



**American  
Heart  
Association** | **American  
Stroke  
Association®**

## **The Importance of Emergency Medical Services**

Coronary heart disease is the leading cause of death among Americans and causes approximately 1 of every 6 deaths in the United States. In 2010, an estimated 785,000 Americans had a new coronary attack, and approximately 470,000 had a recurrent attack. It is estimated that an additional 195,000 silent first myocardial infarctions occur each year and every 25 seconds an American will have a coronary event and every minute someone will die of one. Stroke remains the third leading cause of death and a leading cause of long-term disability among Americans. Each year 795,000 people experience a new or recurrent stroke. Approximately 610,000 of these are first attacks, and 185,000 are recurrent attacks. Stroke accounted for approximately 1 of every 18 deaths in the United States and every 40 seconds and someone in the United States has a stroke.

For patients with ST-segment–elevation myocardial infarction (STEMI), primary percutaneous coronary intervention (PCI), needs to be administered in a timely manner, to reduce mortality. However, PCI is available only at hospitals with cardiac catheterization laboratories. One recent study indicates that 80% of the US population lives within a 1-hour drive of a PCI facility, but far fewer than 80% of eligible patients with STEMI actually receive PCI. To increase access to PCI an emergency medical services (EMS) strategy of transporting all patients to existing PCI-capable hospitals is more effective and less costly than hospital-based strategies of new construction and staffing. Demonstration programs have shown that EMS detection and diversion of patients with STEMI are both safe and effective.

Advances over the past decade in acute stroke care highlight the important role of EMS agencies and emergency medical services systems (EMSS) in optimizing stroke care. EMS refers to the full scope of pre-hospital services necessary for acute stroke care, including 9-1-1 activation and dispatch, emergency medical response, triage, and stabilization in the field, and transport by ground or air ambulance to a hospital or between facilities. EMSS refers to the delivery systems for EMS that may be organized on a local, regional, statewide, or nationwide basis using public or private resources. The successful integration of one (and often multiple) EMSS is critical to ensuring the effectiveness of a stroke system of care.

The residents of our Commonwealth rely on emergency/911 ambulance services that can get to them or their loved ones quickly and get them where they need to be when suffering a cardiovascular or stroke event. We are always concerned that ambulance services are maintaining safe response times to emergency 911 calls. Increased response time can harm patients and has the potential for increased health care costs when patients don't receive the emergency care they need in a timely manner. When patients get stabilized and receive medical care quickly lives are saved and more costly health care interventions are averted.

FOR MORE INFORMATION, PLEASE CONTACT THE MASSACHUSETTS SENIOR GOVERNMENT RELATIONS DIRECTOR,  
ALLYSON PERRON AT 508-935-3943 OR [ALLYSON.PERRON@HEART.ORG](mailto:ALLYSON.PERRON@HEART.ORG)