



# A New Twist on Stroke Treatment

Society's mini-internship program teams with primary stroke centers **by Christine Fouts**

**Ald. Jason Ervin (28th Ward) left, tells Rush Neurologist Dr. Neelum Aggarwal, and Dr. Howard Axe, CMS President, how he would have recognized his father's recent stroke symptoms if he had known then what he learned during his tour of Mount Sinai's Primary Stroke Center.**

**Mount Sinai and Swedish Covenant Hospitals were the sites for two recent CMS-sponsored mini-internships that educate legislators on issues in medicine.**



**T**HE CHICAGO Medical Society's Mini-internship Program expanded its scope, launching tours of Cook County's regional Primary Stroke Centers on June 4-5. The tours complement the Society's partnership in a citywide campaign to promote the benefits of these specialized stroke treatment centers (see story on page 20).

The first facility visits brought Ald. Jason Ervin (28th Ward) to Mount Sinai Hospital, and Ald. Patrick J. O'Connor (40th Ward) and State Rep. Greg Harris (D-13) to Swedish Covenant Hospital. Legislators heard about risk factors, warning signs, treatment and rehabilitation of stroke patients.

Primary stroke centers provide care efficiently and effectively, with fewer complications, reducing morbidity and mortality, the stroke team said. Patients are more likely to receive acute stroke therapies, like tPA, although the overall goal is to deliver standardized care in a seamless environment that reduces hospitalization.

Because of the infrastructure and organization required to triage and treat patients, stroke experts at Swedish Covenant say it "takes a village" to establish and maintain a primary stroke center that follows the recommendations of the American Stroke Association's Task Force on the Development of Stroke Symptoms.

The stroke center team includes specialists in neurology and neurosurgery, emergency medicine,



radiology, pharmacy, physical and occupational therapy, social work, nursing, and administration. Each member sees the patient within the first hours of admission.

### Info on Aldermen's Websites

For many, stroke education is long overdue. Alderman Ervin said his father suffered a stroke two months earlier and had called his son late in the evening to tell him he was not feeling well. The alderman recalled his advice to his father—who has hypertension, diabetes, and elevated cholesterol—to lie down and see how he felt in the morning—a common reaction to often subtle stroke symptoms. Alderman Ervin said he would have responded differently had he known then what he learned at the Mount Sinai tour. Stroke and primary stroke center information will be made available on the aldermen's websites and in their ward offices.

Note: At press time, additional primary stroke center tours were underway at Mercy Hospital, and Little Company of Mary Hospital. The legislative participants included: Rep. Kimberly DuBuclet (26th Dist.); and legislative staff to House Majority Leader Barbara Flynn Currie (25th Dist.); Sen. Kwame Raoul (13th Dist.); Ald. Will Burns (4th Ward); and Rep. Kelly Burke (36th). The next issue of Chicago Medicine will report on these facility visits.

For information about upcoming tours or the Mini-internship Program, please contact Christine Fouts at [cfouts@cmsdocs.org](mailto:cfouts@cmsdocs.org) or call: 312-329-7326. 

## A Model Response

**PARTICIPANTS** at the Swedish Covenant Hospital tour met a stroke survivor and his wife. Earlier this year, she called EMS at 12:05 p.m., stating her husband was having a stroke. She reported that her husband's right eye was drooping, his speech was slurred, and he was having trouble breathing. EMS arrived at their home at 12:10 p.m. "Code 60," which indicates stroke, was called at Swedish Covenant at 12:14 p.m. The patient was intubated, underwent a CT scan and lab work at 1:00 p.m., with results available within 30 minutes. The patient was administered tissue plasminogen activator, or tPA, an intravenous clot-buster studies have shown improves outcomes after stroke. The window for tPA is 4.5 hours for the drug to be effective. The patient went home nine days later.

This case should set the standard for stroke care during the citywide educational campaign. Neelum T. Aggarwal, MD, and Shyam Prabhakaran, MD, told tour participants. At their urging, the Chicago Medical Society voted in June to work with the City Council on an ordinance to raise stroke awareness and promote specialized centers of care.

**Dr. Roberta Glick, Neurological Surgeon at Mount Sinai Hospital, educates mini-internship visitors on stroke, as Dr. Mir Yadullahi, Stroke Program Medical Director at Mount Sinai, looks on.**