Good afternoon Chairs, Ranking Member, and distinguished members of the Public Health Committee. My name is Jennifer Sposito, and I am the Stroke Coordinator at UConn Health John Dempsey Hospital.

I would like to thank the Committee for the opportunity to comment in support of SB 34, An Act Concerning the Recognition of Stroke Centers. The goal of this bill is to create an effective Stroke System of Care in Connecticut. This is an incredibly important initiative for the State to be taking, and in doing so we are taking a patient-centered approach.

Stroke is extremely devastating and the leading cause of preventable adult disability. Stroke Centers understand that recognizing and treating stroke in the shortest time possible is critical. In fact, to prevent further damage to the brain, the mantra that Stroke Centers follow is “Time is Brain.” When having a stroke your valuable memories, and the ability to walk, speak, and live a high-quality life are under attack. It is critical that we take fast, efficient and effective steps to treat the stroke and save brain functioning.

Stroke Centers are required to have a standardized process for stroke patients. The process is extremely important to patient outcomes. EMS providers who see patients first when they arrive as first responders are educated to initiate a stroke alert from the field. Hospitals with designated Stroke Centers hear this alert and immediately initiate a process to minimize time delays and save brain cells. The Emergency Department initiates a specific alert called a “1 call alert,” which gets all necessary providers from within the hospital to the E.D. immediately. Neurologists, the CT scan department, radiologists, and a pharmacist that brings down the lifesaving medication Alteplase (a clot busting medication) are activated within seconds. When a patient arrives at the Emergency Department they are whisked immediately to CT scan, assessed for both Alteplase and endovascular therapies, and get treatment determination without time delay. Furthermore, assessment and maintenance care of these vulnerable patients include ongoing neurological assessments, standardized swallowing evaluations and following core measures shown to reduce disability.

Current research supports the importance of Stroke Centers in providing better patient outcomes. Stroke Centers follow Best Practice Scientific Evidence. Stroke Centers are held to a high standard and research has shown that patients have better outcomes when they are treated at Stroke Centers and the basic procedures that I’ve outlined above are
followed. Having a quality performance improvement review of this process is another important layer. Everything Stroke Centers do is based on current scientific research which ultimately ensures that patients receive the best care and limits the amount of damage that a stroke inflicts on a patient’s body and mind.

Rural centers can also benefit from becoming a designated Stroke Center. We became a Stroke Center at UConn Health’s John Dempsey Hospital so that we could enhance the patient care we are providing. We have reduced door-to-Alteplase times (the time period between when a patient walks in the door and gets this critical medication), we have analyzed improvement opportunities and have seen a decrease in stroke readmissions. Having dedicated stroke champion resources has made UConn a successful stroke program and has really helped our patients. Providing stroke education and enhancing prevention and health promotion has an impact in reducing mortality and morbidity. With patient-centered stroke care, we hope to continue providing excellence in care, and hope this bill can assist other rural stroke centers achieve the same.

I would like to thank the committee for the opportunity to speak with you today. Should you have any questions, I would be happy to address them now, or any time after the hearing.