Before Rapid, we were tethered to our workstations and opening up scans manually. There were multiple steps: entering username and password twice before you actually got to the point of opening up the software. It was very cumbersome, and there was no automation. I think that’s really the value of artificial intelligence, not waiting for the radiologist and not having to disrupt our workflow. As soon as the scan is done, we get a push notification. I no longer have to be at my computer waiting for the scan to come through.

Brijesh P. Mehta, MD
Medical Director, Comprehensive Stroke Program and Neurointerventional Surgery
Memorial Healthcare System
work full-time. He said that being a stroke survivor has given him a stronger appreciation for the individuals he responds to in his role as a paramedic with Broward County Sheriff’s Office. He also said his case is an example of how critical illnesses do not discriminate by age.

“It just goes to show you that there’s no specific type of person strokes target, or that any disease targets,” he said.

**Stroke Timeline**

12:00 p.m.  
Patient arrives at thrombectomy capable stroke center

12:06 p.m.  
NCCT scan performed revealing a hyperdense MCA sign and ASPECT score of 10

12:09 p.m.  
tPA administered, after which patient is taken to cath lab for mechanical thrombectomy

12:37 p.m.  
Arterial puncture

12:58 p.m.  
Reperfusion achieved

12:00 p.m.  
Door to needle: 9 minutes

12:09 p.m.  
Door to recanalization: 58 minutes

12:37 p.m.  
Door to groin puncture: 37 minutes

**Key Times**

**About RapidAI**

RapidAI is the global leader in using AI to combat life-threatening vascular and neurovascular conditions. From home to hospital and ER to OR, RapidAI is leading the next evolution of clinical decision-making and patient workflow, bringing the end-to-end patient journey into focus. Based on intelligence gained from over 2.8 million scans in more than 1,800 hospitals in over 60 countries, the Rapid® platform transforms care coordination, offering care teams a level of patient visibility never before possible, saving lives, time and money. For more information, visit www.RapidAI.com.

**Bridging the gap between hospital and EMS**

Dr. Brijesh P. Mehta knows the importance of effective communication between hospital and EMS teams as well as anyone. As director of the comprehensive stroke program at Memorial Healthcare System, he deals with acute stroke cases daily and understands the difference seconds can make in the survival and recovery of his patients. Getting the right patients to the most appropriate facilities as quickly and seamlessly as possible is critical.

But in Broward County, Florida, where Memorial is located, challenges to effective pre-hospital operations exist. Eight different EMS agencies operate in this fragmented, highly populated region. Up until a few years ago, these agencies weren’t communicating with one another and in many cases were operating by different protocols. Dr. Mehta and the team at Memorial decided to change that. They’ve gotten each agency to agree to use the RACE score system for evaluating stroke patients and to notify the neurointerventionalists if the score is 5 or higher, indicating the possibility of a large vessel occlusion. The health system organizes training sessions each quarter to educate EMS teams on this stroke protocol, and Dr. Mehta even gives out his personal cell phone number, encouraging EMS to FaceTime him if they have questions about a suspected stroke patient.

“Our goal was to standardize the protocols, meet with all the EMS chiefs and medical directors, and have them at the table to make sure that whenever they encounter a stroke in the field, they would take the same steps regardless of which agency was responding,” he explained.

As a result of optimizing stroke systems of care, patients are able to achieve the best outcomes possible.