Winter 2026

TriHealth Emergency Journal

TriHealth

Good Samaritan and Bethesda North Hospitals Receive 2025-2028 ENA Lantern Award

Emergency Departments at Good Samaritan and Bethesda North hospitals recently received the Emergency Nurses Association (ENA) 2025 Lantern Award. This is the second Lantern Award for Good Samaritan and the fifth for Bethesda North!

The ENA Lantern Award lasts for a three-year cycle and recognizes emergency departments that excel in leadership, practice, education, advocacy and research. Both hospitals last received the award in 2022.

"Receiving a Lantern Award is reflective of the exceptional practice and innovative performance demonstrated by this critical service line in our organization," says Cindy Adams, Senior Vice President and Chief Nursing Executive. "The Emergency Department is often the front door to our system, and a Lantern Award represents the exemplary patient care and evidence-based best practice that guides our nursing teams on a daily basis."

The Lantern Award application includes quantitative questions that focus on performance and outcome metrics, as well as qualitative questions about noteworthy practices and attributes of the ED.

"We conduct evidence-based research projects and consistently exhibit best practices throughout the three-year window so that we are prepared for recertification when the time comes," says Amanda Kenney, Interim Bethesda North Chief Nursing Officer. "We focus on ways to improve care, reflecting on our past performance to identify any mistakes we can learn from and ultimately prevent."

All TriHealth EDs have received at least one Lantern Award since 2020. TriHealth was the first health system in the nation to hold ENA Lantern Award recognition for all its EDs in the same year during 2023. With this most recent certification, Good Samaritan and Bethesda North hospitals join these other TriHealth ED Lantern Award recipients: Bethesda Butler Hospital (2024), McCullough-Hyde Memorial Hospital (2023), Bethesda Arrow Springs (2023) and Good Samaritan Medical Center Western Ridge ED (2023).

"Where the Magnet Recognition Program designates a system, the Lantern Award recognizes the specific care provided by one unit," explains Maria Ashdown, Good Samaritan Chief Nursing Officer. "We ensure that each patient receives the highest standard of care, maintaining consistent excellence throughout this service line. This is the pinnacle award for emergency departments."

Congratulations to the Good Samaritan and Bethesda North ED teams!

2026

TriHealth Livestream EMS Education

Let's work together.

Join us for cardiac, neuroscience and trauma education classes to stay up to date on current and upcoming care of myocardial infarction, stroke, seizure, trauma, etc. patients.

Classes will focus on recognition, assessment skills and treatment options to assist EMS professionals in providing excellent research-based care for patients – from home to hospital.

- Classes are live via Teams (free to download). Join by using our website link or QR code. Classes will be recorded for those who cannot attend live sessions.
- Recordings can be found on the TriHealth EMS Education Center web page: **TriHealth.com/EMS-ED.** Scroll to the bottom of the page and choose *EMS Continuing Education* for links to each class.

EMS Cardiac, Neuroscience and Trauma Classes

January 8
February 5
March 5
April 2
June 4
July 9
August 6
September 3
October 1
November 5
December 3

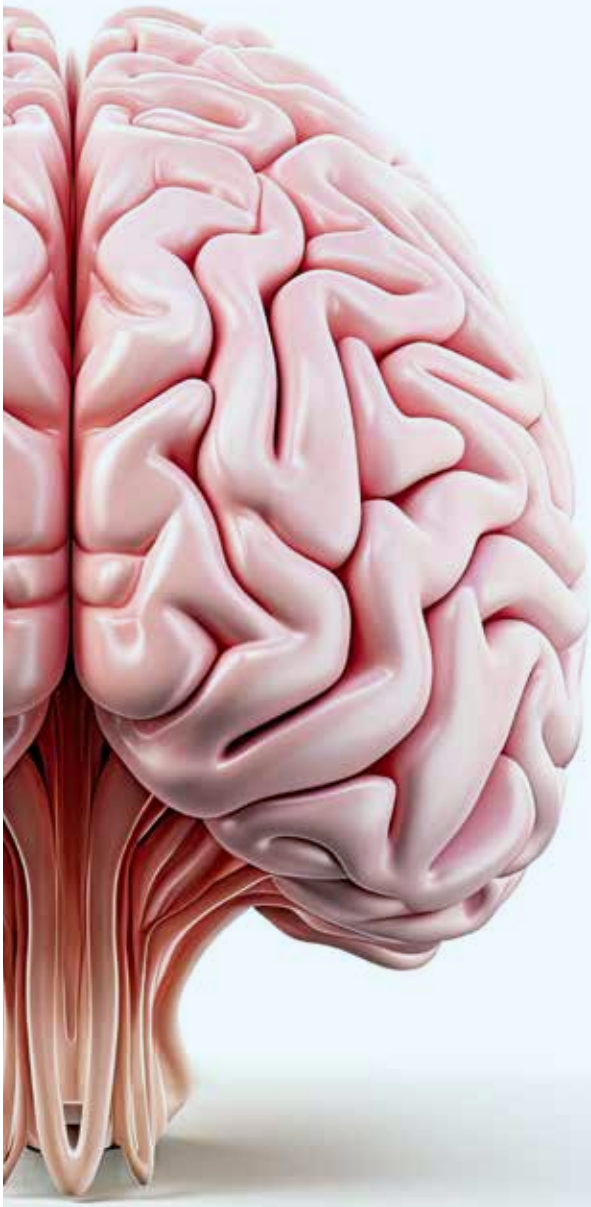
at 1 p.m.

EMS continuing education hours provided

Scan this QR code to livestream classes via Teams or visit **TriHealth.com/EMS-ED**

Be seen. Be heard. Be healed.℠

TriHealth

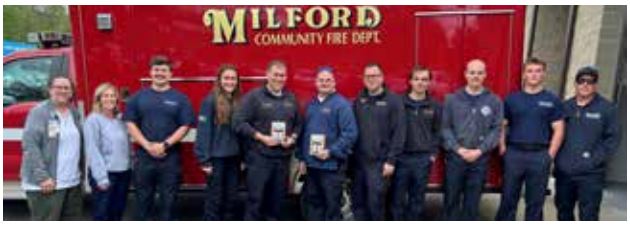


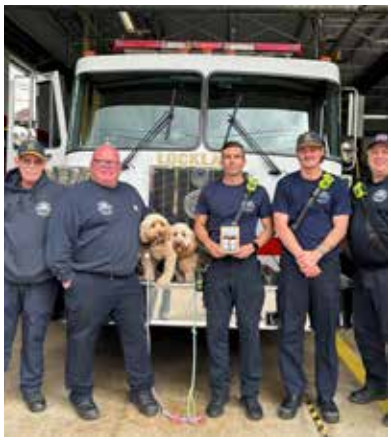
Your patient might be having a **stroke** if they have any of these signs and symptoms...

- New onset dizziness
- Loss of balance
- Loss of coordination
- Clumsiness
- No longer being able to safely walk unassisted
- Falls that occur as a result of lost coordination or leg strength
- Any loss of vision – in one eye or both eyes
- Double vision
- Lost ability to read
- Blurred vision
- Any weakness or acute loss of function in upper extremity
- Lost ability to write legibly
- Lost ability to button their shirt or pants
- Lost ability to use a tool, phone, device or hold a cup
- Headache with neurologic impairment/compromise
- Acute or thunderclap headache
- Impaired ability to enunciate (dysarthria or slurred speech)
- Impaired ability to say the correct words
- Making up new words that don't make sense
- Impaired ability to comprehend or understand speech

Be on the alert!

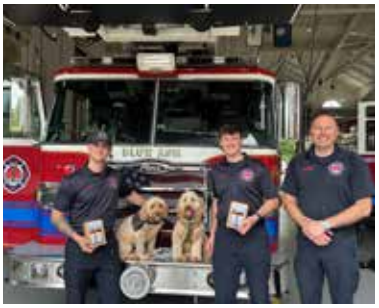
EMS Week 2025



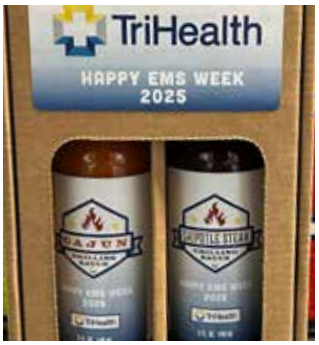


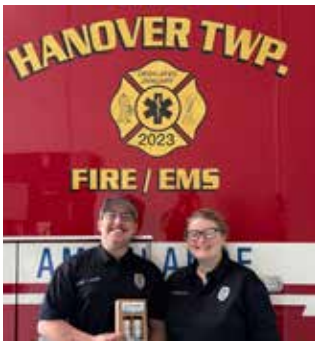
EMS and hospitals collaborate to ensure timely and effective emergency care, with a focus on communication, coordination and resource sharing. This collaboration improves patient outcomes, streamlines care transitions and ensures efficient resource allocation. At TriHealth, we cherish our relationship with our EMS partners.

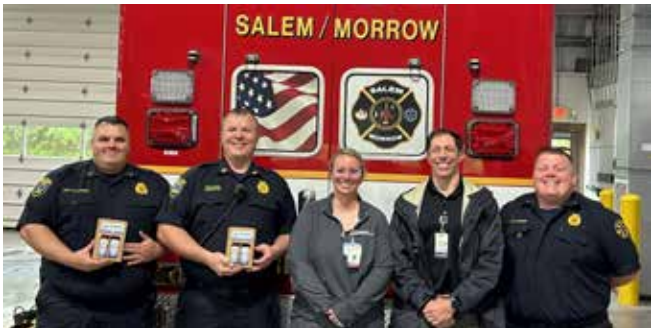
We appreciate the positive bond that has been built in our emergency communities.

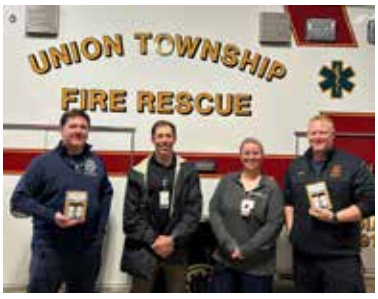


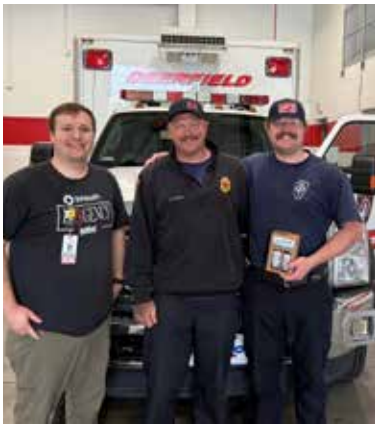
EMS Week 2025

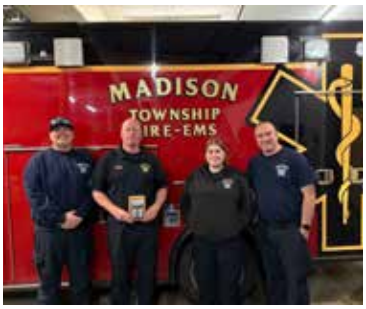


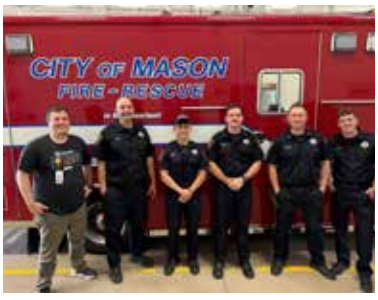












EMS and the Evolving Role of Ultrasound

Emergency Medical Services (EMS) professionals are the frontline of critical care, often making life-or-death decisions in chaotic, time-sensitive environments. In recent years, the use of prehospital ultrasound has gained traction as a powerful diagnostic tool.

Once limited to hospital and clinical environments, ultrasound technology has evolved to become more portable, affordable and user-friendly. This transformation is enabling EMS personnel to bring high-level diagnostic capabilities directly to the scene of an emergency.

What is EMS Ultrasound?

EMS ultrasound refers to the use of portable ultrasound devices by emergency responders, including paramedics and emergency medical technicians (EMTs), in prehospital settings. These handheld devices allow providers to quickly assess internal injuries, fluid status, cardiac activity and more, without the need for large, immobile equipment. With the rise of compact, battery-powered units and wireless connectivity, real-time imaging can now be conducted at the roadside, in ambulances, during mass casualty incidents or in remote areas.

The most common uses of ultrasound in the EMS field include trauma assessment, cardiac evaluation, pulmonary scanning, vascular access guidance and obstetric evaluation. Each of these applications plays a critical role in improving the speed and accuracy of diagnosis and guiding interventions before hospital arrival.

Trauma Evaluation

One of the most widely adopted uses of EMS ultrasound is the extended Focused Assessment with Sonography for Trauma exam. This rapid exam helps detect free fluid in the abdomen or chest, suggesting internal bleeding or pneumothorax (collapsed lung). Early detection enables EMS providers to alert the receiving facility, prioritize transport and make decisions about field interventions.

Cardiac Assessment

Cardiac ultrasound can help assess for cardiac tamponade, pericardial effusion or asystole during cardiac arrest. In pulseless electrical activity (PEA), ultrasound can differentiate between true electromechanical dissociation and pseudo-PEA, thus guiding whether resuscitation efforts should be continued.

Pulmonary Assessment

Lung ultrasound in the EMS setting can aid in identifying conditions such as pneumothorax (collapsed lung), pulmonary edema or pleural effusion. Quick detection of lung sliding (movement of the visceral pleura, which is the membrane covering the lung) against the parietal pleura (the membrane lining the chest wall) during breathing can significantly impact prehospital treatment, particularly in patients with respiratory distress.

Guided Vascular Access

Ultrasound guidance improves the success rate of vascular access, especially in hypotensive or obese patients where veins are not easily palpable or visible. In critical patients requiring IV access for fluid resuscitation or medications, this technology can save time and reduce complications.

Obstetric Use

In cases involving pregnant patients, EMS ultrasound can assist in confirming fetal viability, gestational age or the presence of complications like ectopic pregnancy. While not a replacement for detailed obstetric evaluation, these quick assessments can provide critical information in emergency scenarios.

Andrey Zhuravlev/Getty Images Plus via Getty Images

What are the Benefits of EMS Ultrasound?

Improved Diagnostic Accuracy

Ultrasound provides direct visualization of internal anatomy, reducing the need for assumption-based decisions in the field. This leads to more targeted treatment, improved triage and better patient outcomes.

Faster Decision-Making

Having access to ultrasound data at the scene enables EMS providers to make critical decisions faster, including which hospital to transport to, whether to activate trauma teams and what interventions to perform enroute.

Enhanced Communication with Hospitals

By using ultrasound to identify specific injuries or conditions before arrival, EMS crews can notify emergency departments in advance, ensuring appropriate resources are ready upon patient arrival.

Portability and Accessibility

Today's portable ultrasound devices are lightweight, rugged and capable of producing high-quality images. Many connect wirelessly to smartphones or tablets, making them ideal for austere environments, including rural and disaster settings.

Despite its benefits, EMS ultrasound is not without challenges.

Key limitations include:

- Training Requirements: Effective use of ultrasound requires significant training and experience. Misinterpretation can lead to incorrect clinical decisions.
- Operational Time Constraints: The urgency of EMS situations may limit the time available to perform scans, especially in unstable patients.
- Device Costs: While prices have decreased, high-quality portable ultrasound units still represent a significant investment for EMS systems.
- Protocols and Oversight: Many EMS systems lack standardized protocols for ultrasound use, and regulatory frameworks may vary between jurisdictions.

To integrate ultrasound effectively into EMS practice, robust training programs are essential. Some EMS agencies partner with local hospitals for certification courses. Simulation-based training and continuing education ensure providers maintain competence. Credentialing systems should include quality assurance processes to monitor use, accuracy and outcomes.

familylifestyle/Getty Images Plus via Getty Images

What Does the Future Hold for EMS Ultrasound?

The future of EMS ultrasound is promising. As artificial intelligence (AI) and machine learning become integrated into ultrasound platforms, image acquisition and interpretation will become more automated and accessible. Advancements in telemedicine may allow remote physicians to guide scans and assist EMS personnel in real time. Expanded use of ultrasound in tactical EMS, search and rescue, and international humanitarian efforts is also likely.

Ultrasound is rapidly becoming a game-changing tool in prehospital medicine. With its ability to improve diagnostic accuracy, expedite treatment decisions and enhance patient outcomes, EMS ultrasound represents a paradigm shift in how emergency care is delivered. As training, technology and infrastructure continue to evolve, the role of ultrasound in EMS will only grow, transforming the landscape of emergency medical care from the street to the hospital door.

By Debra Walker

Cardiology, Neurology and Trauma

Find the hidden medical terms related to cardiology, neurology and trauma. Words may appear in any direction.

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WORD LIST

APHASIA
ARRHYTHMIA
ACLS
AIRWAY
ANGINA
ANGIOPLASTY
ATAXIA
CATHETER
CORONARY
CPR
CSF
FRACTURE
HYPOVOLEMIA
IMMOBILIZE
INFARCTION
INTUBATION
ISCHEMIA
LACERATION
MENINGITIS
MYOCARDIUM
NGT
PACEMAKER
PARESTHESIA
PNEUMOTHORAX
PARESIS
SEIZURE
STENT
STROKE
SPLINT
SYNCOPE
TACHYCARDIA
TOURNIQUET
TUMOR

Recognizing and Responding: The Role of EMS in Sepsis Alerts

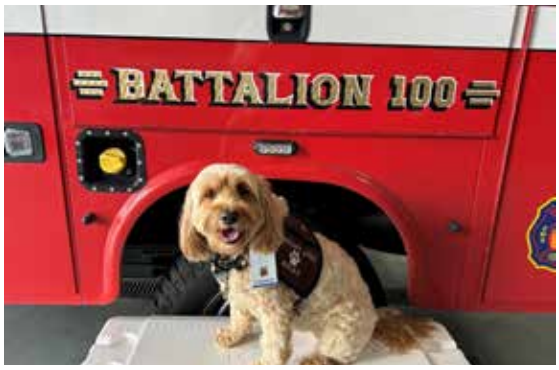
Sepsis remains one of the leading causes of mortality nationwide, often developing rapidly from seemingly minor infections. For Emergency Medical Services (EMS) providers, early recognition and timely communication can be the difference between life and death. In Southwest Ohio, the regional EMS protocol emphasizes the importance of early sepsis identification and activation of a Sepsis Alert to expedite hospital response.

The Southwest Ohio EMS protocol defines sepsis as a suspected or confirmed infection accompanied by evidence of systemic dysfunction typically indicated by vital sign abnormalities such as tachycardia, hypotension, tachypnea or altered mental status. The protocol encourages EMS providers to assess risk factors like recent infection, fever or immunocompromised status and then evaluate for indicators such as SBP <100 mmHg, RR >22 or altered mentation (GCS <15). Once sepsis is suspected, EMS providers should initiate oxygen as needed, establish IV access and begin fluid resuscitation (up to 30 mL/kg) per protocol.

The Sepsis Alert is then transmitted to the receiving facility, allowing emergency department staff to prepare for rapid laboratory testing, IV antibiotics and ongoing fluid management immediately upon arrival. Prehospital Sepsis Alerts have shown measurable impact in reducing time-to-antibiotic administration and improving outcomes.

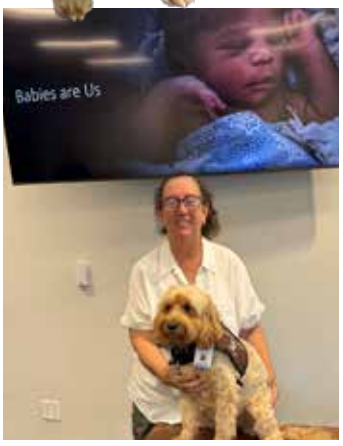
By aligning field assessment with hospital response, EMS serves as the crucial first link in the sepsis care continuum. Early recognition saves lives, and in the hands of EMS professionals, the Sepsis Alert ensures that the fight against this silent killer begins before the patient even reaches the hospital.

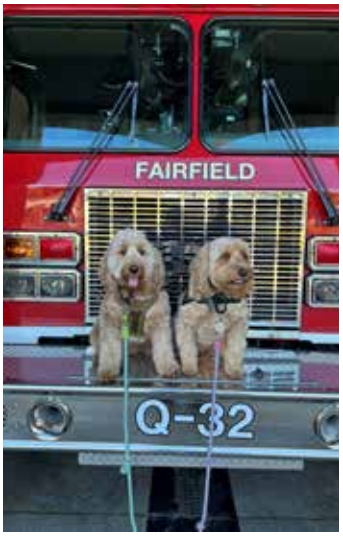
By Shane Owens



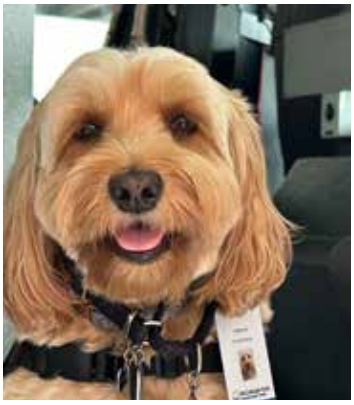
Bailey's Pet Therapy

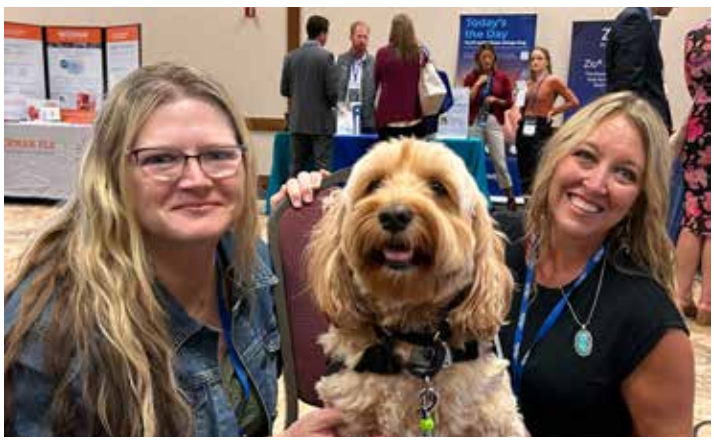
Pet therapy is used to reduce stress and anxiety. Bailey visits TriHealth facilities and surrounding Fire and EMS departments to brighten their day and bring a little joy to their environment.





Bailey's Pet Therapy





Caring for Bariatric Trauma Patients in EMS: Challenges & Best Practices

The rising prevalence of obesity poses significant challenges across all sectors of health care, including Emergency Medical Services (EMS). As obesity rates climb globally, EMS systems must adapt to ensure that bariatric trauma patients receive safe, timely and effective prehospital care.

For EMS providers, managing bariatric trauma patients presents unique complexities related to assessment, treatment and transport. These patients, often defined as those with a body mass index (BMI) over 30 (and more critically, over 40), require careful consideration in both routine and emergent care due to altered physiology, mechanical limitations and increased risk of complications.

Bariatric patients involved in traumatic events face distinct physiological risks that can complicate prehospital care:

- Delayed Injury Detection: Excess adipose tissue can obscure signs of internal bleeding, fractures or soft tissue damage. For example, assessing for abdominal tenderness or deformities may be difficult.
- Airway and Ventilation Complications: Obese patients are at higher risk of airway obstruction, hypoventilation and rapid desaturation due to decreased pulmonary compliance, limited diaphragmatic excursion and obstructive sleep apnea. Bag-valve-mask ventilation and intubation can be significantly more challenging.
- Hemodynamic Variability: Shock may present subtly or be masked in obese patients, and traditional indicators like blood pressure or pulse oximetry can be misleading.
- Medication Dosing: Weight-based drug calculations are complicated by the need to differentiate between ideal, actual and lean body weight, particularly for drugs with narrow therapeutic indices.

Transporting and treating bariatric trauma patients requires careful planning and teamwork. Safety is paramount—not just for the patient, but also for EMS personnel. Attention to these key areas can help keep everyone safe:

- Equipment Readiness: EMS agencies should stock stretchers, backboards, stair chairs, and lifts rated for higher weight capacities. Bariatric-capable stretchers often include wider platforms and reinforced frames, but also require specialized loading mechanisms.
- Lifting and Movement: Improper handling can lead to musculoskeletal injuries among EMS crews. Providers should follow safe lifting protocols and request additional personnel or heavy rescue resources when needed.
- Access and Egress Issues: Navigating tight stairwells, elevators and narrow hallways may delay extraction. Early planning and scene size-up are crucial to determine the best exit path.
- Vehicle Modifications: Ambulances may need reinforcement, loading ramps or winch systems to safely accommodate bariatric patients.

Svitlana Hulko/Getty Images Plus via Getty Images

Bariatric patients may not present the same way as non-obese trauma patients. A few important EMS considerations include:

- Primary Survey Challenges: Airway, breathing and circulation assessments may be limited. Providers should anticipate the need for advanced airway techniques, such as video laryngoscopy or supraglottic airway devices.
- IV Access and Monitoring: Establishing IV access can be difficult. Use of intraosseous (IO) access should be considered early if peripheral access is not successful. Blood pressure cuffs must be appropriately sized to avoid inaccurate readings.
- Spinal Immobilization and Extrication: Standard cervical collars and backboards may not fit bariatric patients. Agencies should have large-size immobilization equipment and consider alternative methods for spinal precautions when standard devices are inadequate.
- Positioning: Supine positioning can worsen respiratory distress in obese patients. Elevating the head of the stretcher (semi-Fowler's position) can improve oxygenation and comfort. For patients in cardiac arrest, rapid initiation of high-quality compressions and prompt airway control are vital.

Trauma is a physically and emotionally vulnerable state. Bariatric patients may already have experienced stigma or embarrassment in health care settings. EMS providers should approach these patients with:

- Respect and Compassion: Avoid making insensitive comments or drawing attention to body size. Use professional, nonjudgmental language at all times.
- Clear Communication: Explain procedures, reassure the patient and involve them in care decisions when possible. Maintaining privacy and modesty can greatly reduce patient anxiety.
- Family Involvement: When appropriate, family members can provide useful medical history and assist with logistical or emotional support.

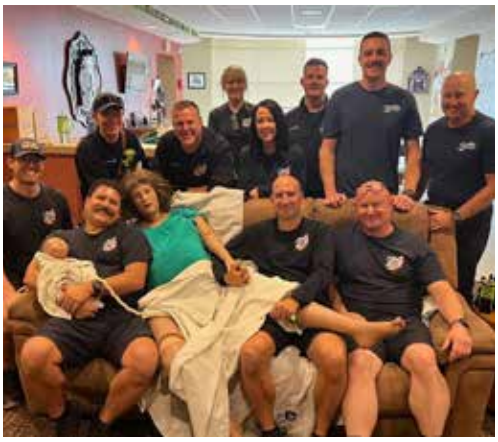
EMS agencies must ensure their providers are trained and equipped to handle bariatric trauma effectively. This includes:

- Specialty Training: Ongoing education in bariatric anatomy, physiology, airway management and trauma assessment should be part of EMS continuing education.
- Simulation Drills: Hands-on training with bariatric mannequins or weighted dummies helps crews practice lifting, packaging and patient care scenarios in realistic conditions.
- Interdisciplinary Coordination: Collaboration with fire/rescue, hospitals and trauma centers ensures continuity of care and avoids delays. Pre-notification of receiving facilities allows for appropriate resource mobilization.

Bariatric trauma care in the prehospital environment is complex, but with proper preparation, EMS providers can deliver high-quality, compassionate and effective care. As obesity continues to impact health care delivery, EMS systems must evolve and invest in the right equipment, training and protocols to meet the needs of this growing patient population.

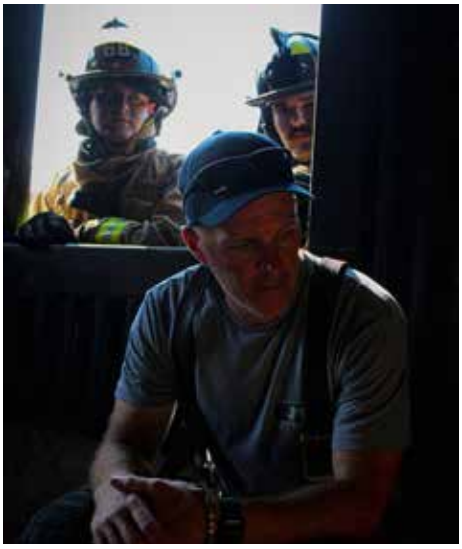
Providing optimal trauma care to bariatric patients isn't just about adapting physically. It's also about ensuring equity, dignity and clinical excellence from the scene to the emergency department.

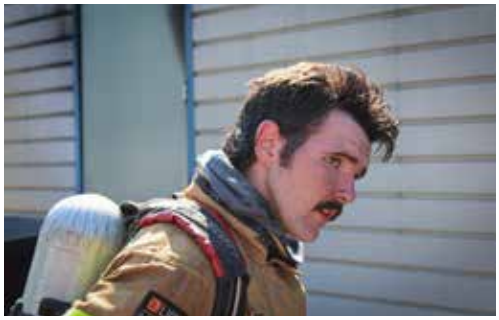
By Debra Walker

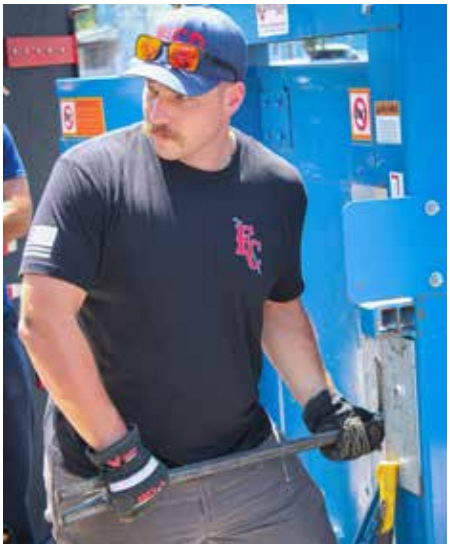


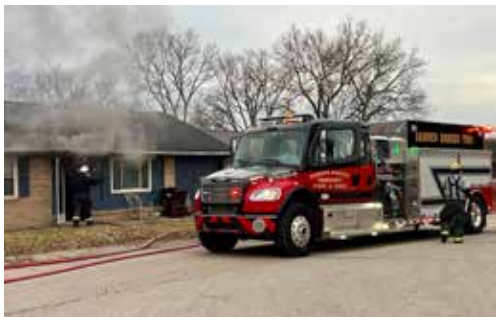
EMS Strong

EMTs and paramedics have difficult and dangerous jobs. They know the risks, and yet every day, they prepare for the challenge, load up their gear and race out to the next emergency. This is the courage that makes them real heroes.

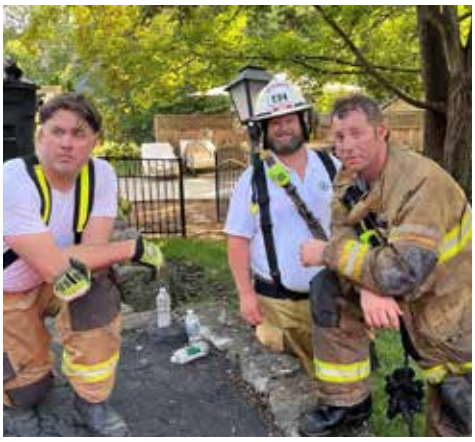




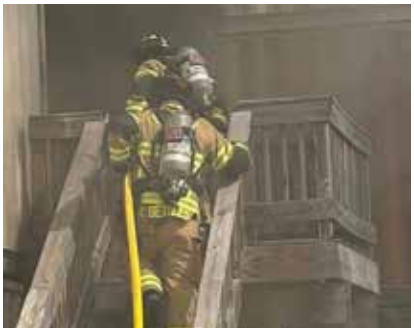
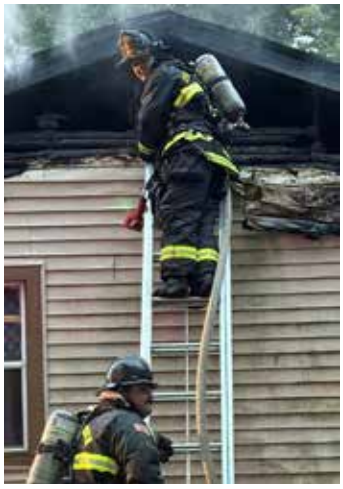
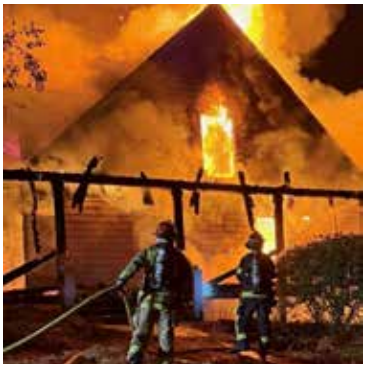


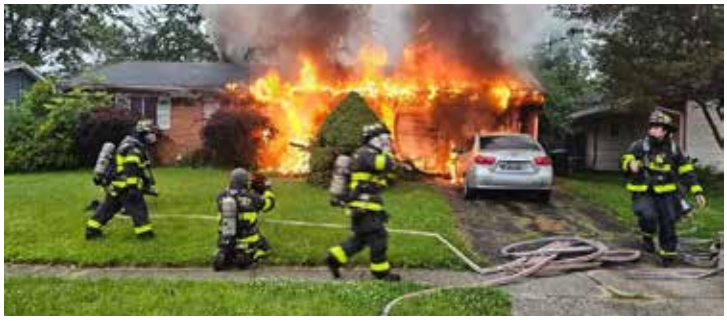


EMS Strong




Blood Administration in the EMS Field Expands as Powerful Tool

In the high-stakes world of Emergency Medical Services (EMS), timely and effective treatment can mean the difference between life and death. One of the most critical interventions for patients experiencing traumatic hemorrhages is blood transfusion.

Traditionally, this life-saving measure has been limited to hospital settings. However, advances in medical protocols, portable storage technologies and growing evidence of improved patient outcomes are driving the expansion of prehospital blood administration in EMS systems worldwide.

Uncontrolled hemorrhage is a leading cause of preventable death in trauma patients, particularly in the prehospital environment. According to the U.S. Department of Defense and civilian trauma registries, most trauma-related deaths occur within the first few hours of injury, often before patients reach definitive care. In cases of severe hemorrhagic shock, early administration of blood products, especially whole blood or a balanced ratio of plasma, platelets and red blood cells, can restore perfusion, prevent coagulopathy and significantly improve survival rates.

Historically, EMS providers managed blood loss through crystalloid fluids such as normal saline or lactated Ringer's solution. While these fluids can temporarily maintain blood pressure, they do not replace lost oxygen-carrying capacity or clotting factors. Excessive use of crystalloids can even dilute clotting agents and exacerbate bleeding. As a result, many EMS agencies, particularly air medical services and specialized ground units, have begun to integrate blood products into their trauma protocols.

Prehospital blood transfusion programs may include a range of blood products, depending on resources, regulations and medical direction. Commonly used options include:

- Packed Red Blood Cells (PRBCs): Restore oxygen-carrying capacity.
- Fresh Frozen Plasma (FFP): Replenishes clotting factors.
- Low-Titer Group O Whole Blood (LTOWB): (rapidly growing choice) Provides red cells, plasma and platelets in one product and simplifies logistics.
- Lyophilized (Freeze-Dried) Plasma: A heat-stable option ideal for austere or rural environments.

The LTOWB product is gaining traction due to its logistical simplicity and robust efficacy in replicating the natural composition of whole blood lost during trauma.

sturti/E+ via Getty Images

Blood Administration in the EMS Field Expands as Powerful Tool

Bringing blood administration into the EMS field is not without challenges. These include:

- Storage and Transport: Blood products require controlled refrigeration or temperature stabilization. Portable coolers and battery-powered refrigeration units have improved mobility but require rigorous maintenance and validation.
- Training and Protocols: EMS providers must be trained to recognize candidates for transfusion, administer blood safely and monitor for adverse reactions, such as transfusion-related acute lung injury (TRALI) or hemolytic reactions.
- Regulatory Compliance: Handling blood products involves strict adherence to regulatory standards from organizations such as the FDA and American Association of Blood Banks. Agencies must establish detailed policies for tracking, labeling and documenting transfusions.
- Supply Chain Management: Blood products have a limited shelf life. Coordination with local blood banks and hospitals is essential to maintain adequate supply without excessive waste.
- Medical Oversight: EMS blood administration requires robust medical oversight, including physician input, QA/QI processes and integration into trauma systems.

Several EMS systems have piloted or implemented prehospital blood programs with promising results. For example:

- London's Air Ambulance began administering PRBCs in the field and reported a 70% survival rate in patients who would likely have died without intervention.
- San Antonio AirLife became one of the first U.S. civilian air medical programs to carry LTOWB, significantly reducing time to transfusion and improving outcomes in hemorrhagic trauma cases.
- The U.S. Military's Tactical Combat Casualty Care (TCCC) guidelines now recommend prehospital whole blood transfusion as a standard of care for battlefield injuries.

These case studies support growing evidence that early transfusion—before arrival at the emergency department—can reverse shock, reduce mortality and decrease hospital length of stay.

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As EMS evolves into a more advanced component of the continuum of care, the administration of blood in the prehospital setting is likely to expand. Partnerships between EMS agencies, trauma centers and blood banks will be key to ensuring safe, effective and sustainable programs. Future innovations, such as longer-lasting blood products, field-deployable blood testing kits and improved decision-support algorithms, may further enhance the role of EMS in resuscitative care.

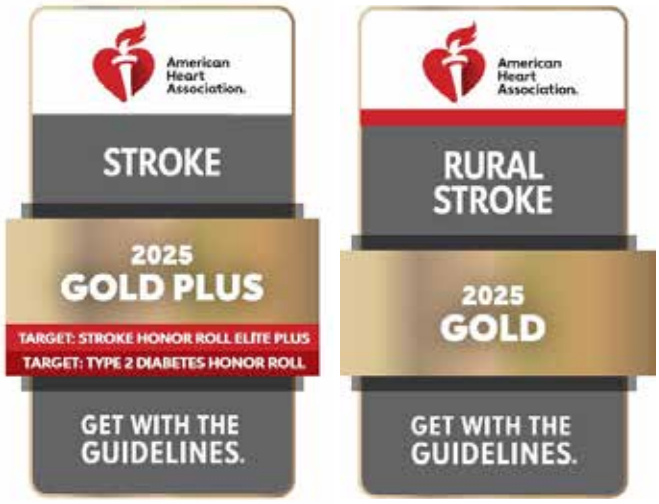
Moreover, the integration of blood administration aligns with the principles of damage control resuscitation—a strategy that emphasizes permissive hypotension, balanced blood component therapy and minimizing crystalloid use. These principles, once limited to trauma bays and operating rooms, are now being extended to highways, battlefields and remote accident sites.

Blood administration in the EMS field represents a significant leap forward in trauma care. While there are logistical and clinical hurdles to overcome, the potential benefits in terms of lives saved and outcomes improved are substantial. As the prehospital environment becomes increasingly capable of providing advanced interventions, the early administration of blood products is proving to be one of the most powerful tools in the EMS arsenal.

By Debra Walker

TriHealth Stroke Program Recognized by the American Heart Association

The American Heart Association (AHA) has released the 2025 Target: Stroke℠ Honor Roll, based on the AHA's Get With The Guidelines® data from Jan. 1, 2023, through Dec. 31, 2024. These awards demonstrate our achievements, which will bring national attention to each hospital and represent TriHealth's commitment to ensuring stroke patients receive the best and most appropriate treatment according to nationally recognized, research-based guidelines, ultimately leading to reduced mortality and disability.



The TriHealth Stroke Program is excited to share that all four eligible TriHealth sites achieved Gold Plus status! Here are a few other highlights to celebrate:

- McCullough-Hyde Memorial Hospital received **Rural Stroke Gold** for the first time
- Bethesda Butler Hospital received **Target: Stroke Honor Roll Elite** for the first time
- Good Samaritan Hospital received **Target: Stroke Honor Roll Elite Plus** for the first time
- Bethesda North Hospital received **Target: Stroke Honor Roll Elite Plus** for the second year in a row

The AHA celebrated all award-winning hospitals nationally by including them in its advertisement in the *US News and World Report* "Best Hospitals" digital edition (July) and print edition (November). The award winners also will be recognized at the AHA International Conference to be held in February in New Orleans, LA.

These awards are a testament to the hard work done over the past year as TriHealth built and put into place the STANSE Team and a robust in-house stroke program. Congratulations to everyone!

AHA Awards

Bethesda Butler Hospital

Get With The Guidelines – Stroke Gold Plus Bethesda Butler Hospital has achieved this award every year since 2022 and has achieved 75% or more on all six quality metrics for the first time.

Target: Stroke Honor Roll Elite This is the first year Bethesda Butler Hospital has achieved Honor Roll Elite.

Bethesda North Hospital

Get With The Guidelines – Stroke Gold Plus Bethesda North Hospital has achieved this award every year since 2022 and has achieved 75% or more on all six quality metrics for the second year in a row.

Target: Stroke Honor Roll Elite Plus This is the second year in a row Bethesda North Hospital has achieved Honor Roll Elite Plus.

Good Samaritan Hospital

Get With The Guidelines – Stroke Gold Plus Good Samaritan Hospital has achieved this award every year since 2021 and has achieved 75% or greater on all six quality metrics.

Target: Stroke Honor Roll Elite Plus This is the second year Good Samaritan Hospital has achieved Honor Roll Elite and the first year to achieve Honor Roll Elite Plus.

McCullough-Hyde Memorial Hospital

Get With The Guidelines – Stroke Gold Plus McCullough-Hyde Memorial Hospital has achieved this award every year since 2022 and has achieved 75% or greater on five of six quality metrics.

Get With The Guidelines – Rural Stroke Gold McCullough-Hyde Memorial Hospital has achieved this award for the first time.

All four hospitals also achieved **Target: Type 2 Diabetes Honor Roll**. The patients included in the Gold Plus award are included in this measure, which looks at the Overall Diabetes Cardiovascular Initiatives Composite score of more than 80%.

Award Definitions

Get With The Guidelines – Stroke Gold Plus requires sites achieve 85% or more on seven achievement measures and 75% or greater on at least four of six quality measures for two consecutive years.

Target: Stroke Honor Roll Elite Plus requires 85% or more of applicable patients have a door-to-needle time of less than 60 minutes AND 75% or more of applicable patients have a door-to-needle time of less than 45 minutes AND 50% or more of applicable patients have a door-to-needle time of less than 30 minutes.

Target: Stroke Honor Roll Elite requires 85% or more of applicable patients have a door-to-needle time of less than 60minutes.

Get With The Guidelines - Rural Stroke Gold requires a composite score of 75% or more for eight or more consecutive quarters, which recognizes that rural hospitals work with varied patient care dynamics.

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