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DMH, MASI, and SEEMS Hold Stroke Patient Simulations



Monticello – Drew Memorial Hospital and both area EMS providers participated in Mock Stroke education on January 5 and 6 to improve patient outcomes. Monticello Ambulance Service, Inc. (MASI) and Southeast Emergency Medical Services (SEEMS) sent representatives to join hospital emergency department staff for training and simulations offered by the UAMS Arkansas SAVES program.

Arkansas SAVES stands for Stroke Assistance by Virtual Emergency Support. Drew Memorial Hospital has participated in the Arkansas SAVES program for 9 years. When possible stroke patients are picked up by ambulance, paramedics play a large role in assessing the individual for the signs of stroke. When these EMS staff members have reason to believe a stroke has occurred, they take the patient to the nearest hospital that has Arkansas SAVES capabilities. After receiving a CT scan, the patient will be assessed virtually by a neurologist on a live video call. UAMS can connect the physician 24/7. The neurologist will use the CT scan readings in his assessment along with physical screenings performed by an emergency department staff member. When the stroke patient is brought to the emergency room within three and a half hours, the neurologist can determine, from a distance, whether the patient can be treated with a “clot-busting” drug called alteplase/Activase. When given this drug, the stroke patient has a 50% chance of recovering to the degree that he/she is able to function independently or nearly independently.

The AR SAVES program was established after the number of strokes in Arkansas was identified as higher than average, especially in rural areas that were located far from neurologists. Since DMH became a “spoke” in the AR SAVES system, the hospital is now able to treat strokes successfully in many cases.

DMH has received recognition of the speed with which patients are treated; the hospital was named best in the state for “door-to-needle time” for the months of July and November 2016. This measures the arrival time of the stroke patient to the time he is injected with the clot buster.

The purpose of the January simulations, or “mock stroke” exercises was to offer continuing education to DMH, MASI and SEEMS staff and to continue to improve the door-to-needle time for stroke patients. Both training days included classroom instruction for nursing/paramedic stroke assessments along with a timed walk-through of how the revamped stroke procedures work.

“We are continuing to improve the efficiency of our Emergency Department in general, and along with that we want to be sure to remain consistent and timely in the way we handle stroke patients,” said Hannah Hilton RN BSN, the hospital’s nurse educator. “We are very dependent upon the EMS crews to identify and alert us of incoming stroke patients, so their involvement was essential.”

As the hospital standardizes stroke procedures to improve times and patient outcomes, the main changes in process involve quick-registering the patient before arrival, based on the data provided by the EMS call and having EMS crews take stroke patients directly to the CT room from the ambulance.

According to the UAMS facilitator, Tim Vandiver RN, “We’ve seen the addition of [quick registration] has improved the door-to-needle time of most facilities by about 12 minutes. We say that with a stroke, ‘Time is Brain,’ because brain cells can be lost at a rate of 32,000 neurons per second before treatment can be administered. Fifteen minutes can make an enormous difference in the life of that patient.”

During the simulation, EMS crews called in a fake patient and gave the DMH emergency room specific information required to quick-register the patient. This allowed staff to practice the quick registration process and ensure a smooth transfer of patient data to the CT room. When the mock patient arrived, EMS took him directly to CT, where an ER nurse was ready to meet the patient with a hospital stretcher. After the CT, ER staff return the patient to the ER where he is screened in front of the camera for the neurologist video call.

“It’s really a team effort,” said Hilton. “We’re coming together as a team throughout the community-hospital employees, SEEMS, and MASI staff. We are all part of the improvement process of increasing our standards of care and making sure we get our patients the best outcomes possible.”

The signs and symptoms of a stroke can be remembered by the handy mnemonic device FAST:

F – Face

Facial weakness, drooping or uneven smile

A – Arm

Arm numbness or arm weakness

S – Speech

Slurred speech, difficulty speaking or understanding

T – Time

Time is of the essence. Call 911 and get to the hospital immediately if you observe one or more of the above warning signs of a stroke.

UAMS encourages anyone who believes a stroke has occurred to call an ambulance rather than driving the patient to the ER. Paramedics can begin the process of treating a potential stroke earlier than when you arrive in your own vehicle. For more information about the AR SAVES program, or to have someone speak to a group or at an event, contact DMH director of education Kristen Smith at (870) 460-3509.