

Senate Health, Human Services and Medicaid Committee
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My name is Ann Gupton, COTA/L, CLT, TMRC and I write in support of Senate Bill 302, legislation to create statewide guidelines for the assessment, triage, and transport of stroke patients in Ohio.

As an occupational therapist, I have worked with many recovering stroke patients that have difficulty with daily activities such as bathing, dressing, and preparing meals.

My grandmother suffered a massive stroke forty years ago. When I walked into her hospital room as an eighteen-year-old, I was devastated to see my cheerful, intelligent, and independent grandmother lying in that bed as if in a coma. Just the day before the stroke she was cooking, doing laundry, walking in the yard, and yes, smoking. But in a moment, everything changed. She could not speak, her right side was paralyzed, she could not even sit up in the bed by herself. My sweet grandmother was forever changed.

This experience rerouted my career path. I became an occupational therapist and devoted my career to rehabilitation of stroke victims and training their families how to cope with the devastating physical and cognitive effects. Over my thirty-three-year career, I have trained hundreds of patients and their families how to manage after stroke. Most of my experience was gained at the Patricia Neal Rehabilitation Center, a southeastern regional stroke center in Knoxville, Tennessee. These patients had severe strokes leading to significant life-altering deficits.

Three decades ago, a typical rehab stay for stroke recovery was two to four months. Now because of insurance and Medicare cut backs, it is two to four weeks. Families are still in shock, unprepared, and basically untrained at four weeks after a severe stroke. What if stroke effects could be alleviated just by getting them immediate care at the right hospital? One equipped with knowledgeable staff that could respond immediately and effectively? It would make all the difference.

Occurrence of a second stroke could also be remediated with fast response. One of my home health patients, was chatting with me as I was typing progress notes on a tablet. In the middle of a sentence, she stopped talking. I thought she was gathering her thoughts. When I looked up, she was slumped to one side, staring vacantly, and mumbling gibberish. She had just had another stroke! Emergency services were called, and she was immediately taken to a Level One Stroke Center for treatment. Luckily the EMTs were trained in appropriate triage for stroke and recognized the symptoms. Fast administration of TPA, the clot-busting drug, as well initiation of other effective treatments, lessened the effects of that second stroke.

It is unfortunate that all states do not require thorough stroke triage on site which could minimize the devastation and save lives. I don't just mean patient lives, but also the lives of family members who are left with the daunting task of caring for their loved one who now cannot care for themselves.

In summary, a delay of thirty minutes to a few hours in getting Level One stroke trauma care equals greater disability, greater costs, less independence of the patient, and more stress on family caregivers. It can also mean admission to long term skilled nursing facilities which, for the patient, increases the risk of infection, depression, and death. Fast and efficient treatment should be available for all stroke victims, no matter whether they live in a large city or in a rural community. This kind of care reduces the physical, emotional, and financial costs related to stroke care. More importantly, people have a greater chance to return to prior level of function and get their lives back.

Caring for a loved one that has suffered from a severe stroke can be emotional and draining on a caregiver. Recognizing this, I created a Facebook group for stroke survivors and their families. In just a few weeks, the group organically grew to over 200 members. It is through this group that I learned of SB 302.

My home state of Tennessee passed legislation similar to SB 302 in 2018 in an effort to ensure stroke patients are taken to the medical centers with the best capability to treat them as quickly as possible. This is vital, as time is of the essence with stroke patients—nearly 2 million brain cells die each minute that a stroke goes untreated. I ask for your favorable consideration of this bill—I believe it should pass in every state as all stroke patients are deserving of the best care available.