Community's Champion, or contact person. This person will serve as the agency's liaison to the HEART Safe Workgroup. This section looks at a community's efforts to provide and promote heart-healthy practices, programs and activities.

Rosters or course completions showing the dates and number of students should be submitted to satisfy the public CPR section.

Agencies need to provide the very same document, or copies of CPR cards for first responders and the agency they represent (Fire, Emergency Medical Services, Police, Sheriff, etc.).

Any credit sought for a program in this section should provide a flyer, webpage, copy of an advertisement, copies of training records, news stories, etc. to prove that the items claimed exist or are being attempted. Copies of ordinances and/or maps with parks and trails located can be used to satisfy Item 5G. The key is documentation. Each program must be represented and if additional narratives are necessary, they are welcome, but the key is providing the different levels of training, education and examples of activities. The details of each program should be outlined in each narrative and their effect on the cardiac survivability of the citizens. Many communities have unique characteristics and programs and this is the section to showcase their importance toward becoming a HEART Safe community!

Section 6. Data Collection and Review

The HEART Safe Community is about bringing all of the members together that strive to improve cardiac health. Hospitals and clinics are an integral member of this effort and must be a part of the community's team seeking recognition.

A clinical coordinator or liaison can provide the data necessary that shows the community's efforts in capturing STEMI information and door-to-balloon times. This data must be scrubbed so not to violate HIPAA or contain patient identifiers.

Participation in clinical review committees between Emergency Medical Services and the hospital provides a feedback loop that can improve patient care and outcomes. Participation is key by all stakeholders.

Clinical evidence should be submitted with the packet that again, does not contain any patient identification information that violates HIPAA. These are committee review graphs, statistics, outcomes, door-to-balloon times, etc. The goal is capturing the information provided in these feedback settings and how it is used to improve cardiac outcomes.

Participation by Lead and / or Participating Organizations in the NCTTRAC Cardiac Committee must be confirmed by proof of attendance (e.g. meeting sign-in sheets – photos of sign in sheets may be submitted). Participation shall be defined as attending a minimum of one meeting in each of the previous four quarters.

Section 7. BONUS Section

CPR Classes – Bonus credit is provided for each CPR class conducted based on the community's population range identified in Section 5B. The same documentation requirements for courses in 5B apply in this section.

Publicly Available AEDs – Bonus Credit is given for each Publicly Available AEDs identified in Section 3. Section 3 is designed to examine the system of Public Access AEDs. This section actually gives credit for each AED.

High Risk Businesses with On-site Medical – Bonus credit is provided for each high-risk business within a community that has an on-site medical team with a minimum of Basic Life Support (BLS) trained personnel. A high risk business is defined in the bonus section of the scoring rubric. This section also covers special events that are staffed with medical personnel. Examples of the special event and the staffing level must to be submitted.

Restaurants – Credit is given based on a population of the community for restaurants that have heart healthy or an identified low calorie menu. The minimum per community must be met to gain points in this section. Copies of the menu or online caloric information must be provided.

Critical Review Committee – This is an important part of the HEART Safe Community and improves the patient care continuum. Credit is given in this section for Critical Review Committees (e.g. - Performance Improvement Committees) that includes an Emergency Medical Service provider.

Public Venues with CPR Trained Personnel – Retail stores and service providers often train their employees in CPR. The following items are needed in this section: Business name, type of business, business location (address), the number of employees, and the number of employees trained in CPR.