



STROKE

GE HELPS OPTIMIZE ACUTE STROKE CARE PATHWAY



KEY FACTS



1 in 6 people will suffer a stroke in their lifetime¹



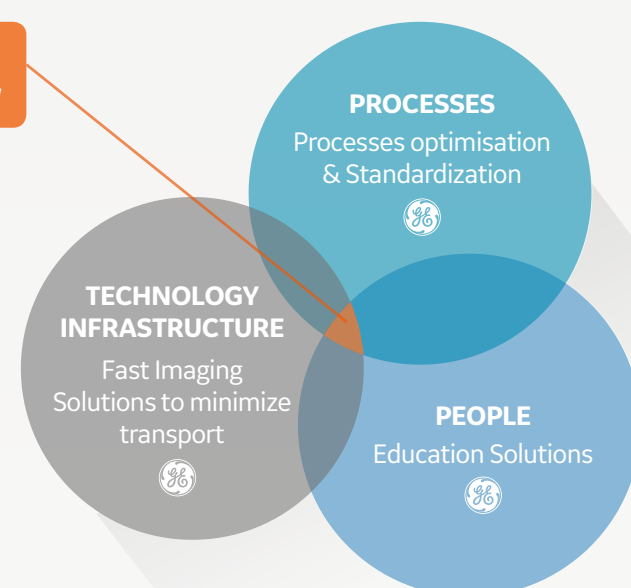
CT or MR brain imaging are required to diagnose patients and select most appropriate treatment²

New endovascular treatment of ischemic stroke increase chances of recovery by up to 30%³

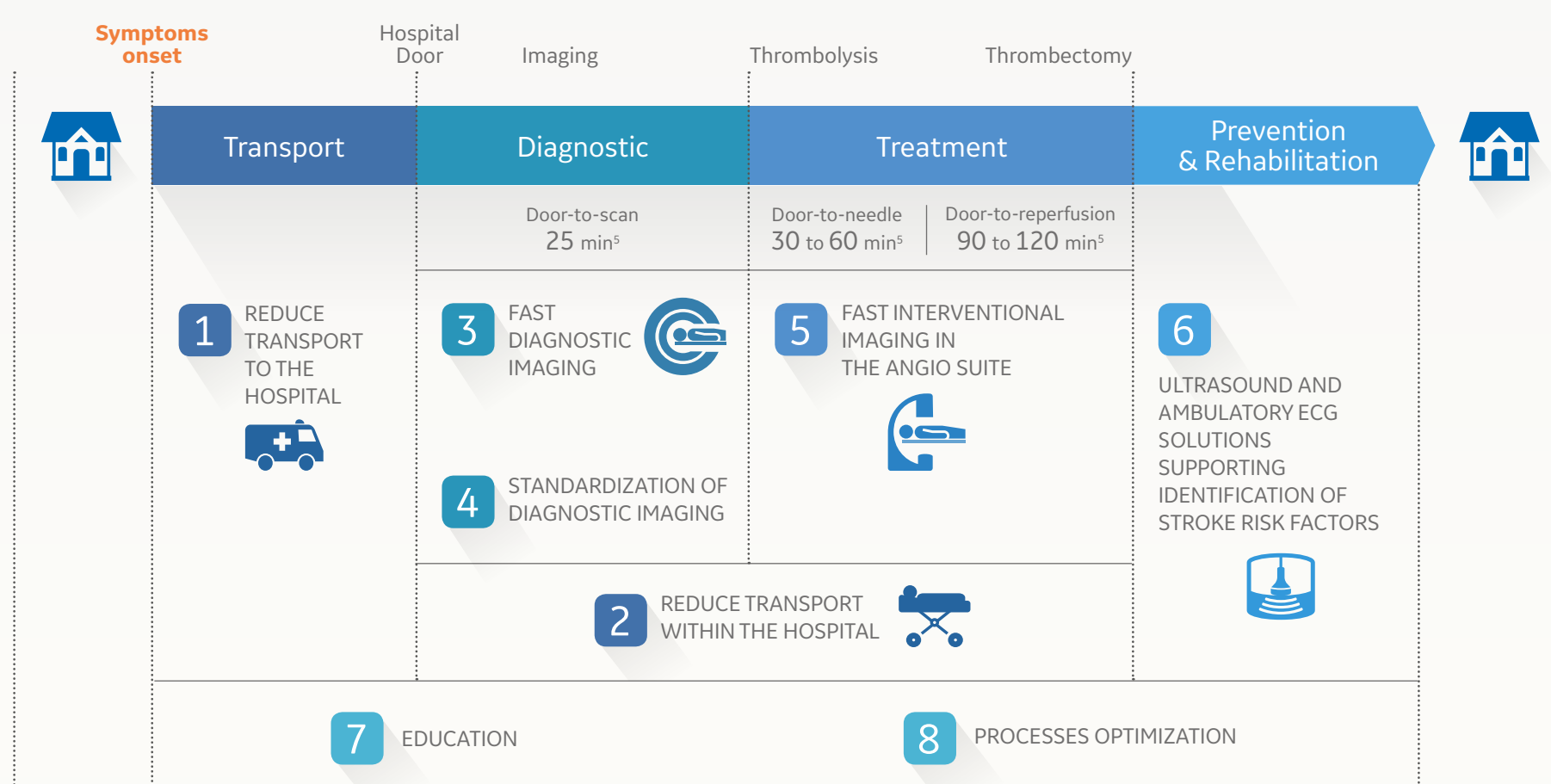


GE helps stroke teams achieve **fast reperfusion** of acute ischemic stroke patients and efficient secondary prevention supporting them with **optimization of operational processes, innovative imaging, digital and education solutions.**

Optimized care pathway

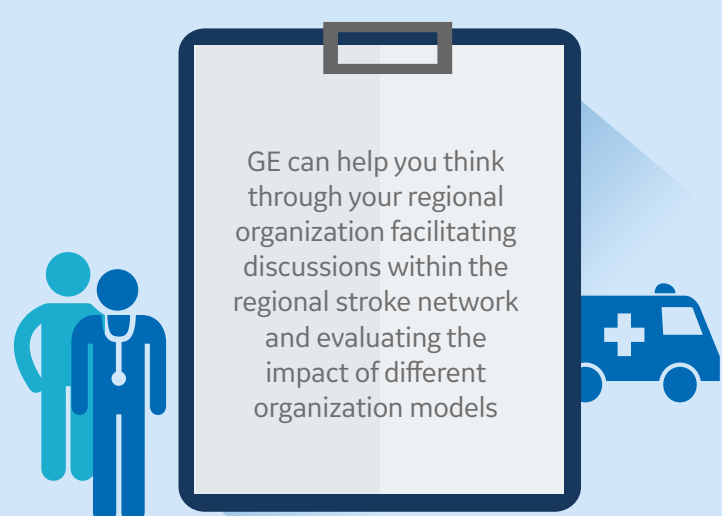


ACUTE STROKE CARE PATHWAY



1

REDUCE PATIENT TRANSPORT TO THE HOSPITAL



GE can help you think through your regional organization facilitating discussions within the regional stroke network and evaluating the impact of different organization models

2

REDUCE PATIENT TRANSPORT WITHIN THE HOSPITAL

AT HOSPITAL LEVEL

Current model:

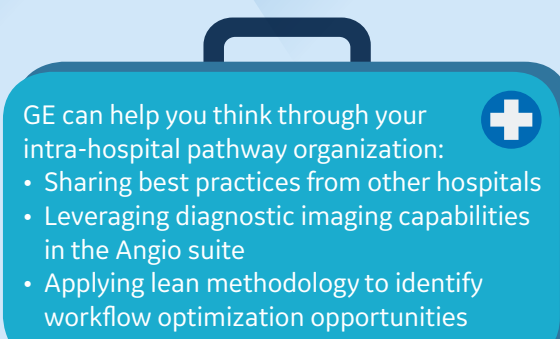
Transfer to Emergency department

Best practice:

Direct transfer to imaging ?

Perspective:

Direct transfer to Angio Suite for selected patient ?



GE can help you think through your intra-hospital pathway organization:

- Sharing best practices from other hospitals
- Leveraging diagnostic imaging capabilities in the Angio suite
- Applying lean methodology to identify workflow optimization opportunities

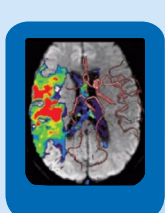
3

FAST DIAGNOSTIC IMAGING



REVOLUTION CT WITH FASTSTROKE

Simplifies and organizes the display for fast, efficient evaluation of patients scanned for stroke evaluation



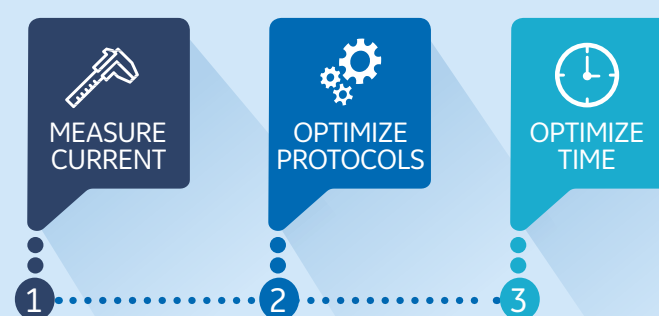
MR SIGNA™ ARCHITECT WITH 48 CHANNEL HEAD COIL AND READYVIEW

Two-minute MR ultra-fast neuro protocol READY View advanced 3D post processing

4

STANDARDIZATION OF DIAGNOSTIC IMAGING

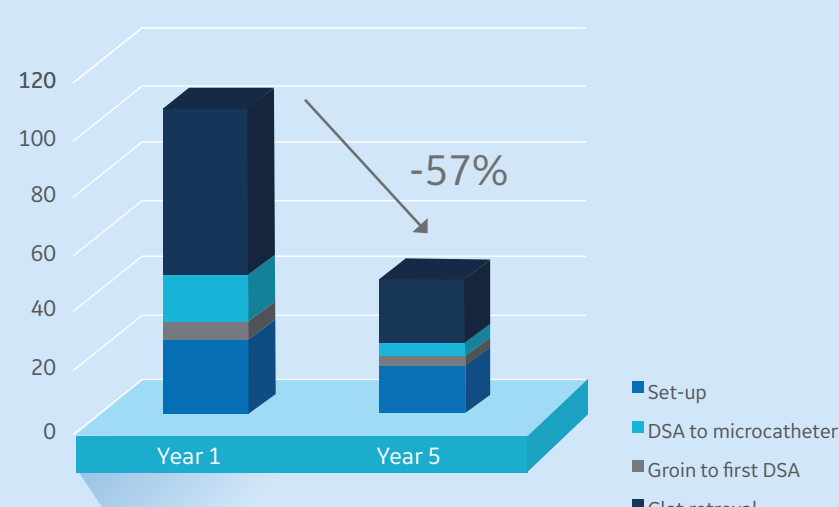
Standardization of stroke brain imaging helps maintain fast and high quality imaging even for exams happening out-of-hours. GE developed a specific framework leveraging analytics to approach optimization and standardization of protocols



5

REDUCING REPERFUSION TIME IN THE ANGIO SUITE THROUGH PROCEDURE STANDARDIZATION AND TECHNOLOGY⁸

ANGIO SUITE DOOR-TO-REPERFUSION TIME (min)



6

ULTRASOUND AND AMBULATORY ECG SOLUTIONS SUPPORTING IDENTIFICATION OF STROKE RISK FACTORS

ULTRASOUND SOLUTIONS designed for rapid assessment of atherosclerotic disease



AMBULATORY ECG SOLUTION for detection of atrial fibrillation

Cloud Server & software analysis for remote ambulatory ECG analysis and interpretation

GE CardioDay® Holter ECG

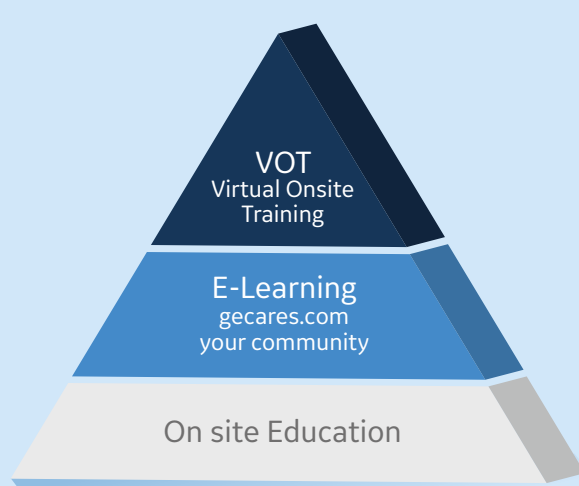


SER™ 1000 Holter Recorders App-driven recorders that facilitate Holter monitoring management

7

EDUCATION

DIGITAL TOOLS to facilitate access to education resources
DOCTOR-TO-DOCTORS TRAININGS to share best practices



8

CONSULTING THROUGH GE PARTNERS



ADVISORY SERVICES

for improved organizational structure through five steps framework, Lean and Change Acceleration Program (CAP®) to improve overall efficiency and satisfaction

ADVANCED ANALYTIC CAPABILITIES
New pathways can be designed and performance checked using digital modelling & analytic tools (Hospital of the future®)



1. World Stroke Organization. Annual Report. 2014.

2. Wintermark M et al. Imaging Recommendations for Acute Stroke and Transient Ischemic Attack Patients: A Joint Statement by the American Society of Neuroradiology, the American College of Radiology and the Society of NeuroInterventional Surgery. AJNR Am J Neuroradiol. 2013 ; 34(11): E117–E127.

3. EXTEND-IA trial. Campbell BC et al. Endovascular therapy for ischemic stroke with perfusion-imaging selection. N Engl J Med 2015; 372: 1009–1018.

4. HERMES collaboration pools together data from 5 thrombectomy clinical trials. Jeffrey JL et al. Time to Treatment With Endovascular Thrombectomy and Outcomes From Ischemic Stroke: A Meta-analysis. JAMA. 2016;316(12):1279–1288.

5. Goals for time metrics in different organizations (American Stroke Association, Society of NeuroInterventional Surgery, Heart and Stroke Foundation of Canada, HERMES Investigators).

6. Recommendations from the ESO-Karolinska Stroke Update Conference, Stockholm 13–15 November 2016. European Stroke Journal 0(0) 1–3.

7. Ribo M, Boned S, Rubiera M, et al. Direct transfer to angiography to reduce door-to-puncture time in thrombectomy for acute stroke. Journal of NeuroInterventional Surgery. Published Online First: 26 April 2017.

8. Hassan AE et al. Endovascular treatment outcomes using the Stroke Triage Education, Procedure Standardization, and Technology (STEPS-T) Program. Interventional Neuroradiology. 2017.