

It was just another day for 72-year-old Frank Winslow “Win” Elliott II of Stratham, NH, volunteering at an event for the American Legion, where he is an active officer. After a busy day, Win went to bed that night not feeling well. His wife, Pam, woke up when he made some distressing sounds in his sleep. When she tried to wake him, he was unresponsive. She immediately called her neighbor, who was a doctor and had an AED (automatic external defibrillator). While the neighbor performed CPR on Win, Pam called 911, setting into motion the “chain of survival.”

“It took five shocks to get him back,” Pam says, as she recalls watching the paramedics and EMTs work on Win in the ambulance. The pre-hospital team was able to stabilize him and, through the power of technology, was also able to send Win’s EKG reports directly to Exeter Hospital. This allowed the Hospital’s Emergency Department (ED) and Cardiac physicians and staff to be prepared for Win’s arrival, as time is of the essence during a cardiac event. In fact, these coordinated efforts between the pre-hospital team, the Emergency Department, and the Hospital’s Cardiac Cath Lab is the reason Exeter Hospital’s “door to balloon time” (the time from when a patient arrives in the ED to when he/she is treated in the Cath Lab) is well below the national average.

Pam arrived at the Hospital scared and anxious; however, once she spoke with **Jessica Sutherland**, MD, FACS, of Core Cardiology, she began to feel a little less so. “Dr. Sutherland knelt on the floor in front of where I was sitting so she could look me in the eye,” Pam says. She told Pam the Cardiac Cath showed that Win did not have any blockages to his heart, but explained he was being moved to the Intensive Care Unit (ICU) so they could do more tests and monitor him to determine what was going on. “Dr. Sutherland showed so much compassion and care for *me*, not just for Win. Everyone at Exeter Hospital did,” Pam says.

Tests revealed Win needed a defibrillator implanted; however, his health was severely compromised by double pneumonia and three different blood infections in three different parts of his body. He was placed in an induced coma, on a ventilator, for two weeks, while his team of caregivers treated him. That team included Dr. Sutherland, **Ernie Podrasky**, MD, (Win’s regular cardiologist), and **Brian Porter**, MD, also from Core Cardiology; along with **Dr. Aparna Dave** of Core Infectious Disease, as well as **John Brennan**, MD, and **Richard Hollister**, MD, of Core’s Pulmonary and Critical Care Medicine practice, and the nursing staff in the ICU.

“It takes a team effort, the *chain of survival*, to deliver great cardiac care,” says Dr. Sutherland. “The ambulance team; Emergency Department staff; the clinical resource nurse who stayed with Pam while we were in the Cath Lab until her friend could arrive; the ICU staff and providers – all were an essential part of Win’s care team.”

“The ICU nurses – all of them – were so amazing. I had just had rotator cuff surgery myself, and they were kind enough to bring me ice and make sure I was comfortable.” Pam says the doctors even arranged their visits around her physical therapy schedule so she didn’t miss anything. “I couldn’t believe they would go above and beyond like that for me, and I wasn’t even the patient!”

After speaking with Win’s doctors, Pam’s brother-in-law, who is a physician in Atlanta and has worked in large hospitals in New York City and Washington DC, told Pam how impressed he was by the care Win was receiving at Exeter. “You are getting big city treatment and state of the art care in a small town hospital,” he told her. He specifically pointed out the coordinated efforts of all caregivers (EMTs, paramedics, ED, Cardiology, and ICU), and was also impressed that Exeter offers the Arctic Sun Temperature Management System (a device used for therapeutic treatment after a cardiac arrest).

After two weeks in the ICU, Win was transferred to a local rehab facility, where he spent 11 days. Once discharged to home, he began receiving services from Rockingham Visiting Nurse Association & Hospice. At home, Win needed nursing care, physical therapy and speech therapy, as well as 6 weeks of infusion therapy for the continuing infection. Pam says, “The RVNA & Hospice nurses and therapists were nothing short of excellent. They were supportive, caring and thorough.”

Win recently received his implanted defibrillator and he is looking forward to getting back to his normal life. "We are so appreciative of everyone who cared for Win," says Pam. "And we have a new saying: Every day is a gift!"