

Hospital Participation in the CARES Program

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Howard County General Hospital ADDITION OF THE PROPERTY OF THE **Emergency Department**

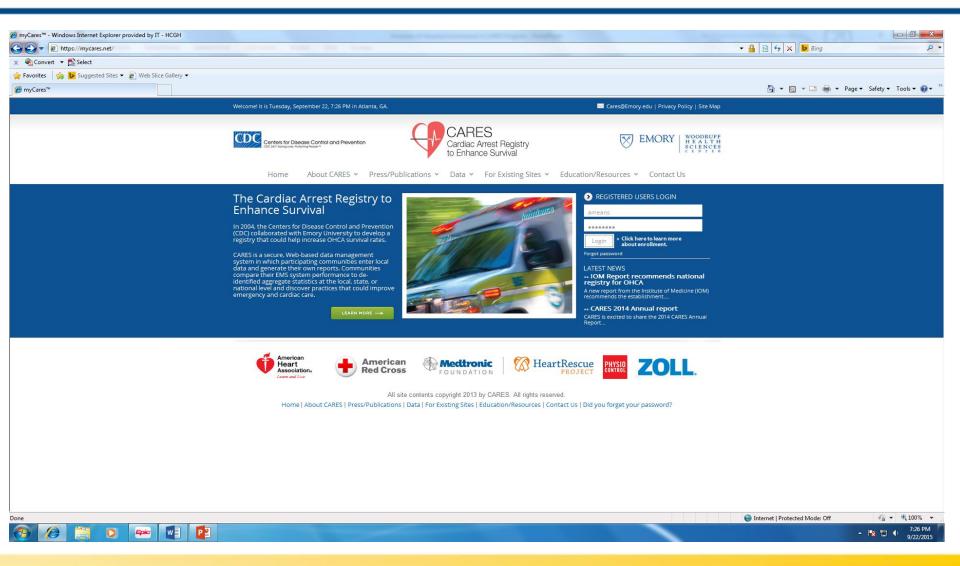


- Mission Statement
- Emergency Department Visits
- June 2014 CARES arrives at HCGH



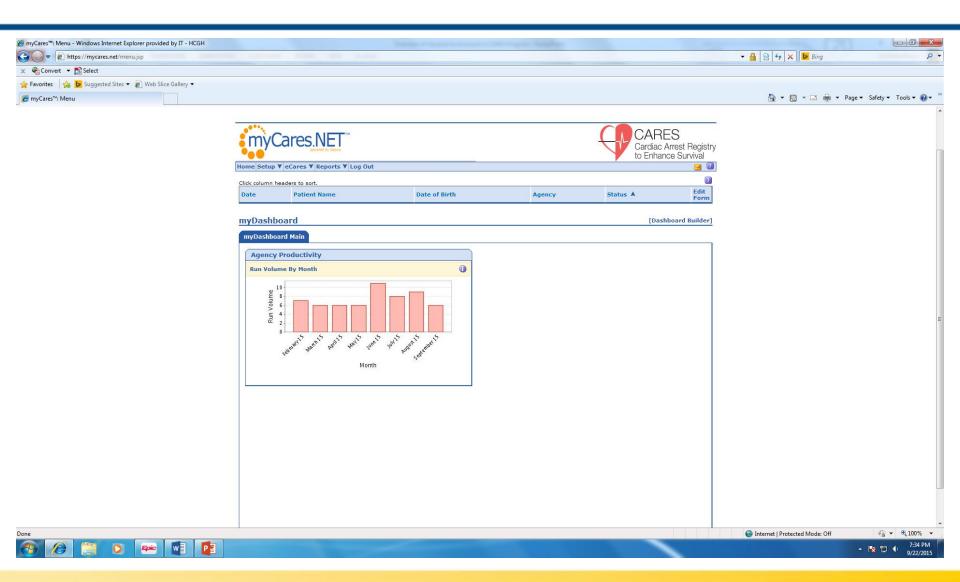
CARES Homepage





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Hospital Section



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	Part E: Hospital Section - Please complete the following qu	octions				
	46 - ER Outcome 47 - Was hypothermia care		49 - Discharge From The Hospita	I 50 - Neurological Outcome At Discharge		
	Resuscitation terminated in ED initiated or continued in the hospital	Died in the hospital	O Home/Residence	From Hospital		
	Admitted to hospital	Discharged alive	Rehabilitation facility	Good Cerebral Performance (CPC 1)		
	Transferred to another acute Care facility from the ED No	Patient made DNR	Skilled Nursing Facility/Hospice	Moderate Cerebral Disability (CPC 2) Severe Cerebral Disability (CPC 3)		
	care racing from the ED	If yes, choose one of the following:		Coma, Vegetative State (CPC 4)		
		Transferred to another acute				
		care hospital				
		Not yet determined				
	Hospital procedures					
	51 - Was the final diagnosis acute myocardial infarction:	○ Yes ◎ No				
	52 - Coronary Angiography Performed:	○ Yes ◎ No ○ Unknown				
	If yes, provide date and t	time:hhmm				
	53 - Was a cardiac stent placed:					
	55 - was a cardiac stellt placeu:	Yes No Unknown				
	54 - CABG performed:					
		Yes No Unknown				
	55 - Was an ICD placed and/or scheduled:					
	33 - Was all les placed allulor selledaled.	Yes No Unknown				
	Hospital Comments					
				Ψ		
	Save					

The Process



Time to Review

Documentation

Challenges



Why is this so important?



Education for the staff

Feedback

Making a difference

Any questions?



Thank you for your time and attention!

