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Stroke Treatment Window Opens at Good Samaritan Hospital

Education Key to Time Management in Stroke Cases

Obesity and Medical Malpractice

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East Bay-South Bay Edition

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Education Key to Time Management in Stroke Cases

By Stacy Schwan

Dr. Ash Jain is obsessed with time.

An experienced cardiology specialist and Medical Director for the Stroke Program at Washington Hospital in Fremont, Dr. Jain knows that with any arterial blockage, every minute saved can mean the critical difference between full recovery and permanent disability.

"Everything is limited by time," he says. "The sooner you open the artery, the better the outcome, both short and long term."

The minute someone has a stroke, a deadly game of "beat the clock" begins in which responders have approximately three hours to provide treatment before irreparable damage is likely to occur. Three hours is the window of time in which thrombolytic treatment with the clot-busting drug rt-PA is most effective for treating ischemic stroke, which comprises around 85% of all strokes. The race becomes all the more urgent when you consider that by the time the patient reaches the emergency room, often no one knows for sure how long the clock has already been ticking.

Winning this race against time is a primary goal of the Stroke Program at Washington Hospital. Part of the Taylor McAdam Bell Neuroscience Institute, the 2½-year-old program employs a team approach in which all members — from the EMTs who bring the patient in, to the ER docs and nurses, to the many specialists engaged in the diagnostic process — participate in a precisely coordinated effort to shave precious seconds off of the time it takes to render treatment. In addition, a specially trained stroke coordinator and dedicated staff in the ICU help ensure a smooth and efficient operation. "You want to make sure that everyone is well educated, to make sure the time is not wasted," Dr. Jain says.

Dr. Jain is proud of his whole team and the innovative program, which has already received the Gold Seal of Approval from the Joint Commission. "We've achieved so much in two years time. We got our certification as a Primary Center within one year and three months. That is remarkable, quite unheard of."

EDUCATION IS KEY

Dr. Jain's passion goes beyond improving the speed and efficiency of stroke treatment. He believes the key to both preventing and treating stroke is education on three fronts — you must provide education for physicians, for ancillary nursing staff and for patients and community members.

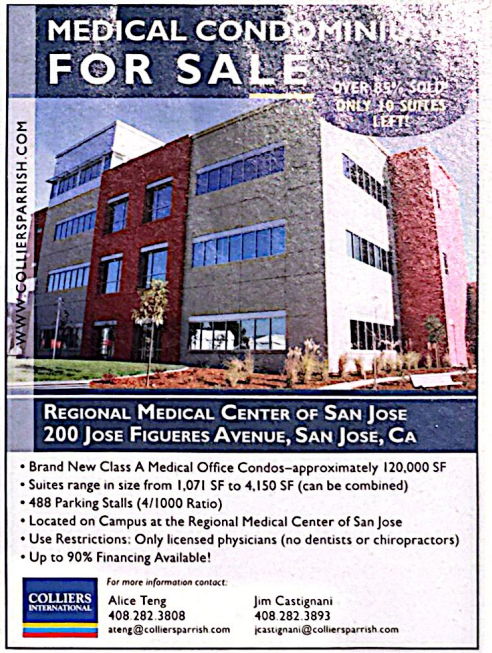
EDUCATION FOR PHYSICIANS

"Physicians should understand what is the latest and

greatest in management of stroke. Physicians also need to clearly understand that strokes are preventable; that there are certain risk factors that need to be controlled aggressively," Dr. Jain says.

"Ninety percent of strokes are preventable if you control the … factors," he adds. Among th… factors considered control… hypertension, diabetes, … issues, homocysteine levels, atrial fibrillation, hs-CRP l… ing, alcohol use and excessive weight.

Transient ischemic attacks (TIAs) pose a spec…



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Stroke Treatment Window Opens at Good Samaritan Hospital

By Juliet Farmer

Each year, almost 25,000 Bay Area residents suffer a stroke. Of those, very few will receive the type of treatment that saves brain function, thus offering positive quality of life.

That's why in the stroke treatment community there's a saying: "Time is brain."

At Good Samaritan Hospital in San Jose, time is taken very seriously.

Good Samaritan Hospital, a leading acute care and tertiary service hospital, is one of the first five hospitals in the United States, and the first Hospital Corporation of America hospital, to undergo the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Survey on Stroke Care and Code Brain Attack Program, with certification effective December 2003.

Good Samaritan Hospital, the fourth largest hospital in Silicon Valley, opened in 1965 as a general acute care hospital. Not only is the hospital a designated Primary Stroke Center (PSC), their stroke team is also working to expand the stroke treatment window to provide better outcomes for stroke patients.

Two stroke team members, Dr. Harmeet Sachdev and Dr. Reza Malek, are involved in cutting-edge stroke treatments that could very well make the difference between life in a vegetative state and full stroke recovery.

EXPLAINING THE WINDOW

Dr. Sachdev is a board-certified neurol[illegible]nd completed his neurology residency at Stanford Unive[illegible] When discussing strokes, he is quick to stress the impor[illegible]of recognizing stroke symptoms in overall stroke recover[illegible]

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"The most important thing is the early and immediate recognition of stroke symptoms," he explains. "With the heart, symptoms are different. But with the brain, there might be confusion, slurred speech, vision problems and/or numbness or weakness on one side of the body (i.e., arm or leg). The patient may even think that she slept wrong. But it's important not to ignore these symptoms and to speak to a health care professional right away. The window to save brain tissues is up to three hours, and in some cases six or eight, maybe up to 12 hours, but it's definitely not a day. The sooner the better."

Unfortunately, many stroke patients aren't aware of a time issue. Studies show that the average person waits 13 hours after experiencing the first symptoms of a stroke before seeking medical care, and 42% of patients wait as long as 24 hours.

In July 1996, Dr. Sachdev was the first community neurologist and one of the first, if not the first California-based physician in a community hospital to offer intravenous tissue plasminogen activator (t-PA) treatment, a thrombolytic agent that works by dissolving the clot that is blocking the blood vessel in the stroke patient's brain. He says that t-PA yields 90-100% recovery in approximately 40% of patients, but that not all patients receiving t-PA respond to this treatment, depending on the cause of the stroke.

According to Dr. Sachdev, treating strokes is a very fast-paced, complicated decision-making process. That's why he pushed for a designated stroke team at Good Samaritan Hospital, which today is a model he presents to various hospitals all over the country.

The dedicated stroke team, which is available 24/7, includes a medical director, stroke neurologists, ICU physicians and two stroke nurse coordinators, along with neuroradiologists and specially

Harmeet Sachdev, M.D.

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trained stroke nurses, all of who oversee the stroke patient's care from entry into the emergency department through discharge.

Even with a stroke team in place, the numbers are still daunting.

"There are 500 to 600 strokes per year at Good Samaritan Hospital," Dr. Sachdev notes. "At Good Sam, 55% of patients have shown complete recovery, where I used to have to send paralyzed patients to nursing homes ... from 1996 to 1999, 4.8-5.6% of stroke patients received t-PA, but now that awareness is so high and the window has been extended to eight hours, our rate is 11-13%, one of the highest in the Bay Area."

Access to PSCs is another key in stroke recovery. Even after treatment centers started offering t-PA, patients would often end up in hospitals without stroke teams and therefore didn't receive treatment in time. Now, certain criteria are required to achieve PSC certification, such as having a rapid response team in place, as well as the availability of two CT scanners 24/7 (one is used as a backup).

EXPANDING THE WINDOW

The three-hour stroke treatment window has been expanded dramatically in some cases with the use of devices that mechanically remove clots — devices such as Merci that have the potential to extend the treatment window eight to 12 hours, depending on the location of the stroke-causing clot.

The Merci Retrieval System is comprised of three products: the Merci Retriever, the Merci Balloon Guide Catheter and the Merci Microcatheter. The Merci Retriever is a shaped wire constructed of nitinol, a "memory wire," which allows delivery of the Retriever in linear form through blood vessels via the Merci Microcatheter. The Merci Retriever returns to its coiled shape when deployed in and around the blood clot in the brain. This design is intended to help reduce potential damage to the delicate artery walls in the brain, which can lead to dissection, perforation and sometimes to hemorrhage and/or death, some of the risks among interventional devices.

The Merci Balloon Guide Catheter is used to facilitate the insertion and guidance of other catheters into the selected vessels in the brain. When the Merci Retriever captures the blood clot, the balloon at the far end of the Merci Balloon Guide Catheter is inflated in order to impede blood flow in the treatment area during the procedure, assisting with retraction of the blood clot. In a successful procedure, the Merci Retriever and the blood clot are withdrawn together into the Merci Balloon Guide Catheter.

The Merci Microcatheter is a single-lumen catheter designed to navigate and deliver the Merci Retriever under X-ray guidance to the affected portion of the brain. Because the Merci Retriever needs to be held in its linear form during delivery, the Merci Microcatheter is designed specifically to be strong enough to keep the Merci Retriever straight yet delicate and flexible enough to be safely and easily delivered into the brain. The outer shaft of the Merci Microcatheter also has a hydrophilic coating designed to assist in navigating through the often narrow and winding vessels in the brain.

PHOTO BY KEITH B. DIXON

In addition to Merci, other research is working to take the window up to 14 hours using a balloon, according to Dr. Sachdev. So far, he says the results look promising, and they are in phase three of the efficacy study. Good Samaritan Hospital is a participating hospital.

Another recent development in stroke treatment is the WingSpan Stent System, the first and only stent that's made and approved for opening blood vessels in the brain. The stent delivery is much further and can reach vessels inside the brain as small as 2.5 mm.

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The device, which is typically used in patients who are failing medical management, helps restore blood flow for patients with intracranial atherosclerotic disease. Surgeons insert the stent up the leg arteries, guide it to the brain, then let its wire mesh expand, propping open a clogged blood vessel.

In the case of transient ischemic attacks (TIAs) or "mini-strokes," up to 35% of those who experience one will have a full-blown stroke if left untreated. Instead of putting a TIA patient on aspirin or Plavix, the stent can be used to prevent future strokes.

Dr. Malek, who specializes in diagnostic radiology, neuroradiology and vascular and interventional radiology, graduated from Jefferson Medical School and spent his cardiovascular and interventional radiology fellowship at Brigham & Women's Hospital, Harvard Medical School. He later completed a neurointerventional fellowship at UCSF Medical Center. He has been involved with Merci since the beginning, but says it will only help so long as the patient is "within the treatment window, at the correct hospital.

"There is a bottleneck for the treatment of strokes," he adds. "Only 300 physicians can do this [treatment]. In California, there are less than 30, with only 12 in private practice, so less 1% of stroke patients receive the treatment."

According to Dr. Malek, the reason for the physician shortage is that, due to the complex anatomy of the brain, training is long — an additional seven to nine years after medical school. It's also a new specialty to medicine.

Then there's a question of volume.

"Physicians can't make livings only treating strokes," he explains, "so they also treat brain aneurysms and other vascular diseases of the brain."

Regarding treatment protocol, the current emphasis is on creating a two-tiered system where, within two-and-a-half

Reza Malek, M.D.

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The level of dialogue between Drs. Sachdev and Malek is an important component to the success of the stroke program at Good Sam[illegible]n Hospital.

hours of onset of symptoms, a patient goes directly to a PSC, and if it's between two-and-a-half and six hours within onset of symptoms, the patient is taken immediately to a comprehensive stroke center, in some cases bypassing the PSC all together.

PREVENTING THE NEED FOR A WINDOW

According to physicians, technology will only take you so far, and the best form of stroke prevention is education and awareness.

That's why Dr. Sachdev is involved in the Stroke Awareness Foundation, which was formed by three prominent local residents — retired businessman Charles E. Hoffman, President and CEO of the San Jose Silicon Valley Chamber of Commerce Pat Dando and contractor/developer Charles J. Toeniskoetter — who each suffered but fully recovered from strokes.

All three discovered that there was a lack of knowledge among both the public and health care professionals about stroke identification and treatment, so they formed an organization that would not only educate the public about stroke warning signs, but also assure that people get transported by emergency medical vehicles to a JCAHO-accredited stroke center for the most effective and efficient treatment. The Stroke Awareness Foundation's mission is to improve community awareness of stroke, its [illegible]ment and related health issues through research, educatio[illegible]each and communications programs and activities in the co[illegible]nity. (For more information, go to www.strokeinfo.org.)

Dr. Malek also advocates a proactive approach [illegible]eatment, adding, "I think still the majority of primary care p[illegible]ians only prescribe aspirin or Plavix for TIAs, but treatme[illegible]has moved way beyond that. I think every patient who has TIAs needs to find out why they are having them.

"The most effective treatment is to not have a stroke at all," he adds. "If patients drop their blood pressure by 10 points, their risk drops by 50%."

Dr. Sachdev echoes the sentiment. "Prevention is most important. Know the risk factors. Hypertension, the most undiagnosed and undertreated disease in the world, increases the risk of stroke by 17%. Diabetes increases the risk by 9%. Smoking by 6%. Family physicians need to become more aggressive as primary educators," he concludes.

It's precisely that proactive approach, along with swift medical response, specialized treatment devices and community education and awareness, that is enabling Good Samaritan Hospital to turn the narrow treatment window into an open door for time-sensitive stroke treatment. ■

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Continued from Page 3

their relatively mild symptoms and short duration can make them easy to disregard.

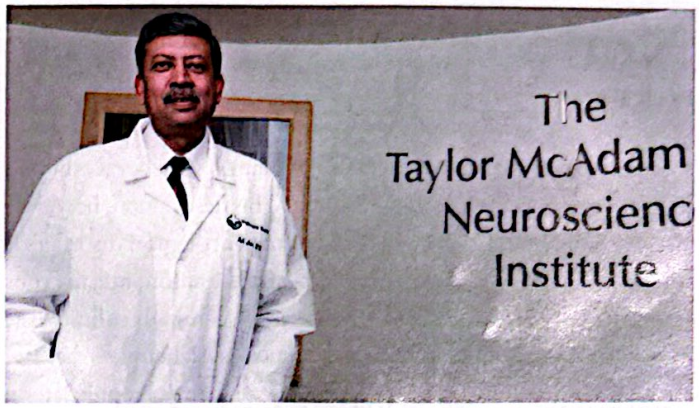
"If you have mini-strokes, a lot of people ignore that. They think it's gone, forget it, it will never happen again. But 20% of those with mini-strokes wind up with a full-blown stroke within two to three months," Dr. Jain warns. "These patients need a complete work up to make sure they don't have the stroke, because the data on stroke is that it's *the* most disabling disease."

EDUCATION FOR HEALTH CARE PROVIDERS

Health care providers in hospitals need to know the signs of stroke as well as how to follow up on a patient who has had a stroke, Dr. Jain says. As for the Washington Hospital Stroke Program, "We educate paramedics and nurses monthly, and we educate physicians periodically."

Educating skilled nursing facilities and rehab centers about current practices and tracking systems is also important, Dr. Jain says. "You don't want to have these patients get lost after they have an event. We have to take care of them because they are at high risk of a second event.

"Nobody talks about what happens to these patients after they leave the hospital," he adds. "That data is totally missing. We are setting up systems now outside the hospital; we are teaching nursing home and rehab centers that they need to come up with standards, and we need to measure our outcom over there."



EDUCATION FOR PATIENTS AND [illegible] MEMBERS

Community members need to lea[illegible] signs and the importance of seeking care a[illegible] after a stroke, says Dr. Jain. "We have a huge [illegible] program," he says, referring to the Stroke Pro[illegible] Stroke Educat[illegible]on Series. "We have doubled our ca[illegible] of patient awareness. We teach patients about al[illegible] strokes, from preventing strokes to treating strokes to what is coming on our end in the near future. The program is open to any community member who wants to come learn about stroke."

Once again, Dr. Jain returns to the issue of time. "Time is of the essence — that's why educating the community is a very important thing.

"Patients need to recognize that they are having a stroke so they don't wait around at home. That's where they're wasting time. If they have symptoms, they should not say 'this is going to go away,' because of the time lost. If someone recognizes it in the first hour and seeks help, I think, in my mind, that there is a very good chance he will recover completely."

THE NEXT STEP

Dr. Jain is already visualizing a future where education and follow-up will extend all the way into patients' homes. "Once patients go home after a stroke, you want to make sure they keep recovering from the stroke. Nobody knows what is the limit to that." He is also busy planning the expansion of the Stroke Program. "We are working toward becoming a Comprehensive Stroke Program," he says. "Over the last two years, we've learned a lot, we've done a lot, and I think we still have a lot to do.

"It will all happen, it's just a matter of time." ■

Signs of Stroke

Each year about 780,000 people in the U.S. experience a new or recurrent stroke, and 160,000 die from it. According to the National Stroke Association, stroke is the third leading cause of death in the United States and is the leading cause of adult disability.

Signs of stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Recognizing Symptoms

This simple test will help you detect stroke symptoms and act FAST

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

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

S = SPEECH Ask the person to repeat a simple sentence. Does the speech sound slurred or strange?

T = TIME If you observe any of these signs, it's time to call 9-1-1 or get to the nearest stroke center or hospital.

Source: National Stroke Association

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