The AR SAVES team has been gearing up to get started on Year 4 of the program! We appreciate all the you do for the patients we serve and the commitment you make to participating in this program! Together, we have made the difference in the lives of 137 Arkansans who have suffered from a stroke.

In the month of June, there were a total of 30 consults and tPA was given 8 times, for a 27% administration rate.

In July, a total of 44 consults and tPA was administered 9 times for a 20% rate.

In the August All-Sites call, a reminder was given about turning in invoices in a timely manner. Please submit your invoices via email to lwilliams5@uams.edu.

We all have competencies to demonstrate annually. Why not make stroke and NIHSS exam skills a part of that annual competency? By adding stroke education into your annual competencies, you target all new staff and provide a refresher for staff who have already received training.

Also, for new staff, you can schedule on-site training sessions with your Outreach Nurse. Another option is to conduct additional mocks for just new hires, or those who need a refresher.

Please continue to screen your potential AR SAVES patients utilizing the tPA checklist. This will help you determine if the patient is possibly eligible for tPA administration, or not. If the patient falls outside of those checklist parameters, you can still obtain a neurology consult by calling the PCC line at 866-UAMS-DOC.

Don’t forget the APEX software is available for education on stroke and the NIHSS. Please do any certification updates with your NIHSS in the APEX software. When registering for the NIHSS check off, please use the facility key code provided to your Nurse Facilitator. This ensures that your completion is registered with your facility.

**Stroke Risk Factors:**
- Hypertension
- High Cholesterol
- Diabetes
- Atrial Fibrillation
- Smoking/alcohol use
- Obesity

July’s Clot Buster of the month comes from White County Medical Center in Searcy.

lisiah Clark, LPN, has been chosen as July’s Clot Buster due to her outstanding performance with the AR SAVES program.

In March of this year, lisiah had some struggles with a difficult consult. Due to her dedication to providing excellent patient care, she worked diligently with the Nurse Facilitator and Outreach Nurse assigned to her facility to master these skills and become a leader for AR SAVES at her facility.

Please help us recognize her above and beyond attitude shown in lisiah’s dedication and determination to provide exceptional care to stroke patients treated at White County Medical Center.
A few reminders from IT:

- **PLEASE** always use your remote control to move your camera! The camera is the most expensive, and important, piece of equipment on the telemedicine cart so treat it with care.

- **PLEASE** check the batteries in your remote. They may be getting old or corroding and need to be replaced!

- **PLEASE** remember to send your test CT images weekly. If your radiology department wants to use the same scan for each week, make sure they change the date or name on that image. If not, the repository sees it as the same image and will not re-post it to be tested.

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**THE HOOKUP**

By Phillip Martin

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**PEDiATRIC PROGRAMS**

Stacy Pitsch BSN, RNC-nic

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Once your facility has been a part of AR SAVES for 3 months or more, you are eligible to participate in 3 Interactive Pediatric Telemedicine Programs we have to offer.

With these programs, you can interactively consult with fellows and/or attending physicians at Arkansas Children’s Hospital ED, Burn and PICU departments.

To get started, you will need to attend training on the peripheral equipment located on the SAVES telemedicine cart. This training is offered in-person and interactively for your convenience.

These extra pieces of equipment are a stethoscope and a general exam scope. The general exam scope can be used primarily 2 ways: as an otoscope and a general scope.

Your facility will also receive a white 3 ring binder similar to the red SAVES binder. In it will be instructions on how to obtain each of these consult types, as well as, other information related to each department: ED/BURN/PICU.

We have had several successful interactive consults where the patients were provided with more appropriate care than if they had not been “seen” by the specialist.

Angie Rhodenizer, nurse facilitator at Helena Regional Medical Center reports that her staff were very happy with the ease of the process, stating “All of the staff involved said it was the ‘coolest thing ever’ and “Everyone was so glad that it was super easy & fast”. This particular patient came in for a burn and was able to be discharged home after being evaluated by the ACH Burn Center physician.

Baxter Regional’s Dr. Perry Wilbur initiated an interactive PICU consult and recalled “Having her (PICU MD) see the patient was a help and did aid in making valuable decisions about the baby’s care. I did like the fact she (PICU MD) stayed there, available while we were treating the patient and I didn’t have to hold a phone to my ear while caring for the baby.”

Please keep these services in mind for your patients who come in and would benefit from an interactive consult with a ED, Burn or PICU physician from Arkansas Children’s Hospital.

THANKS FOR ALL YOU DO!!!!

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**AR SAVES UPDATE**

501-686-8666

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Major leaps in science and technology allowed networking via telemedicine to emerge as a major ally in our efforts to reach out to more stroke victims in a timely fashion. Telemedicine bridges the distance gap by connecting us to individuals in need for life-saving, timely medical interventions in remote communities.

Needless to say, human variables like teamwork, seamless coordination and communication between physicians, nurses, technicians, patients and their family members are pivotal for smooth, optimal outcomes.

Nurses play a key role in performing the initial bedside assessment and help physicians determine the eligibility of patients for thrombolysis in Arkansas SAVES. Administering thrombolytics to eligible patients is of the utmost importance. The drug carries a small risk of intracranial bleeding, a potentially life-threatening complication. Patients and their family members need to be educated on this small yet significant risk; furthermore, they should be allowed reasonable time to make an informed decision and agree to using the drug, ideally during downtime prior to the tele-encounter start. However, it remains the neurologist and emergency physicians’ responsibility to ascertain that patients and members of their family understand the pros and cons of using thrombolytics.

In our ongoing experience, it is clear that each tele-encounter brings with it new questions and challenges. Each encounter will enrich and help us grow together in our mission.

Suggested Reading:

Comprehensive Overview of Nursing and Interdisciplinary Care of the Acute Ischemic Stroke Patient

A Scientific Statement from the American Heart Association

http://stroke.ahajournals.org/content/40/8/2911.full

SAFETY TIPS

Side rails up when you step away
Do not ambulate the patient
NPO until evaluated by MD
Two RN’s verify tPA dosage
Ensure informed consent
Chicot Memorial Medical Center and UAMS Delta AHEC South, partnered together on July 8, 2011 to hold a Strike Out Stroke campaign at the 10-team Cal Ripken State Baseball Tournament in Lake Village. Advancement Into Medicine (AIM) club members distributed AR SAVES fans displaying the FAST warning signs of a stroke to the adults. This also gave them the opportunity to talk about how critical time was once symptoms appeared. Children crowded the tent for free bracelets, pencils, magnets, and “squishy brains” stress balls.

The AIM club was inspired to hold this campaign once they found out Arkansas is the leading state in deaths from stroke. By educating others about strokes, they are hopeful lives may be saved. AIM members are former participants of the Medical Applications of Science for Health (MASH) program, and are interested in pursuing a career in healthcare.

Pictured are members of the Cal Ripken State Tournament championship team from Bryant, Arkansas displaying the AR SAVES materials while learning about the symptoms of a stroke.
Five Rivers Medical Center in Pocahontas is the 25th site to join AR SAVES!

Five Rivers Medical Center is a 50 bed hospital with 3 ICU beds available. The ED has a total of 7 beds and sees 7600 patients annually. The ED staff has been treating Acute Ischemic Strokes with tPA since 2003. Mandy Dollins, RN, CNO and Danna Guntharp, RN-CEN, serve together as Nurse Facilitators for this organization. Pamela Smith serves as the IT Facilitator. Dr. William Lewis serves as Medical Director.

Mandy Dollins, RN has been the Chief Nursing Officer at FRMC for 4 years. She has practiced as an RN for 14 years with 10 years experience as an ED Supervisor, flight nurse, patient care coordinator and ED staff nurse.

Danna Guntharp, RN is the Nursing Supervisor of the ED and has been an RN for 12 years with experience in Cardiac Catheterization, OR, Medical-Surgical Supervisor and staff nurse, and as a Nursing Instructor.

Also joining AR SAVES are: Harris Hospital in Newport and Magnolia Regional Hospital.
A video presentation of Dr. Keyrouz “The Difficult NIHSS Exam” is now posted online for you to access 24/7.

This wonderful resource is available to all staff members who would like to learn the “tricks of the trade” in examining a patient where the “typical” NIHSS doesn’t apply.

In this video, you will learn the ‘how and why’ behind some of the modifications used for patients with large strokes.

With this knowledge, you will be able to better anticipate what to do next in performing this difficult exam. By understanding the reasoning behind it, you are better able to assess the patient and modify your exam as necessary.

You can find these videos at www.uams.edu/saves under the resources tab. Scroll down to the end of the page and you will find 2 videos for you to view. Both videos are of the same presentation with different audience questions and maybe a different slant on the exam, due to Dr. Harik’s participation in the Day 2 video.

A few of the initial educational offerings will be “Care after tPA”, “Diagnosing Stroke: Things you need to Know”, “Why Activase”, and “Community Education: How to Get the Word Out” plus many more topics.

If there are any topics or subjects that would be useful to you and your facility, please let us know by emailing Stacy at sapitsch@uams.edu. We welcome your ideas and suggestions!

At the end of July, the Call Center moved into a newly updated, and much larger, facility!

Overall, the Call Center gained 7 new cubicles with designated spaces for IT, Administrative support personnel and Management.

The Call Center now has 2 dedicated AR SAVES cubicles with IT stationed steps away.

Kay Ward, RN one of the AR SAVES Call Center nurses says “The new call center space is so nice and organized...and quiet. The new AR SAVES area has now alleviated the need to wear headphones when doing a call. YAY!”

Another AR SAVES nurse, Stacy Noble feels that the new space has led to a more "cohesive working environment” and the dedicated space for AR SAVES calls makes it much easier to devote the attention these calls require.

Another big plus to the new layout is that it is more user friendly due to the design and increased connectivity. The staff no longer have to share Tandberg units or move them from desk to desk.

The Outreach Team at AR SAVES is working with the Center for Distance Health and the Rural Hospital Program to begin offering free online CEUs this fall!

The AR SAVES website will soon be your one stop shop for all information and education related to stroke care, telemedicine and AR SAVES.
We all hear this term “last known well time” but how can we ask this to determine a correct time? This is not answered with one question. It is an ongoing process which requires more than one question. Below are some questions that can be asked to help determine this time. Most of the patients when asked what was your last known well time, they do not understand what you are asking or why. Keep in mind; they may not think anything is wrong. So to help with this process here is some examples of questions:

- What are your current symptoms?
- What were you doing at this time?
- Did anyone witness the onset of symptoms?
- Did you wake up with symptoms?
- Were you able to walk/talk at bedtime?
- When was the last time you were (walking/talking) without difficulty?
- Did you talk to anyone prior to symptoms starting?
- Did you look at a clock at the time of symptoms?

Not everyone will have the opportunity to have their event in front of family members or friends. We can learn to ask this question in many ways as quickly as we can to help establish the last known well time.

TEAM MEMBER SPOTLIGHT: LORETTA WILLIAMS

Loretta Williams, Lead Outreach Nurse for AR SAVES is our first Team Member Spotlight!

Loretta started with AR SAVES in 2009, bringing with her a career of rehab experience. She specialized in caring for patients in rehab with total brain injuries and strokes as both an LPN and RN.

Loretta began her career as a LPN and graduated with her RN from Baptist Health Schools of Nursing. Her goal is to continue on to attain her Bachelor’s Degree in Nursing.

As a lifelong resident of Little Rock, Loretta and her 4 sons live close to the surrounding area. She has 2 precious grandchildren who call her Granny.

If you have been to one of the AR SAVES conferences, you will have heard Loretta’s beautiful voice. She loves to sing and entertain others. In her off time, she also loves to create various forms of art.

A little known fact about Loretta is that she is very passionate and serious. Often she is taken as laid-back and easy going but underneath that façade is a dedicated lady. Her goal for AR SAVES is that the program will be able to touch the life of every ischemic stroke patient in Arkansas.

Some of Loretta’s favorite things are:

- Color= baby blue
- Food= spaghetti
- Movie= Fugitive
- Vacation = Vegas
- Singer= Kim Burrell
- Book= Bait of Satan by John Bevere

THANK YOU LORETTA FOR ALL YOU DO!!!