

## Telehealth Brings 24/7 Neurological Care & Stroke Support to Merced

By **Nora Haile**

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Small towns and rural communities have long been at a disadvantage when it comes to specialty medical care. Even when specialty providers, such as neurologists, live and work in these communities, often they are either not part of the hospital on call staff, or are unable to be on call 24/7 in addition to supporting a private practice. This places Emergency Departments and their patients at a disadvantage. It also means telehealth can be a game-changer for many healthcare organizations. The practice (also known as telemedicine) is proving cost-effective and a way to improve access to care in underserved areas. In fact, a joint Mayo Clinic and UC San Diego study has shown that with telehealth, correct stroke diagnoses are much higher, 96% vs. the 83% via telephone consult.

At California's Mercy Medical Center Merced, where they saw 180 stroke patients during the 2010-2011 fiscal year, senior leadership and physicians have

taken steps to assure area residents can count on a local medical care resource for 24/7 neurology needs. The Catholic Healthcare West facility is participating in a telehealth program using robotics and on-call neurologists in order to bring cutting edge stroke care to Merced.



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**Amanda Lantzy, RN, BSN**  
**Accreditation Manager, Mercy Merced**

Amanda Lantzy, RN, BSN, is the Accreditation Manager at Mercy Merced and has helped implement telestroke programs for other healthcare organizations. She says that the Merced facility's goal is to become a primary stroke center with their telestroke capabilities. "Beginning in 2012, patients at Mercy Medical Center have around-the-clock access to a neurologist through our telestroke program. When dealing with stroke victims, getting the correct diagnosis and treatment quickly is essential to recovery." Part of the requirement to becoming a designated stroke center is not only having a neurologist's expertise always available, but also having that expert's response within 15 minutes. She credits their stroke physician champion, Dr. Kin-Chung Chan, an expert in vascular neurology and electrodiagnostics, with heading up policies and procedures. "He's working with us to be sure we implement the latest and greatest stroke care. With the telestroke program, he can follow up with patients in-house but doesn't have to carry 100% of the load."

The telestroke program is part of Mercy Medical Center Merced's strategic plan. The hospital is also educating the public to recognize potential stroke symptoms and shorten the delay to treatment. Lantzy says they push stroke act F.A.S.T. education, a method where someone can use four cues to swiftly check for warning signs of a stroke and call 9-1-1 immediately. "If a person has suffered a stroke, there's a medication that if given within three hours of the symptoms can significantly reduce the long-term effects," Lantzy explains. "EMS responders typically take patients to the nearest primary stroke center, which in Merced, could mean more than an hour transport. We plan to change that with telehealth, so Merced area patients don't miss that all-important diagnosis and medication window. With every passing minute, more brain cells die."

Mercy Merced's chosen telehealth system is the RP Lite (Remote Presence) robot, a mobile robotic telemedicine camera system easily moved by cart where needed. Lantzy says, "Quality is incredible. Doctors can actually turn the camera toward whoever is speaking, which makes the experience highly interactive. There's even an attached phone receiver that allows for a private conversation with the physician."

Dr. Alan Shatzel, neurologist at the Mercy Neurological Institute, also serves as the Medical Director for the telehealth network program and is one of the stroke specialists who evaluates patients for the network. "A lot of the facilities we work for have a need not currently being addressed. Telemedicine brings the expertise and capability directly to EDs that may not have the capability or resources to diagnose what

the patient needs within a critical timeframe."

Asked whether the lack of physical connection is a drawback, he says it hasn't been an issue, thanks to the system's high quality, constant connectivity and full manipulation capability. "The virtual interaction makes you feel as though you're right there – I can operate the camera to zoom in on details, see the vital signs, the patient, and interact with the nurses and the patient's family. The fact that you're virtually there just falls away, because it feels so natural. We can do a complete exam and make treatment decisions, all through telemedicine." As of December 2011, nine facilities participated in the Mercy Telehealth Network, and Dr. Shatzel says that number is expected to double in 2012.

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