

## CONTENTS

Discrimination in Our  
Capitol City  
A New System for  
Statewide Stroke Care in  
Utah  
Welcoming Dr. Ott back to  
CPPA  
New Economy: Preparing  
Utah for the Future  
What Happens if You  
Don't Train Them?  
Utah Serves as a National  
Example for Data Sharing  
About Policy  
Perspectives...

July 29, 2009

## Discrimination in Our Capitol City

Last week, Salt Lake City's Human Rights Commission released its Discrimination Report. The report includes a major section that addresses the harms of discrimination, outlines the types of discrimination occurring in Salt Lake City, and recommends several policy changes.

As the report states, "Salt Lake City is a wonderfully diverse place to live... We are a city of many vibrant cultures, languages, perspectives and ways of understanding the world." Yet, the Human Rights Commission found through their study that despite this richness and the opportunities available, discrimination still exists within Salt Lake City. The Human Rights Commission recommended four major policy changes in the Discrimination Report to address discrimination.

The first is the creation of a non-discrimination ordinance for Salt Lake City that would prohibit housing and employment discrimination on the basis of race, ethnicity, national origin, religion, source of income, age, gender, sexual orientation, and gender identity and expression.

The second major recommendation is the voluntary cooperation of the City with international human rights initiatives. The third recommendation asks the Salt Lake City Mayor and Council to increase funding for the Office of Diversity and Human Rights and for the city's Human Rights Commission.

The final recommendations suggest the creation of a system or procedure to allow individualsto file discrimination claims with the city.

A copy of the full report is available on the Salt Lake City's website at [www.ci.sl.c.ut.us/mayor/divHR/default.htm](http://www.ci.sl.c.ut.us/mayor/divHR/default.htm).

July 29, 2009

## A New System for Statewide Stroke Care in Utah

### Introduction

Stroke is the third leading cause of death in the United States and Utah. Between 2003 and 2007, the Utah mortality rate for stroke was 45.7 deaths per 100,000 population. Stroke is also a leading cause of long-term disability in the U.S. In Utah between 2003 and 2007, a total of 13,024 people visited the hospital for stroke. [1]

Stroke is a medical emergency. People who suffer strokes have a short, three-hour window in which to get to the hospital for certain types of emergency treatment. If patients make it to the hospital within three hours, they may be able to receive a drug that can reduce the clots in the brain causing the stroke and prevent or minimize permanent disability. This three-hour window is crucial, and the Utah Department of Health (UDOH) has been working on public education for years, including recent commissioned TV commercials portraying the five signs of stroke. The goal is to educate the public to call 911 for any of the signs of stroke in order to get treatment started as quickly as possible.

Efficient transportation and effective and timely treatment through a statewide stroke care system are vital to ensure that stroke patients get the best care. This article describes the challenges that Utah faces in developing a statewide stroke care system, explores the concepts in the proposed plan for hospitals and emergency services, and discusses the issues that are inherent in implementing such a system.

### Stroke Care Challenges for Utah

Utah's geographic spread poses particular problems for health care emergencies such as stroke. Those living on the Wasatch Front are well provided for by the four Utah Primary Stroke Centers: Intermountain Medical Center in Murray, McKay-Dee in Ogden, University of Utah in Salt Lake City, and Utah Valley Regional Medical Center in Provo. These hospitals have been designated as Certified Primary Stroke Centers by the Joint Commission to ensure they meet standards to provide the most sophisticated and comprehensive stroke care, and are well equipped to deal with stroke patients at any time of day or night. They have extensive facilities, equipment, and specialized doctors and nurses to care for stroke patients. Other large hospitals on the Wasatch Front, and throughout the state, are working to achieve this designation, as well.

However, some smaller hospitals may not have the staff, equipment, and facilities to qualify as Primary Stroke Centers. This can cause problems for patients, particularly in rural areas, when the timing of treatment is so critical.

### **A Statewide Stroke Care System for Utah**

In 2007, the Acute Care Subcommittee of the Utah Stroke Task Force began drafting ideas for development of a statewide stroke care system to address these problems. A focus group consisting of Stroke Coordinator Nurses and Stroke Medical Director Physicians, including specialized stroke neurologists from the Primary Stroke Centers and the Medical Director for Utah Department of Health's Bureau of Emergency Medical Services, began seriously investigating the issues surrounding the development and implementation of a statewide stroke care system. In October 2008, a draft of the plan was presented to the Utah Stroke Task Force Acute Care Subcommittee. This plan has been approved and adopted as best practice.

In January 2010, the Alliance for Cardiovascular Health in Utah: Heart Disease and Stroke Prevention Program will introduce a new statewide stroke care protocol and will invite hospitals to apply for designation as a "Stroke Receiving Facility." Designation requires hospital staff to undertake specialized education associated with stroke care as well as meeting detailed criteria for standards of care. Members of the Utah Stroke Task Force Acute Care Subcommittee are recurrently working on development of training materials. Even small hospitals can provide the best available emergency stroke care to the patients they serve if nationally-accepted stroke protocols and standards are followed.

Additionally, all hospitals, even if they choose not to be designated as Stroke Receiving Facilities, will be offered training and protocols on best stroke treatment, and encouraged to use Telestroke or contact a Primary Stroke Center to assist in giving patients the best level of stroke care possible.

### **Utah's New Stroke Protocol**

Utah is at the forefront of state policy-making that aims to increase the team-work between EMS and hospitals in the state and thus improve the level of care that stroke patients receive. Given the three-hour window for effective treatment of stroke [\[2\]](#), the objective of the protocol is to elevate the level of care so that a stroke victim can get the best level of care in the quickest time.

The protocol works by creating a "spoke and hub" system for stroke care in Utah. The "hub" hospitals are the designated Joint Commission Certified Primary Stroke Centers listed earlier. [\[3\]](#) The "spoke" hospitals will be designated by the Utah Department of Health (UDOH), Bureau of Emergency Medical Services (BEMS) as "Stroke Receiving Facilities."

The new protocol directs EMS to take suspected stroke patients directly to a designated Primary Stroke Center or Stroke Receiving Facility, whichever is closer. Sometimes this will mean bypassing other hospitals, which may not be designated as stroke facilities. Patients will be screened by EMS using a standard stroke scale, such as the Cincinnati Pre-Hospital Stroke Scale. EMS will then use a standardized pre-hospital treatment protocol for suspected stroke patients.

The criteria for designation as a *Stroke Receiving Facility* include having an emergency department open 24/7 and staffed by nurses and doctor trained to treat acute stroke according to nationally-accepted protocols, including the use of thrombolytic agents to dissolve clots when patients meet the strict criteria for these powerful medications. In addition, a hospital must have a CT scan available 24 hours a day with rapid interpretation of the scan by a specialist, a 24-hour laboratory for uncritical tests, and a call roster for a stroke specialist available 24 hours a day by phone or through the Telestroke system. Finally, a Stroke Receiving Center must designate a dedicated stroke coordinator who will be responsible for their stroke program, provide education to staff members, and submit reports on their stroke patients regularly to the Department of Health for review to assure that proper protocols and procedures are followed.

Stroke Receiving Facilities are encouraged to keep uncomplicated stroke patients who are improving with their care. More complicated patients, or those who fail to improve, may be transferred to a Primary Stroke Center for further evaluation and treatment. As an additional resource and support, the Primary Stroke Centers are available for consultation at any time during the patient's hospitalization.

The standardized pre-hospital stroke screening, treatment, and transportation to designated Primary Stroke Centers or Stroke Receiving Facilities with standardized ED protocols will reduce the time it takes to get patients with acute ischemic stroke to the correct treatment. It will also improve the overall care of other stroke patients whom may not qualify for this treatment.

### **Transportation**

This new system inevitably has implications for emergency medical services (EMS) and the transportation of stroke patients. The protocol has the following guidelines to overcome some of these issues:

- All critical access hospitals (small, rural hospitals) are encouraged to achieve Stroke Receiving

- Facility status.
- EMS Agencies will be encouraged to transport suspected acute stroke patients to designated stroke facilities, if available.
- EMS Agencies must develop individual protocols for the most expeditious transport of stroke patients to Primary Stroke Centers or Stroke Receiving facilities with contingencies for time of stroke onset, weather, traffic, and other variables. These transportation plans may involve air transport by medical helicopter.

## Conclusion

This innovative collaboration between the Alliance for Cardiovascular Health in Utah: Heart Disease and Stroke Prevention Program, UDOH, medical staff, EMS, and hospital has resulted in the development of a statewide stroke care system. Until now, hospitals and EMS agencies were working in isolation, but collaboration means that the standard of care can be raised for stroke patients throughout the state. Those served by smaller community hospitals which choose to be designated as Stroke Receiving Facilities will be able to get the same level of emergency stroke care as is available at the larger Primary Stroke Centers. It is hoped that this will decrease deaths and disability due to stroke in Utah. The establishment of this program, the result of hard work and innovative collaboration, will give our state a system of care that is designed to save lives by ensuring that the most efficient and effective means of transportation and treatment is delivered to stroke patients.

*The Utah Alliance for Cardiovascular Health (ACHU) is comprised of doctors, representatives from medical associations, nursing associations, insurance reps, and other healthcare organizations such as the American Heart Association and the Association for Utah Community Health.*

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[1] Interview with ACHU members, July 2009.

[2] The only FDA approved treatment for acute ischemic stroke has a limited 3-hour window from the time stroke symptoms first started.

[3] Joint Commission Primary Stroke Centers automatically qualify as "Hub" hospitals.

July 29, 2009

## Welcoming Dr. Ott back to CPPA

We are pleased to welcome Steve Ott as Director of the Center for Public Policy & Administration. Dr. Ott is also Director of the University of Utah's Institute of Public & International Affairs and was Dean of the College of Social and Behavioral Science from 2000 to 2009. Academically, he is a professor of political science/public administration. Dr. Ott was Director of the University of Utah's Master of Public Administration Program from 1992 to 2000, Director of Graduate Programs in Public Administration at the University of Maine from 1987 to 1992, and Special Assistant to the Dean of the Graduate School of Public Affairs at the University of Colorado at Denver from 1985 to 1987.

Dr. Ott was an executive with a Denver, Colorado-based management consulting firm for 26 years before joining the faculties at the universities of Maine and Utah. His clients were mostly government and nonprofit organizations across the Intermountain West with particular emphasis on planning and evaluation of public programs that deliver services through nonprofit organizations, including, for example, public health, developmental disabilities, mental health, and juvenile corrections.

He teaches and has written extensively about the nonprofit sector as well as public sector organization theory and organizational behavior. For example, Dr. Ott has edited or co-edited *The Nature of the Nonprofit Sector*, *Understanding Nonprofit Organizations: Governance, Leadership, and Management*, *Classic of Organization Theory*, *Classic Readings in Organization Behavior*, and *Introduction to Public Administration*. He is author or co-author of *The Organizational Culture Perspective*, *Public Administration for the Twenty-First Century*, and *New Governance for Rural America: Creating Intergovernmental Partnerships*. His articles have been published in the *International Journal of Organization Theory and Behavior*, *Public Administration Review*, *Public Integrity*, *Public Organization Review*, *Public Performance and Management Review* and *Review of Public Personnel Administration*.

Internationally, Dr. Ott currently is leading the University of Utah's partnership program with Zayed University, a national university of the United Arab Emirates with campuses in Dubai and Abu Dhabi. Several faculty members from the University of Utah have been teaching courses in Zayed University's Executive Master of Public Administration program and consulting on program development and curriculum. He is also a member of the University of Utah's leadership team on the partnership with Hainan Province China, Hainan University, and China University of Political Science and Law. He has accepted an

invitation to lecture at Hainan University and is looking forward to his trip there this December.

His Ph.D. is from the University of Colorado, his M.S. from the Sloan School of Management at the Massachusetts Institute of Technology, and his B.S. from The Pennsylvania State University.

July 29, 2009

## **New Economy: Preparing Utah for the Future**

SAVE THE DATE!

### **Utah Intergovernmental Roundtable Annual Summit The New Economy: Preparing Utah for the Future**

Date: November 4, 2009  
Time: 8:00am to 1:30pm  
Location: Downtown Salt Lake City

The current economic conditions are having significant ramifications for all of us and our organizations. It is easy to get caught up in how our 401Ks are doing today or how a program will be funded next year but the impacts of the changes will be felt in our communities for many years. This impact will result in a new economy and Utah must prepare for the new challenges. Utah Intergovernmental Roundtable Annual Summit will explore how the current economic crisis will impact our communities on a long term basis. Presentations by national and local experts will discuss how the new economy will influence decisions on housing, community planning, and transportation. In addition, national trends in housing and growth patterns will be discussed as well as how changing demographics will influence decisions. Confirmed speakers include:

- David Wyss, Chief Economist, Standard & Poor's
- Arthur C. Nelson, Ph.D., FAICP, Presidential Professor, College of Architecture + Planning, University of Utah
- Kristen Cox, Executive Director, Utah Department of Workforce Services
- Pamela Perlich, Ph.D., Senior Research Economist, Bureau of Economic Business Research, University of Utah
- Alan Matheson, Envision Utah

For more information, please contact Sara McCormick at [sara.mccormick@cpga.utah.edu](mailto:sara.mccormick@cpga.utah.edu)

July 29, 2009

## **What Happens If You Don't Train Them?**

With slimmer budgets now a fact of life, often one of the first lines to be cut from organizational budgets is training and development. It's an easy thing to cut, and when times are tough and organizational life is really about survival, training is often considered to be "non-essential" to success. But is that really the case?

Admittedly, training and development can be expensive. It involves not just direct costs such as class registration fees, but also many indirect costs like travel, per diem rates, materials, and time away from work. These are real financial costs and the impact on budgets is significant. No argument there.

The costs of not training people are real: for example, mistakes, lower quality product, procedures or rules not followed, loss of productivity and loss of morale, to name but a few. Think of the last person who served you in a government agency. If you had someone who had apparently not been trained well and who didn't appear to know what they were doing, it didn't exactly give you confidence in the agency, did it?

In addition, training sometimes doesn't have immediate results. Despite popular belief, people are not sprinkled with "fairy dust" at a training class. They mostly don't come back with new skills and knowledge, ready to go. There is a period of transfer back to the job, which may take hours, days or weeks. Neither is training a "catch all" for things that are wrong in departments or organizations; perhaps the problems are due to jobs being structured incorrectly, inexperienced managers or just simply poor communication.

Some of the reasons people use for not training employees are, "it is too expensive," "the return on investment is hard to measure," and "it is too slow." But consider this: what is the cost of *not* training them?

When employees are retrained properly, training becomes an investment. The benefits, although perhaps “soft” and “indirect” are also real:

- Customers are more satisfied when they are served by staff who are happy and where morale is good.
- Training is not just training. Most people experience a level of morale boosting from training, just by knowing the organization is willing to make an investment in them.
- Loyalty to the organization is increased.
- When pay raises cannot be made, the offer of training and development is often a good motivator.

Yes, public sector agencies are in a time of hardship. Most have had their budgets cut, and many have chosen to implement a training and development budget cut. Yet, it is attention to detail and customer service that makes public sector agencies shine. How can this happen when employees are undertrained, overstressed and low in morale?

When you are reconsidering whether to cut training and development, just ask yourself: “what happens if we *don't* train them?” The answers may lead you to realize just how valuable training really is.

July 29, 2009

## Utah Serves as a National Example for Data Sharing

During a June conference call at the National Association of State Chief Information Officers (NASCIO), Vivek Kundra, the Federal Government Chief Information Officer (CIO), asked states to make data available in the web url format “state.gov/data” and cited Utah as a leading example. Why did the Federal CIO request this? It’s about the new Data.gov website.

The purpose of Data.gov is to increase public access to high value, machine readable datasets generated by the Executive Branch of the Federal Government. In addition, the goal is to allow convenient access to state and local data. This is where the new format state.gov/data comes in. If all states use this format, the data will be immediately available on the Data.gov website.

So far, Utah and California have aggregated data and are offering the data with this format. Utah’s data is available at [www.utah.gov/data](http://www.utah.gov/data)



Source: [www.data.gov/statedatasites](http://www.data.gov/statedatasites)

What kind of data is available? Data.gov organizes the data into three catalogues: Raw Data, Tools, and Geodata. Currently Data.gov offers over 391 links in the Raw Data Catalog with very diverse data. A few examples are: 8-hour daily maximum ozone concentrations as measured by the Clean Air Status and Trends Network, bibliographic text of each patent grant issued weekly, and crime statistics.

Data.gov also offers a Tool Catalog that includes tool sets such as: Airline On-Time Performance and Causes of Flight Delays, The Flu View National Flu Activity Map, Interactive Access To National Income and Product Accounts Tables, and more.

The Geodata catalogue has 999 links including geophysical surveys of Bear Lake Utah-Idaho, and administrative and political boundaries for counties, among other data.

An interesting aspect of Data.gov is their invitation to suggest other datasets and the solicitation of

feedbackforsiteimprovements,suggestingtrueinteractionbetweenthegovernmentandcitizens.

TheUtahdatasite( [www.utah.gov/data](http://www.utah.gov/data))currentlyincludesabout30datasetsrangingfromexplorationanddrillingactivity(oilandgas)inUtah,togeologicmapsoftheSt.Georgearea,togallbladderremovalsinUtahhospitals.

So,onceagain,Utahisleadingtherestofthecountryintheuseoftechnologyingovernment,andthismonth'sgoodideacomesfromourveryownbackyard.

May23,2006

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