

Improving STROKE OUTCOMES

*Telestroke
program
delivers
timely,
expert care.*

There's a saying in stroke medicine: Time lost is brain lost. In the case of an ischemic stroke, for example, every 15 minutes that passes between a patient's onset of stroke and their receiving a clot-busting drug costs the patient almost a month of living free from disability.

Thanks to a tool called telemedicine, this debilitating situation is changing for the better.

"Patients are getting assessed and treated faster," says Phillip P. Amodeo, M.D., board-certified neurologist and medical director of the stroke program at Southeast Georgia Health System. "I see many more patients who previously would have had devastating results. Because of the Health System's Telestroke program, patients are doing well and have great function."

In 2016, the Health System partnered with Baptist Health Jacksonville to launch the innovative 24/7 Telestroke program in the Brunswick and



FUTURISTIC MEDICINE: Wendy Miller, R.N., MSN, MHA, and Matthew S. Hale, M.D.

Camden campuses' Emergency Care Centers. Through videoconferencing, a Baptist Health neurologist diagnoses stroke patients within minutes of their arrival. On average, patients eligible for the clot-busting tPA medication are receiving it 30 minutes earlier since the program was

implemented. They are also experiencing less long-term impairment.

How does telemedicine work?

Like a highly advanced Skype call, telemedicine uses a phone, a high-speed internet connection and a computer screen.



Don't ignore the signs

If you or someone you know experiences stroke symptoms, don't wait. **Call 911.** To learn the signs of stroke and to read more about the Southeast Georgia Health System stroke program, visit sghs.org/stroke.

“This is futuristic medicine,” says Wendy Miller, R.N., MSN, MHA, manager of Patient Care Services, Camden Campus Emergency Care Center. “The image is so detailed, the doctor can examine the patient’s pupils.” While that level of detail isn’t usually needed, teleconferencing does allow the neurologist to easily perform a routine motor skills test on a patient.

Telemedicine’s greatest strength, however, is expediting diagnosis. If you call 911 and ambulance personnel suspect a stroke, they notify the Emergency Care Center staff, who activate an internal code. This facilitates treatment even before you get to the hospital.

“Upon arrival, patients get an immediate CT scan or MRI,” explains Matthew S. Hale, M.D., chief, Department of Emergency Medicine, Camden Campus. With the scan complete, a mobile telestroke cart is moved to the patient’s bedside, connecting the Emergency Care Center team to a Baptist Health neurologist.

“Within minutes, a neurologist reviews the scan and recommends treatment options to the attending physician or nurse,” Dr. Hale adds. “It’s like having a neurologist sitting in the Emergency Care Center at all times.”

A lifesaving tool

The Emergency Care Center’s newest technology, the perfusion CT scanner, also gives patients an extra edge.

“It precisely locates blood flow obstructions and blood flow to the brain,” explains Dr. Amodeo. “The perfusion scanner is a pivotal tool. It allows a neurologist to

Think FAST!

Identifying stroke symptoms quickly increases the range of treatments that an individual can receive.



FACE

Ask the person to smile. Does one side of the face droop?



ARM

Ask the person to raise both arms. Does one arm drift downward?



SPEECH

Ask the person to repeat a simple phrase. Is their speech slurred or strange?



TIME

Do not wait for the symptoms to go away. **Call 911**, and get help right away.

quickly assess damaged and salvageable areas of the brain.”

If eligible, the patient is given tPA intravenously to help break up clots and restore blood flow. Depending on the diagnosis, the patient is admitted to the hospital or, if endovascular services or other surgical procedures are required, transported to Baptist Hospital.

By managing strokes in the acute stage, the Emergency Care Center plays a crucial role in the patient’s journey.

“We follow the same stroke treatment protocols found at any big hospital,” says Cynthia Gahm, R.N., stroke coordinator.

“Having access to the latest technology and immediate assessment helps preserve the patient’s function and independence. And when patients can receive quality care closer to home, it also lessens the burden on their caregivers.”

The Health System’s concern for stroke patients doesn’t end when they are discharged. In addition to managing acute stroke patients and speaking with teleneurologists, Ms. Gahm educates patients about strokes, stroke prevention, treatment and the importance of follow-up care. She also teaches them what to do if they experience another stroke.



“We are finally putting a dent in negative stroke outcomes. A lot more patients are being treated than before, now that we have telemedicine.”

— Phillip P. Amodeo, M.D.