

Rapid Diagnosis and Treatment for Strokes Wherever You Live
Mercy rolls out telestroke program across four states

Midwest U.S. – David and Karin Richardson celebrated their 25th wedding anniversary last April. Thanks to Mercy’s new telestroke program, it appears they’ll be able to celebrate No. 26 next year.

Just 18 days after Mercy put in place technology which gives access to highly skilled neurologists around the clock, a clot-busting drug saved David’s life. For many hospitals nationwide, it’s difficult to assess and treat stroke patients quickly, and the pool of physicians who treat strokes is shrinking.

“With a team of stroke experts available 24/7 and the use of high-tech, powerful cameras, that provide live video, we can rapidly diagnose and treat stroke patients,” said Chris Veremakis, M.D., medical director of Mercy’s Center for Innovative Care. “The moment you have a stroke, the sand in the hourglass starts running out and if you don’t get care quickly, many people die or have to live with severe disabilities.”

Mercy recently launched the program in Hot Springs, Ark., Springfield, Mo., and Rogers, Ark., with other Mercy hospitals across four states coming online soon. For patients, it’s welcome technology.

“I can’t thank them enough for giving me my life back,” said David, a 55-year-old disabled Navy veteran. “I’m fairly healthy. But being in the emergency room in that setting, I was scared, really scared. But it’s not time for me to check out yet.”

David, who has three sons and six grandchildren, lives in Fountain Lake, Ark. When he and his wife, Karin, woke up on Sept. 18, 2011, David wasn’t feeling well.

“We made our Sunday breakfast, but I didn’t eat much. I told my wife I was going to lie down for awhile and I did. I laid down for about an hour and a half and went to the kitchen,” David said.

The next thing Karin knew, David was slumped over in his chair. As a nurse at Garland Nursing and Rehab Center in Hot Springs, she knew the symptoms of a stroke. He was clutching his left arm, drooling and he couldn’t speak.

“I don’t know how to describe the feeling. It was like my heart dropped when I saw him. I really thought I was going to lose him that day. I really did,” Karin said.”

Emergency responders arrived at the house in about 10 minutes.

“The paramedics came in. I couldn’t talk, couldn’t tell them what was wrong,” David said. “That really scared me.”

David was taken by ambulance to Hot Springs’ St. Joseph’s Mercy Health Center. Emergency medical technicians called ahead to make sure the hospital’s stroke plan was in place. They didn’t waste any time when the ambulance arrived at the Emergency Department.

The doctor observing David, a neurologist from Miami-based NeuroCall, a provider of electronic neurological services to hospitals, did so via a high-tech, two-way, video system. Using the E-Care

cart, with a powerful camera, two monitors, speakers, microphone and computer, the neurologist was able to assess David's condition.

"To be able to have a board-certified neurologist at the patient's bedside gives me additional expertise in diagnosing a stroke," said Douglas Ross, M.D., medical director of St. Joseph's Mercy emergency department.

The neurologists are licensed in each state and credentialed in the hospital, giving them complete access to Mercy's fully-integrated electronic health record. Instead of an hour's drive, David was able to receive stroke care closer to home and family.

"The doctor called me by name and that threw me for a loop. Who is this? How does he know my name?" David said of his initial encounter with the neurologist.

"I didn't know you could take a doctor from Florida, put him on the screen and he could have those orders that quick to get Dave on the road to recovery," Karin said. "It was amazing to me."

After his assessment, the neurologist turned his camera to the side and spoke directly to Karin. He told her he wanted to administer tPA (tissue Plasminogen Activator), a protein involved in the breakdown of blood clots. It is used in clinical medicine to treat embolic or thrombolytic stroke and requires the evaluation of a neurologist. The clot-busting drug must be administered through the vein within 4.5 hours of the onset of stroke symptoms and David was in that range.

"I'd do anything to save my husband's life," Karin said. "I'm not an emergency nurse. I work in long-term care. I've seen a lot of my patients not get that kind of thing and they were permanently damaged from it. The benefits outweighed the risks."

It didn't take long for the tPA to take effect. By the time David reached the ICU, he was able to speak.

"It wasn't even a half hour and he was starting to make sense when he talked, and I knew we had done the right thing," Karin said. "It was just amazing."

David spent some time in the Intensive Care Unit and returned home after 12 days.

"I knew there was a clot-busting drug, but I didn't know Mercy had it. I was thinking we might have to go to Little Rock. I'm so glad we didn't," Karin said. "Mercy saved his life. They really did. That doctor in Florida saved his life."

Mercy is the eighth largest Catholic health care system in the U.S. and serves more than 3 million people annually. Mercy includes 30 hospitals, more than 200 outpatient facilities, 38,000 co-workers and 1,500 integrated physicians in Arkansas, Kansas, Missouri and Oklahoma. Mercy also has outreach ministries in Louisiana, Mississippi and Texas. For more about Mercy, visit www.mercy.net.