In trauma, critical, complex decisions need to be made quickly. **IMMEDIATELY.** There’s no time to ponder, discuss, or second-guess.

It wouldn’t be so problematic in another setting with an established chain of authority. The military, for instance, functions in this same crisis mode very successfully. But in a hospital filled with specialists who are used to calling the shots, decision-making can become complicated when treating a trauma patient with multiple, life-threatening injuries.

There’s really only one way to solve this issue effectively: teamwork.

There are so many clichés about teamwork that it’s hard to use the term without smirking a little. There’s no “I” in “Team,” right? Cooperation and collaboration have also taken on that eye-roll vibe. I get it. So please know that when I talk about teamwork in the Trauma Center at Theda Clark, I use the term deliberately, respectfully, and sincerely.

In the next few pages, we’ll demonstrate that cooperative attitude through the patient story of a young pregnant woman who was in the wrong place at the wrong time.

Last summer, Breanne Dehart earned the unfortunate distinction of touching just about every department or specialty in our trauma center as the result of a motor vehicle crash. We won’t just claim to work as a team, we’ll show you how teamwork looks in real life. Up close. When there’s no time to lose.

I believe it’s one thing to put up a trauma center sign and assemble all the experts and equipment that fulfill the requirements. It’s another thing altogether to have an efficient team who knows that it’s not about egos. It’s about the patient and what makes the most clinical sense.

That night in June required a room full of some of the best medical minds in the state to be quiet, listen to each other, and determine a game plan.

Without this culture of teamwork, it is highly unlikely the patient story you are about to read would have had such a happy ending.

Ray Georgen, MD, FACS
Trauma Medical Director
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Trauma Medical Director
The last thing I remember was the car turning in front of us. When I woke up two weeks later, I wasn’t pregnant anymore.

Nineteen-year-old Breanne Deltart remembers her fiancé driving them home to Appleton after visiting family in northern Wisconsin last June when a car turned in front of them. She woke up in the hospital two weeks later and wasn’t pregnant anymore.

“Gold Cross Ambulance called in a Trauma Blue, which is the highest trauma team activation,” shares trauma surgeon David Schultz, MD, of Surgical Associates of Neenah. “Emergency Department physician Dr. Brian Radtke and I were waiting for her when she arrived. The first thing we noticed was that she was pregnant with an obvious head injury and broken bones.”

After examination and running necessary tests, Breanne’s list of issues got longer:

• 27 1/4 weeks pregnant
• Fetal distress indicating placental abruption (placenta was separating from uterine wall)
• Broken pelvis, fibula and foot
• Bruising and bleeding on her brain, unconscious
• Traumatic aortic transection (torn aorta)

Decisions had to be made. Now, Trauma Director and surgeon Ray Georgen, MD, FACS, from Surgical Associates of Neenah, came to assist in Breanne’s care and served as point person along with Dr. Schultz. Each specialist got a (very quick) turn to “plead their case.”

LIFE-SAVING DEPARTMENTS

GOLD CROSS AMBULANCE EMS
• Activate Trauma Blue
• Safe transport

EMERGENCY DEPARTMENT
• Assess injuries
• Coordinate resources

TRAUMA SURGERY
• Evaluate injuries in relation to one another
• Final decisions

NEUROSURGERY
• Bruising and bleeding on the brain
• Unconscious

CARDIOTHORACIC SURGERY
• Traumatic aortic transection

OBSTETRICS & GYNECOLOGY
• 27 1/4 weeks pregnant
• Placental Abruption

NEONATOLOGY
• Premature fetus showing distress

ORTHOPEDIC SURGERY
• Acetabular fracture (hip socket/pelvic bone)
• Broken fibula (leg)
• Metatarsal fracture (foot)
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Motor vehicle crashes are now the most common mechanism of injury for patients treated at the trauma center at Theda Clark.

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OBSTETRICS/GYNECOLOGY & NEONATOLOGY

In reality, there were two patients to consider. Obstetrician/gynecologist Debra Hermes, MD, from Women’s Care of Wisconsin, and neonatologist Eric Eberts, MD, from Children’s Hospital of Wisconsin-Fox Valley, advocated on behalf of the fetus.

General anesthesia would not be good for the baby. Once they determined he was approaching 28 weeks, they proposed a C-section to improve both the baby’s and the mother’s chances of survival.

“Statistically, 85 percent of 28-weekers survive, about the size of a garden hose, it’s easy to understand why most people bleed out in only a few minutes. In Breanne’s case, her aortic tear was pressing against the outer layer, essentially containing the blood,” explains cardiothoracic surgeon Robert Ferrante, MD, of Appleton Cardiac Surgery.

“To repair the tear we would need to use the blood thinner heparin during surgery, which could have been devastating to her brain injury.”

WARNING: DECREASE THINNESS OF HEPARIN DURING SURGERY.

Breanne came into the Trauma Center unconscious with intra-cerebral bleeding (bleeding in her brain).

“Through the process of delivery, we would treat it like a foreign object. In addition, the placenta abrupted, then the mother’s body would treat it like a foreign object. In addition, potential for disseminated intravascular coagulation (DIC) could make her bleeding problem worse.”

RECOMMENDATION: Insert monitor into brain to watch her condition and perform a CAT scan after every procedure to evaluate her condition. Waiting is possible if monitored diligently.

NEUROSURGERY

Breanne’s multiple fractures were severe orthopedic injuries, Ken Schaufelberger, MD, from Orthopaedic Specialists, immediately determined that we could wait until she was stable enough to repair the damage.

RECOMMENDATION: Wait until patient’s condition has stabilized for any orthopedic repairs.

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TEAM ROSTER

The following departments were all instrumental in the trauma care and recovery for both Breanne Dahart and her baby:

Ambulance Service
Anesthesiology
Cardiovascular Surgery
Care Management/ Social Work
Chaplains
Diet & Nutrition
Dispatch one-call system
Emergency Department
ICU (Intensive Care)
Lab
Neurosurgery/Neonatology/NICU from Children’s Hospital of Wisconsin-Fox Valley

Nursing Floor
OB/GYN
OR (operating room)
Orthopedics
Pharmacy
Psychology
Pulmonary/Critical Care
Radiology
Rehab/Physiotherapy
Occupational Therapy
Physical Therapy
Speech Therapy
Rehabilitation Therapy
Trauma Surgery

THE GAME PLAN

The trauma surgeon’s job is to take a global view of the patient’s injuries and choreograph all the different players.

“Once we determined that the baby was viable and each sub-specialty gave the go-ahead, we created a game plan, prioritizing and ordering each procedure,” Dr. Georgen explains. “We had to address the most life-threatening issues in order of need and impact on the other injuries, knowing full well that anything could go wrong at any time. We were able to come up with a plan that saved two lives.”

1. Dr. Eberts performed an emergency C-section first. Once this happened, our focus changed from one patient to two individuals.

2. When the baby boy came out, he was not breathing, had no heart rate, and appeared limp and pale. Dr. Hermes inserted a breathing tube, administered epinephrine to start his heart, and performed CPR. She inserted an umbilical catheter for IV access and began blood transfusions.

3. Breanne was placed in a medically induced coma to allow her body to heal safely while we waited and prepared her for each new surgery or treatment.

4. After 48 hours, neurosurgery reported Breanne was stable enough to receive heparin and undergo surgery for the aortic transection repair.

5. After 10 days, Dr. Schaufelberger’s colleague Brian Sears, MD, of Orthopedic Specialists, repaired Breanne’s hip/pelvis, fibula and foot.

6. After nearly two weeks, Breanne came out of her coma and was told she had been in a car crash and had given birth to a baby boy on June 19. She didn’t believe the nurse.

7. On Day 12, physiatrist and rehabilitation specialist Thomas Van Sistine, MD, of ThedaCare Orthopedics Plus, examined Breanne and recommended rehab therapies to address mobility, self-care, and cognitive skills. She participated in physical therapy, occupational therapy, and speech therapy over the next several months.

She worked with a psychologist to deal with the emotional adjustments needed to handle her own special needs and the needs of her first child.
NEUROSURGERY
Breanne came into the Trauma Center unconscious with intra-cranial bleeding (bleeding in her brain).

“The real danger of her injuries was the potential for a brain hemorrhage,” says Sumon Bhattacharjee, MD, FACS, of Neuroscience Group of Northeast Wisconsin. “However, the use of general anesthesia to operate would have negatively impacted the fetus. And her torn aorta appeared to be a more immediate concern.”

RECOMMENDATION: Insert monitor into brain to watch her condition and perform a CAT scan after every procedure to evaluate her condition. Waiting is possible if monitored diligently.

OBSTETRICS/GYNECOLOGY & NEONATOLOGY
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“Statistically, 85 percent of 28-weekers survive, so the fetus was viable,” Dr. Hermes reports. “We saw evidence that the placenta was starting to separate from the uterine wall. If we didn’t take the baby out, we could lose the mother.”

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- Orthopedics
- Pharmacy
- Psychology
- Pulmonology/Critical Care
- Radiology
- Rehab/Physiology
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Respiratory Therapy
- Trauma Surgery

CARDIOTHORACIC SURGERY
Patients with a torn aorta die 80-85% of the time before even reaching the hospital.

“When you consider the aorta is a blood vessel about the size of a garden hose, it’s easy to understand why most people bleed out in only a few minutes. In Breanne’s case, her aortic tear was pressed against the outer layer, essentially containing the blood,” explains cardiothoracic surgeon Robert Ferrante, MD, of Appleton Cardiac Surgery.

“To repair the tear, we would need to use the blood thinner heparin during surgery, which could have been devastating to her brain injury.”

RECOMMENDATION: The patient was stable enough to wait on surgery as long as we kept her sedated, monitored her closely, and controlled her blood pressure and heart rate carefully.

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ThedaStar air medical program celebrated 25 years of service in 2011. We’ve been “flying at the speed of life” since June 6, 1986. Often responding to trauma scenes just like Breanne’s car crash, ThedaStar works within the precious “Golden Hour” to provide pre-hospital trauma care and rush patients to life-saving treatment. This method of transport has been integral to improving outcomes for all types of trauma patients, and for those with other immediate needs such as those having a stroke or heart attack.

WHERE ARE THEY NOW?

“The scariest part was when I woke up in the hospital and didn’t know why I was there,” shares Breanne Dehart. “When I first saw Zayden, he was on a feeding tube, and his right eye was still fused shut.”

Breanne stayed in the hospital for 18 days. While she had already made significant progress, she still couldn’t walk without a walker or crutches. Her head injury made simple tasks suddenly very difficult. She needed help with self-care, because she was not able to dress, bathe, or toilet on her own. Due to a vocal cord injury, she had lost her voice and wasn’t able to talk above a whisper. She had difficulty swallowing, often aspirating her food or drink (i.e. when it “goes down the wrong tube”).

“I first saw Breanne on July 1, 2011,” says Dr. Van Sistine. “Her needs were so complex and significant that I estimated she would be in the ICU for at least one more week and then spend another three weeks in the hospital rehab unit. But she progressed so much faster than we ever thought possible. Amazingly, she got discharged home just six days later on July 7 – a month ahead of schedule – continuing rehab on an outpatient basis!”

Today, Breanne is a normal young adult. She is walking, talking, and taking care of herself and her young son. She shows no signs of long-term effects from her injuries, except for some residual achiness in her hip and foot. She and her fiancé – who suffered a shattered femur and cracked sternum in the car crash – are getting on with life and enjoying their new family.

“Breanne deserves a lot of credit for her recovery,” Dr. Van Sistine shares. “Even considering everything the doctors did, she definitely shouldn’t be taken out of the equation.”

Baby Zayden came home after three months, getting discharged on September 16, Breanne’s 20th birthday. “It was the best birthday present ever!” Breanne declares. Zayden was not sitting up on his own or crawling yet at 9 months old, but these are normal delays expected from a baby born so premature. Doctors’ main concern moving forward is the potential effects from the trauma of the car crash. He has already spent time in Milwaukee to place a shunt in his head due to a brain bleed and hydrocephalus.

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“The good news is that a premature brain is not fully developed and can sometimes rewire to overcome deficits as it grows and matures,” explains Dr. Hermes. “We saw some degree of lung disease in Zayden. We would expect to see some developmental delays and cerebral palsy. But we won’t really know the full extent of his situation until he’s older... probably around age 2.”

According to his mom, he’s a happy, playful, and thoroughly lovable little bundle of joy. “He just got his first tooth and always has his hands in his mouth. He loves to play peek-a-boo and giggles like crazy when I blow on his neck.”

Despite the long road to recovery, they are grateful for every moment together.

“When Breanne came into the Trauma Center at Theda Clark that day, the likelihood of her son and herself living through this experience was slim-to-none,” Dr. Georgen admits. “Her only chance, really, was to be at a trauma center with the resources, specialists and procedures in place to handle so many life-threatening issues at once. We all feel very lucky to be on this team and serve the community with a Level II Trauma Center right here in the Fox Valley.”

FLYING AT THE SPEED OF LIFE

In fact, over the last 25 years, ThedaStar has flown more than 10,000 patients. To initiate air transport from a crash site or outlying community hospital, use ThedaStar’s one-call system at (800) 236-2066.
The Trauma Center offers many targeted programs such as P.A.R.T.Y. at the PAC, car seat safety checks, fall prevention and seasonal safety (i.e., boating, hunting, etc.).

In addition, we work diligently to improve outcomes by sharing knowledge during the Annual Trauma Symposium and through educational programs for local EMS personnel, outlying community hospitals, and our own internal hospital staff. We consider preparation a major part of prevention.

For more information, contact Trauma Center Outreach Coordinator Jinnifir Gauerke, RN, BSN, at (920) 729-3372 or jinnifir.gauerke@thedacare.org.

Injury Severity Score (ISS) is a numerical score given to each trauma patient that categorizes the severity of injury. Calculation includes: the severity of injury, body region of injury, and the number of injuries. The higher the ISS number, the more severe the injuries sustained by the patient. ISS greater than 15 is considered major trauma. The National Trauma Data Bank (NTDB) has included information from more than 5 million trauma records from 697 U.S. trauma centers. Data for this report is taken from NTDB’s 2011 annual report.

**Mechanism of Injury**

- Motor Vehicle Crash (MVC): 34%
- Fall: 23%
- Motorcycle: 6%
- Assault/Fight: 4%
- ATV: 3%
- Snowmobile: 3%
- Motorcycle vs. Vehicle: 3%
- Industrial: 3%
- MVC vs. Pedestrian: 2%
- Animal: 2%
- Bicycle: 2%
- Moped: 1%
- GSW: 1%
- Motorcycle vs. Deer: 1%
- Stabbing: 1%
- Struck: 1%
- MVC vs. Bike: 1%
- Tree Stand Fall: 1%
- Sports: 1%
- Other/Unk: 6%

**Percentage of Injury Types 2011**

- Blunt Penetrating Burn: 95%
- Motor Vehicle Crash (MVC): 9%
- Fall: 4%
- Motorcycle: 2%
- Assault/Fight: 1%
- ATV: 1%
- Snowmobile: 1%
- Motorcycle vs. Vehicle: 1%
- Industrial: 1%
- MVC vs. Pedestrian: 1%
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**Injury Severity Score (ISS) National Data Comparison**

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<thead>
<tr>
<th>ISS</th>
<th>TC</th>
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<tbody>
<tr>
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<td>&gt;24</td>
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<td>8%</td>
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<td>NK/NR</td>
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**Median Length of Hospital Stay at Theda Clark vs. Nation**

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<thead>
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<th>Days</th>
<th>TC</th>
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<tr>
<td>1 to 8</td>
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<td>&gt;24</td>
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**Median Length of Stay in ICU Theda Clark vs. Nation**

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<thead>
<tr>
<th>Days</th>
<th>TC</th>
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<tr>
<td>1 to 8</td>
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<td>0</td>
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<td>1</td>
<td>4</td>
</tr>
<tr>
<td>&gt;24</td>
<td>2</td>
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</tbody>
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*Greater than 15 is considered major trauma.*
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**Mechanism of Injury**

**We work diligently to improve outcomes by sharing knowledge.**

**Injury Prevention & Education**

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**Percentage of Injury Types 2011**

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**Median Length of Hospital Stay at Theda Clark vs. Nation**

**Median Length of Stay in ICU Theda Clark vs. Nation**

**Percentage of Incidents by ISS compared Nationally**

**Injury Severity Score (ISS)** is a numerical score given to each trauma patient that categorizes the severity of injury. Calculation includes: the severity of injury, body region of injury, and the number of injuries. The higher the ISS number, the more severe the injuries sustained by the patient. ISS greater than 15 is considered major trauma. The National Trauma Data Bank (NTDB) has included information from more than 5 million trauma records from 697 U.S. trauma centers. Data for this report is taken from NTDB’s 2011 annual report.

**Median Length of Hospital Stay at Theda Clark vs. Nation**

**Median Length of Stay in ICU Theda Clark vs. Nation**

**Percentage of Incidents by ISS compared Nationally**
**TRAUMA STATISTICS**

**ED Disposition**

- Home: 3%
- Floor: 52%
- OR: 19%
- ICU: 18%
- Death: <1%
- CHOW-FV: 7%
- Transfer: 1%

**Hospital Disposition**

- AMA: 1%
- Death: 4%
- SNF/Nursing Home: 10%
- Home: 72%
- Jail: 1%
- Transfer: 2%
- Rehab: 7%
- Psych: 3%

**Male**: 65%

**Female**: 35%

**Overall Gender Breakdown**

**Transporting Agencies for All Trauma**

- Gold Cross Ambulance: 47%
- Oshkosh Fire Department: 2%
- ThedaStar: 15%
- Other: 24%
- Flight for Life: 6%
- Eagle 3: 1%

**Volume Interfacility vs. Scene Hospital**

- 70% Scene
- 30% Interfacility

**Total Activation for 2011**

- Admits: 13%
- Blues: 25%
- Consults: 40%
- Inquiries: 22%

**CODE STEMI: Sharing Trauma’s Core Values of Time, Urgency & Teamwork**

Sometimes, stories told by statistics can seem cold and impersonal. After all, healthcare organizations all over the country are striving to individualize care and treat each patient like a person, not a number. As the saying goes: nobody wants to become just another statistic... unless, of course, you’re having a myocardial infarction in one of the communities served by ThedaCare’s Code STEMI program. Then, our statistics may even give you warm fuzzies. (See stats shown below.)

Code STEMI is a protocol developed to ensure that STEMI heart attack patients are treated as quickly and effectively as possible. We strive to meet or exceed national standards whether the patient arrives in one of our Fox Cities emergency departments (Appleton Medical Center or Theda Clark Medical Center) or comes into any of the partner hospitals served by ThedaStar helicopter transport (Berlin, Calumet in Chilton, New London, Ripon, Shawano, Riverside in Waupaca, and Wild Rose).

“With heart attacks, time is muscle and the faster we can get patients into the cath lab, the better,” said Greg Hunter, MD, an emergency department physician at AMC and medical director of ThedaCare’s accredited Chest Pain Center. Comprehensive evaluation by the Society of Chest Pain Centers shows that our local efforts consistently meet or exceed national standards. “The accreditation process is a great way to share information and identify ways to improve even further.”

Once in the cath lab, patients are also benefitting from an innovative technique called Radial Access. In certain cases, ThedaCare interventional cardiologists insert the catheter via the patient’s radial artery in the arm rather than their femoral artery in the groin area. This approach can mean less bleeding, fewer complications, and faster recovery for patients.

**100% OF OUR STEMI PATIENTS IN 2011 MET THE NATIONAL STANDARD FOR DOOR-TO-BALLOON TIME OF <90 MINUTES.**

Additional improvements this year include bringing Shawano Ambulance service on board as another Field STEMI partner, joining Gold Cross Ambulance Service, Valders EMS, Waushara County EMS, and Kaukauna Fire Department. ThedaCare physicians have also been actively educating the community about recognizing the signs and symptoms of a heart attack, as well as ways to prevent heart disease through diet and lifestyle.

As the numbers show, all this outreach and focus on continuous improvement is paying off. While some may think statistics are cold, we prefer to think of them as cool. For more information about Code STEMI protocol, updates, or training, contact ThedaCare Chest Pain Center Coordinator Julie Thompson, RN, at (920) 831-6136 or julie.thompson@thedacare.org.

**Our median door-to-balloon time for a patient who comes from an outlying hospital is 85 minutes.**

**Internally, our goal is <60 minutes. For a patient who presents at AMC or Theda Clark, our median door-to-balloon time is 45 minutes.**
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Hurry up and wait.

Having a stroke is the ultimate hurry-up-and-wait experience. While it’s happening, we race against time to restore blood flow and minimize damage. But afterward, time is equally important in the form of patience and persistence to regain abilities during rehabilitation.

**COMPREHENSIVE CARE**

“One of the strengths of our stroke program is the integration of services,” explains Interventional neuroradiologist Todd Peebles, MD, of Radiology Associates of the Fox Valley. “All the pieces work very well together.”

It starts with the referral. Neurologist and Theda Clark Stroke Center Medical Director Thomas Mattio, MD, PhD, of Neuroscience Group of Northeast Wisconsin, credits everyone involved in the Code Stroke protocol for continuously improving response times.

“The process is very streamlined and very simple,” says Dr. Mattio. “If the clinical diagnosis is stroke, physicians can call the Code Stroke pager number without waiting for official test results. The stroke team at Theda Clark is notified simultaneously and immediately prepares for the patient’s arrival.”

Now the race is on. By being inclusive in our criteria for acute stroke treatment, more patients benefit from clot-busting medication or clot-retrieval procedures.

“Our program offers stroke treatments not available anywhere else in the Fox Valley,” Dr. Mattio reports. “In fact, only three or four centers in the entire state have the same capability.”

For instance, The Stroke Center offers the very latest in mechanical thrombectomy, commonly known as clot retrieval.

“We received a new catheter for our Penumbra this year,” states Dr. Peebles. “The significantly larger diameter helps restore blood flow even faster.” Dr. Peebles is one of seven physicians at Theda Clark Stroke Center who can perform a mechanical thrombectomy for stroke using either the Penumbra or the Merci Retrieval systems. In 2012, the Center will add the new Solitaire stent retrieval device, which places a stent across the blocked vessel. The clot stays inside the stent upon removal.

“The advantages of the Solitaire are that it’s much easier to get to the site of the occlusion and blood flow is restored to the vessel immediately,” explains Dr. Peebles. At Theda Clark Stroke Center, however, our commitment doesn’t end once blood flow is reestablished. In many ways, it has only just begun.

**THE LONG ROAD TO RECOVERY**

Patient Joe Romenesko of Darboy knows only too well how long the road to recovery can be. He suffered a severe stroke at the end of 2010 and spent most of 2011 in recovery through either inpatient or outpatient rehab at Theda Clark Stroke Center. His life will never be the same, but he now volunteers at St. Joe’s Food Pantry and also enjoys serving as a peer support volunteer for the Theda Clark Stroke Center.

Another big step in his recovery came in the form of a three-wheel recumbent bike he received as a gift from co-workers at Warehouse Specialists. “It really lifted my spirits when I was able to ride my customized bike,” Joe shares. “I remember coming home and telling my wife that it was the first time I felt free since I had my stroke.” In fact, Joe was recently one of only 20 stroke survivors in the entire country chosen to ride a 42-mile tour through New York City on the National Stroke Association team.

After five weeks, Joe was discharged from ThedaCare’s inpatient rehab unit on January 14, 2011. He “graduated” from outpatient therapy in the fall. “A turning point for me,” Joe recalls, “was when the psychologist [Dr. Frank Cummings] was able to put things into perspective and help me realize that life was worth living despite the challenges I faced.”

Joe now walks independently for short distances. He has learned to bathe, toilet, and perform other tasks of daily living on his own. He works hard to retrain his cognitive skills, but still struggles with problem solving and computations. It’s uncertain whether he’ll be able to return to work, but he now volunteers at St. Joe’s Food Pantry.

Joe still has learning challenges. “I faced.” Joe shares. “I remember coming home and telling my wife that it was the first time I felt free since I had my stroke.” In fact, Joe was recently one of only 20 stroke survivors in the entire country chosen to ride a 42-mile tour through New York City on the National Stroke Association team.

“I would never have known about this opportunity if it hadn’t been for my therapist at Theda Clark,” Joe shares. “I don’t think people in the Fox Valley realize what an incredible resource we have in Theda Clark. I can’t speak highly enough of everyone there.”

For more information about Code Stroke, contact Stroke Center Coordinator Kristin Randall, RN, BSN, at (920) 720-7328 or kristin.randall@thedacare.org.

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**CMS/Joint Commission Stroke National Inpatient Quality Measures from CheckPoint 2010 WHA Stroke Measures**

<table>
<thead>
<tr>
<th>Benchmark Name</th>
<th>STV-2: Aspirin, Plavix or Aggrenox on Discharge</th>
<th>STR-3: Coumadin for AFib/AFlut</th>
<th>STK-5: Early Aspirin, Plavix or Aggrenox</th>
<th>STK-4: Discharge on Statin Med</th>
<th>STK-8: Stroke Education</th>
<th>STK-10: Access for Rehab</th>
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**STROKE CENTER: Sharing Trauma’s Core Values of Time, Urgency & Teamwork**

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While his speech wasn't affected, Joe couldn’t move his left leg or even sit up at the beginning. His left arm just hung at his side, and he had a slight droop on his face. He required a feeding tube until he relearned how to swallow. He lost his left field peripheral vision in both eyes, making simple tasks like reading very difficult and more complex tasks like his love for biking nearly impossible. And as a left-hander, he had to relearn how to do it all with his opposite (right) hand. Not surprisingly, he suffered from depression.

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For more information about Code Stroke, contact Stroke Center Coordinator Kristin Randall, RN, BSN, at (920) 720-7328 or kristin.randall@thedadcare.org.
For more information about the Trauma Center at Theda Clark Medical Center, please contact our Trauma Services staff:

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