

CASE STUDY

STROKE CARE

NOW NETWORK

Overview

- StrokeCareNow Network wanted a faster way for stroke patient to access doctors
- Solution needed to be mobile-friendly and robust
- Vidyo solution proved immediate results in rapid patient diagnostics
- Patients in smaller, rural communities able to access distant specialists
- Options to increase reach into EMS vehicles and rural clinics



It's imperative that strokes be identified and treated quickly to reduce long-term health effects and complications. Smaller and rural community hospitals will often not have the expertise of specialists needed to handle complex stroke cases.

Identifying this critical need, the StrokeCareNow Network (SCNN) began offering telemedicine as a way of bringing experts into smaller or rural community hospitals. When a patient is brought into the emergency department of a hospital exhibiting symptoms of a stroke, the onsite physician can quickly place a call into the SCNN and bring a specialist to assess the patient via video in a matter of minutes. Together, the onsite physician and the specialist can decide on a plan of care for the patient, which often greatly improves the overall outcome.

This program was so successful that it quickly grew from just a few hospitals to a 25-hospital network that it is today. However, there have also been some growing pains. The home-grown video solution that was being used was beginning to become overwhelmed by the growth and SCNN needed a more robust and reliable solution to support the remote video meeting platform that's vital for the emergent care of stroke. In addition, there was also a need to use mobile devices instead of having to depend on desktop applications.

Action

Mike GeRue, Board Member of the SCNN, and his team began the search to find a solution to meet their growing needs. They needed a mobile-first solution that would meet all their needs. Their goal was to reduce patients transferring to distant hospitals so that they could be seen by specialists and to reduce the time tPA, a medication to break up clots, could be administered.

If doctors can assess a patient within 3 hours of symptom onset, tPA can be administered and then a patient can be transferred to a bigger hospital if needed – saving precious time.

If they needed to wait for TPA administration until they arrived an hour or more could go by, potentially making them ineligible for TPA treatment. The faster a doctor can assess a patient's condition, the better chance for a good outcome. They have even perfected their process so that the camera viewing the patient only needs to be moved one time for the consulting physician to get an overall view of the patient.

"Some of our hospitals see 10-20 strokes a year. Others see 100 in a year. We want this solution to help give all patients quality care, no matter which hospital they go to initially," explains GeRue.

Results

With a demo system provided by IDS, SCNN began a feasibility study that allowed them to test the Vidyo solution in a variety of real-life scenarios and see if it would meet all their requirements. "We tested the system for about a year. We were particularly interested in the difference between the mobile option vs. a cart-based system," GeRue said regarding the feasibility study.

Using a variety of handheld devices, they began to test the solution with specialists, who were able to see patients with great clarity in real time. The specialists could assess individual patient needs and determine the correct course of treatment for them based on their presentation of symptoms. "We've even had a doctor pull her car to the side of the highway and take a call with her mobile device," GeRue said. "In the past, the doctor needed to be at their desktop. Now, they can be anywhere, saving critical minutes."

The data that was collected through the feasibility study was overwhelming. The Vidyo solution with its ability to connect mobile devices would not only work but was a superior choice to cart-based solutions. The team agreed to move forward with a full-scale deployment of a Vidyo solution for their 25 hospitals.

"Everyone was completely on board," said GeRue, "The implementation went smoothly and there was very little learning curve for doctors when they began using the system. Patients and families are comfortable with the solution too, knowing that they are getting the best care as fast as they can makes families very comfortable."

Data indicated that measurable improvement in stroke patient care was found throughout the hospitals. Now, the SCNN is on track to make sure that all patients who are eligible to receive TPA can get it, potentially improving their recovery outcomes dramatically. SCNN is considering expanding the solution, possibly enabling EMS vehicles with video systems so doctors can see patients even faster.

“WE WANT THIS SOLUTION TO HELP GIVE ALL PATIENTS QUALITY CARE, NO MATTER WHICH HOSPITAL THEY GO TO INITIALLY

*MIKE GERUE
BOARD MEMBER*



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