Remote Patient Monitoring – Deborah Gulbrand

Remote Patient Monitoring became a necessity during the covid 19 pandemic as non-urgent patients were unable to attend their hospital appointment for their regular check-ups. Listen to how this technology is set to revolutionize outpatient care.

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Bill Gasiamis 0:00
How does it feel to be somebody that saves people's lives?

Deborah Gulbrand 0:06
It's terrifying.

Bill Gasiamis 0:08
Oh my gosh, I would have thought you were going to say the opposite.

Deborah Gulbrand 0:09

No, it’s terrifying. I mean, it really is rewarding at the end of the day. But, you know, you think about there’s some really big moments in life when someone’s born, and being able to witness that as a nurse, that’s fantastic.

Deborah Gulbrand 0:22
When someone dies, that only happens once. Being with that person where they’re in between really, are they going to live? Or are they going to die? It’s a huge weight. But it, you know, it’s a responsibility. And with that, it really is a privilege to be able to walk with that person on that journey.

Intro 0:58
This is the recovery after stroke podcast, with Bill Gasiamis, helping you navigate recovery after stroke.

Bill Gasiamis 1:11
Hello, and welcome to another episode of the recovery after stroke podcast. Firstly, a big thank you to everybody who went along and left a review for the show, either on Spotify, or the Apple iTunes podcast app, whatever it’s called, I really appreciate it, it makes a massive difference.

Bill Gasiamis 1:31
It means that it’s possible for people who are looking for this type of content because they’ve just had a stroke or one of their loved ones has a stroke, it means it’s possible for them to find this podcast or podcast like this type a lot easier.

Bill Gasiamis 1:47
And you know what it was like when you were going through your recovery. And you needed information. And it was hard to find? Well, this is what the purpose of this podcast is to make it easier for people to access information about stroke recovery, that’s going to make a difference in their lives.

Bill Gasiamis 2:06
And it’s going to improve the recovery. And it’s going to give them hope. So if you are listening, and you can, I would really appreciate it. If you went along to the Spotify app or to the Apple podcast app, or to whichever app you listen to podcasts on and leave the show a five-star review, it really will make a huge difference.

Bill Gasiamis 2:27

And I'll really appreciate it. So today's episode is episode 193. And my guest today is Deborah Gulbrand, a registered nurse who transitioned from helping patients in a hospital setting to developing a solution for monitoring patients from the comfort of their own homes.

Bill Gasiamis 2:48
Now remote patient monitoring has been around for a while. But its benefits were never more obvious than during the pandemic as hospitals stopped seeing patients for their scheduled regular checkups in fear that it may lead to additional COVID infections and place a further strain on hospitals.

Bill Gasiamis 3:07
Their ability to care for sick people, and then also put people who were not quite sick, or were just needing care at risk of getting COVID and then becoming quite unwell.

Bill Gasiamis 3:19
So if you're the type of person that finds it difficult to get to your regular appointments because of distance or because of your mobility, remote patient monitoring might be something that you could benefit from and you might find this podcast episode quite interesting.

Bill Gasiamis 3:36
Now, most of the episode is not being allocated to discussing remote patient monitoring, we get to learn about Deborah who was a nurse and still is a registered nurse, and what it's like being a nurse and going through the process of helping people who are quite unwell.

Bill Gasiamis 3:55
And then from there, towards the end of the podcast episode, we talk about her transition to remote patient monitoring and the benefits of it and how it helps, and how much additional information and data can be collected on somebody's vital signs by having their vitals monitored remotely.

Bill Gasiamis 4:17
Rather than going into a hospital once a fortnight or once a month and doing checkups because in the time between your appointments we're missing a lot of valuable information. There's a lot of gap between each appointment, and that additional information makes a huge difference.

Bill Gasiamis 4:38
That’s why I did this interview because I think it’s really important for people to understand how they can get better care by being at home with a product like remote patient monitoring. So anyway enough for me. Let’s head straight to the episode. Deborah Gulbrand while Come to the podcast.

Deborah Gulbrand 5:02
Thank you so much for having me, Bill.

Deborah Gulbrand

Bill Gasiamis 5:04
My pleasure Deborah tell me a little bit about what you do.

Deborah Gulbrand 5:08
Well, I’m a registered nurse, I also have a business degree. I started out in the ICU in critical care. And from there, I went into the cath lab. So if you were somebody that was having a stroke, or if you were someone that was having a heart attack, I would be the one that you saw first.

Deborah Gulbrand 5:29
So I did that and afterward went into home health. One of the things that I did when I was in home health because I did have a lot of experience with cardiopulmonary medicine, was I was tasked with developing a remote patient monitoring program.

Deborah Gulbrand 5:49

And once I did that, you know, it was before it was even reimbursed. But once I did that, and I saw the effect that it had on our patients that were really, really critically and chronically ill, I was hooked.

Deborah Gulbrand 6:04
And so many, many years later, 17 plus years later, I am still working in the field, which is a huge passion of mine. And the company that I work for now Connect America brought me on to help develop their remote patient monitoring program.

Bill Gasiamis 6:23
Very good. Very good. Let's get back to the beginning. Because you would have experience that most patients who are going through a really, really tough time, kind of don't like doctors, but really loved nurses. We think that nurses are the best. You know, we talk amazing stuff, we say amazing things about nurses.

Bill Gasiamis 6:49
What's it like to become a nurse at the beginning? You're this person who's young, and you've got these big dreams of helping people and making all this all this amazing work. But you've got to go to university, and you've got to work through getting a degree and what you're getting exposed to is really difficult situations because nurses see it all right? What's it like to transition from being naive to being a nurse?

Deborah Gulbrand 7:20
Well, you know, it's interesting, because I already had my business degree, when I decided I wanted to go back and become a nurse, I thought I was going to be a lawyer. My mom was a lawyer and a retired judge. But I was very interested in holistic medicine.

Deborah Gulbrand 7:38
I was a massage therapist for eight years and decided, you know, I really want to explore and really have more of a cerebral relationship with my patients. And so I wanted to learn more. And I felt like a natural extension of that would be to go to nursing school.

What It's Like Being A Nurse

Deborah Gulbrand 7:57
And my eldest brother who's a cardiologist, and a doctor asked me, why don't you

just go become a doctor. And I told him, I don't want your life. So I went back to nursing school. And it was different this time, because first of all, mom and dad paid for that first degree. And this time, I worked while I was going to school.

Deborah Gulbrand 8:19
And I felt like I had a little bit of an edge over some of the people that I was in school with, because they were first of all, they were younger than me, and maybe not as focused as I was. So I felt like that was a huge advantage for me. But you're right, you see things. And most people they think of a nurse, oh, that, you know, it's a great job, you can make a good living.

Deborah Gulbrand 8:45
But they don't understand all of the things that we have to do and see. And after you go through nursing school, and you're in that first year of working, and you're out there, I remember the first thing I thought I was just in this panic, yes, I thought I hope I don't accidentally kill somebody or you know, because of something I didn't know.

Deborah Gulbrand 9:08
And what you discover is so much of what you learn, you learn after you graduate, and it's that on the job training. And so I feel like it's important for anyone that's thinking about going into that career, to have in the back of their mind to go out there and jump into something that is really difficult. You know, the ICU the ER, something that's going to force you to learn as much as you can.

Bill Gasiamis 9:39
Yeah, definitely intense places to learn if you can learn under those conditions where you have, really but if you can, then it really does sort of train you for all levels of nursing from the very benign and the very basic to the very high intensity and it's all very important work now, how old were you when you decided to study and become a nurse?

Deborah Gulbrand 10:08
I was in my mid-20s. And so like I said, I'd already been through school and had gone back to school. And it was hard. It was a struggle. I felt like, honestly, it was harder than law school for me. I just felt like it, you know, just the critical thinking. And some of the different things that I was challenged with.

Deborah Gulbrand 10:39

You know, you say that going into the ER, or maybe some of those high-paced adrenaline-type jobs. But when you have somebody that comes into the hospital, normally, decisions have to be made very quickly. And so being in that environment, trains you to be able to adapt, triage the situation, and then be able to move forward with a plan.

Bill Gasiamis 11:06
That it's a really intense situation, you have to come up with all these decisions, do the right thing, and then keep moving forward, and you can't stop. And it sounds like you can't really stop and think about it too much.

Bill Gasiamis 11:20
I imagine there's some cognitive focus and processing that's happening. But the overthinking is definitely not able to happen. You can't overthink a situation, what if I do the wrong thing, etc, you really have to take action. If you take too long, there could be a problem as well.

Deborah Gulbrand 11:39
It's true, it's true. I mean, one of the worst things to do is nothing. And so what happens is, you have all this information that you've learned in nursing school. And then when you're put in that situation, although it's situational awareness, that you didn't necessarily learn in school, it was all of that information that you learned in school that you draw upon, in that situation.

Saving Lives is Terrifying – Deborah Gulbrand

Deborah Gulbrand 12:05
So that's when it really starts to come together. And, you know, the reason I say I think it's so important, because we are going to be talking about stroke, is that in and of itself is one of those situations where time is everything. And so I feel like you know, training yourself in one of those areas, really sets yourself up, to be able to go through those types of situations and make good decisions that save your patient's life.

Bill Gasiamis 12:39
How does it feel to be somebody that saves people's lives?

Deborah Gulbrand 12:46
It's terrifying.

Bill Gasiamis 12:47
Oh, my gosh, I would have thought, you're gonna say the opposite.

Deborah Gulbrand 12:50
No it's terrifying. I mean, it really is rewarding at the end of the day. But, you know, you think about there's some really big moments in life when someone's born, and being able to witness that as a nurse, that's fantastic. When someone dies, that only happens once being with that person where they're in between really, are they going to live? Or are they going to die.

Deborah Gulbrand 13:20
It's a huge weight. But it you know, it's a responsibility. And with that, it really is a privilege to be able to walk with that person on that journey. And myself having been in the hospital in emergent situations in my life.

Deborah Gulbrand 13:43
You know, I feel like it has given me a very good understanding so that I can empathize with patients when they're going through these things. I know that when you're in that situation, you're not thinking about all of the minutia.

Deborah Gulbrand 14:02
You know, when people always ask you've got these patients and they're at home and how come they can't figure out that they need to go to the doctor or how come they can't figure out this step or that step?

Deborah Gulbrand 14:12
Well, it's easy when you're on the outside looking in and myself as the clinician, I'm looking out going well you need to do this, this and this, can't you understand that? But you cannot because your brain is so focused on what is happening to you in the moment. And really just your overall wellness.

Bill Gasiamis 14:31
That's a very big one. I speak to stroke survivor after stroke survivor who says I thought it was a headache or I thought it was something I did to my neck or I thought it was something I ate or you hear all these stories. I ignored the symptoms for seven days before I did anything about it.

Deborah Gulbrand 14:52
You're lucky to be sitting here.

Bill Gasiamis 14:54
I am, it's an absolute miracle. I was lucky because the bleed that was occurring in my had because of an AVM was just a really slow bleed. And it was just kind of leaking instead of gushing. But I had a couple of big bleeds where they did gush and caused a lot of issues. And I couldn't delay seven days worth.

Bill Gasiamis 15:15
But the first the very first one, I noticed a numb sensation in my big right toe. And then over seven days that numbness spread from my big right toe, all the way up and to the left side of my body, my entire left side. And that's when I finally listened to the chiropractor who told me there's nothing wrong with my back.

Bill Gasiamis 15:34
And my wife, who has been noticing me walking differently for three or four days. That's when I finally listened to them, and went to the hospital. And was completely shocked when they said to me, you've got a shadow on your head. And we don't know what it is yet. That was day one. So day two. The second time it bled was six weeks later. And I was against doctor's orders went to work.

Bill Gasiamis 16:03
And we have a painting company I wasn't working though, I wasn't working, I was sitting on a chair, watching my guys working. And I started to notice the numbness. And the room started to spin and I started to feel nausea. And I said to them, look, I'm not feeling well guys, or what I need you to do is finish what you're doing, which was the job that we were there to do.

Bill Gasiamis 16:29
It took about an extra hour or two to finish something like that. Finish what you're doing, and then take me home. I drove with them. They drove me past the hospital to my house, which was about an hour's drive by the time we got there because we were in the city and there was traffic. Then I got to my home, told my wife to take me to the hospital.

Bill Gasiamis 16:57
She thought okay, she took me to the hospital when we walked out of the car door. And I went to emergency triage emergency. It was about a 50 meter walk. Now we were conversing in the car as you and I are now.

Bill Gasiamis 17:16

By the time I got to triage I didn't know my name, what I was doing there or anything. And I blanked out. When my wife came, I didn't recognize her. When she finished packing the car and came to see me I didn't recognize who she was, I didn't know what I was doing all that type of thing.

Bill Gasiamis 17:36
So that was bleed two, and bleed three it all happened between February 2012 and November 2014. So bleed three was in November 14. And that time, I was driving because I had got back to work, I had got back to driving, everything was okay. The doctors were telling me that things were improving, I started to feel a lot better.

Bill Gasiamis 18:01
And I started to feel sunburn sensations on my left side. And I drove myself to the hospital. The first time I had no idea that I should go the hospital the second time, I was a bit hesitant to go to the hospital. The third time, I looked up at where my car was parked.

Bill Gasiamis 18:27
And it didn't occur to me to ring the ambulance and say to them come and get me from this location. I'm parked outside of this particular street. It didn't occur to me to do that. But it did occur to me to ring my client and tell them that I won't be able to come to see them today.

Deborah Gulbrand 18:45
You're not thinking clearly, you know, your brain is not functioning properly.

Stroke Denial

Bill Gasiamis 18:49
Zero. It's what you said it's when you're going through the process. And you don't have the nuanced understanding of these things because you're only dealing with them maybe once in your lifetime or twice in a lifetime, even three times in your lifetime. You just make excuses. And you do the whole "It's not me. It can't be happening to me".

Deborah Gulbrand 19:14
Because you don't want to be having a stroke. That's not the thing that you're going to admit to yourself. Even if you've already had it, which you know, the

phrase that kept coming up to my mind listening to you talk was just in time you got there, just in time you got there just in time over and over again. And, you know, you maybe this is partly what really your real life's mission is is that and that is educating other people because obviously, the good Lord needed you here for something and gave you multiple chances.

Bill Gasiamis 19:53
Absolutely. It does feel like it's my mission to do this. And I have had to have I have some really difficult conversations with people that have lost children to AVMs and their loved ones to stroke. And I never signed up for that part really, I didn't.

Bill Gasiamis 20:14
I didn't even know that it was coming. But that's kind of what how I know I'm not comparing myself to you. But that's kind of how I see nurses is that you guys don't really sign up for what you end up experiencing. You kind of sign up for something different, I imagine it's completely different to what you expected.

Deborah Gulbrand 20:39
In some ways, it is, you know, I would say this, that whatever I thought it was going to be. In those cases, it was that times 100. And then it was all the other stuff that I didn't really understand. And I honestly feel that that other side of it, which to me is the human side.

Deborah Gulbrand 21:01
Having been a little bit older, I felt like I was a little better prepared for it. And, you know, I think that you definitely have to have that sympathy, empathy, understanding and caring, and want to be able to help people that are really in crisis mode.

Bill Gasiamis 21:24
Do nurses get encouraged to get counseling and support to help them deal with the things that they have to experience?

Deborah Gulbrand 21:34
Yes, in fact, I would be very surprised if you were to go to a large health system. And they would not have as one of the benefits, that there was some type of psychological counseling are one of those things, because, you know, everywhere that I've worked, there is something like that that's made available, because you

are dealing in some really stressful situations.

Deborah Gulbrand 22:01
And, you know, people always say, Well, are you here, people say, well, let's don't get too attached, don't do this, don't do that. And in my opinion, I think the exact opposite. I think that you absolutely should be attached, you absolutely should care. Because the person that you're dealing with is somebody's mom, or daughter, you know, or some type of family member and someone loves them.

Deborah Gulbrand 22:29
And so that can take a toll, just that amount of emotion. The one good thing about it is because it usually isn't something somebody that's part of your family. When it's necessary, you can put that emotion to the side and say, Okay, I have a job to do, and this is what it is. And then when you're done, you can go back to, you know, feeling and caring.

Deborah Gulbrand 22:55
But yeah, it is difficult, especially when you have someone and for me, it's not just the patient, but when I have someone and I've gotten to know their whole family, you know, and they've been telling me things that they haven't even told some of their family members, you know, it's just that type of a situation where and it happens to me everywhere I go too when I'm in the grocery store.

Deborah Gulbrand 23:23
My husband's like, why do people tell you these things? And I don't know, I guess that I've learned to be a good listener, but you start to be part of that niche. And when you lose someone like that, then that's the really hard part.

Bill Gasiamis 23:45
Do nurses ever get to the point where they are going to work and because of situation, because of a life that's happening outside of work. And then because of what's happening at work? The nurses ever get burnt out feel like they don't care anymore and can't be there anymore and do all those tough tasks. Is it taxing? I imagine it's a level of emotionally and psychologically taxing for some nurses to do that kind of work.

Deborah Gulbrand 24:21
It depends on the person. Some people absolutely live for that. And I know there's different areas of nursing where people that tend to be able to, like live for those

types of situations. They stay in. One of those is the neonatal ICU, the nurses that do that, they love it, they usually have that job and they had that job forever.

Deborah Gulbrand 24:49
You go to most really big health systems that have you know, good benefits, and you're gonna go look in that NICU and you're gonna see nurses that have been there. For years, but yes, you're right. I think it really just depends on the person. But I will tell you for me, I had children later in life.

Deborah Gulbrand 25:14
So I was able to go and be a nurse, and do all those high adrenaline jobs where it's intense, you know, so you bring that home sometimes, okay? Being on call, and having to come in for an emergency. Like I said, someone's having a heart attack, someone's having a stroke, you know, you're gonna see me probably on the worst day of your life.

Intro 25:37
If you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind, like, how long will it take to recover? Will I actually recover? What things should I avoid in case I make matters worse, or doctors will explain things but obviously, you've never had a stroke before, you probably don't know what questions to ask.

Intro 26:01
If this is you, you may be missing out on doing things that could help speed up your recovery. If you're finding yourself in that situation, stop worrying, and head to recoveryafterstroke.com where you can download a guide that will help you it's called seven questions to ask your doctor about your stroke.

Intro 26:21
These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke, they'll not only help you better understand your condition, they'll help you take a more active role in your recovery, head to the website. Now, recoveryafterstroke.com and download the guide. It's free.

From Hospital To Home Health – Deborah Gulbrand

Deborah Gulbrand 26:40
And when I decided that I wanted to have children, that's when I left the hospital setting. And I went into home health because I knew for me, I didn't want to have to bring that intensity. And that adrenaline home to family life.

Deborah Gulbrand 26:59
I just for me. I was so in it, and involved in it. And in the moment, I felt like it would be better for me to go and do something different. And that's one of the great things about being a nurse, there are so many really cool things that you can do. And I've had the opportunity to do quite a few of them.

Bill Gasiamis 27:21
Yeah, fantastic. It's really lovely to get the opportunity to talk to somebody who has been a nurse who is a nurse. Because I always felt like I should have gone back to meet the nurses who cared for me, in those different times where we were really struggling.

Bill Gasiamis 27:38
Especially when my wife was helping the nurses push my bed into the CT room to get a CT scan. Because the nurse couldn't wait for somebody to come and help. She said to my wife, you know, jump it into the bed and help me push it to CT.

Bill Gasiamis 27:57
Like just thinking about an ounce emotional level of intense support and care and need to look out for you and care for you and make sure you're well, and they've never met you. It's just I know that most humans would help people who are

doing tough wherever they come across them.

Bill Gasiamis 28:22
I know most people would stop and help and all that I get that part. But to go and do it day after day after day, every day. And to be amazing at it all the time. It seems like nurses going to put their emotions and their feelings and all their issues aside, and just park all of their stuff and come in and just allow themselves to be there fully and totally for the person that's in the bed in front of them.

Bill Gasiamis 28:49
And it's a lot to do that it is a lot to do that all the time and to make it about somebody else all the time. It's so much and it's just heartwarming. You can tell like I really love nurses up there. And I don't really like doctors, although I appreciate them a lot.

Deborah Gulbrand 29:13
Oh, boy. I can't wait to tell my brother that.

Bill Gasiamis 29:19
But definitely tell him that I still appreciate him and love him. I don't like them, but I love them. I love them and appreciate them it's a different thing. Like it's a love-hate relationship. You know, and I appreciate them. And of course I wouldn't be here without them, all the modern technology or the people that cared for me. I mean, really, I should not be here. Absolutely.

Deborah Gulbrand 29:44
I mean three times. Unbelievable. But you know, I've had a lot of people say that to me, and having been in the hospital like I said several times myself in emergent situations. You always feel such a pain vitiation that someone cared for you at a time when you needed it the most and even myself.

Deborah Gulbrand 30:10
Now, I knew some of the people that cared for me. But even me, you want to say thank you. But at the same time, it's something that you want to put behind yourself so much, that it's almost difficult to have to go back and revisit it.

Deborah Gulbrand 30:26
You know. So I mean, you say, I want to go back there. And I want to tell these people in your mind, you feel that way. And they know that you appreciate them,

you know, because you say it when you're there. But at the same time, you really don't want to go back there.

Bill Gasiamis 30:43
Yeah, it's kind of revisiting the trauma, perhaps.

Deborah Gulbrand 30:48
Yeah. Yeah, that's what I think, too.

Bill Gasiamis 30:51
I think I would be a ball of mess if I went back and met my nurses. Even my surgeon and my doctors, if I went back and met them to thank them, I'd been a ball of mess. I think I'd get anything out.

Deborah Gulbrand 31:05
And that's okay, too.

Bill Gasiamis 31:06
Yeah, yeah. But look, what you're experiencing here is I know what the word is. It's gratitude. Like, it's just complete and utter total gratitude for the decisions that people make to do the type of work that helps people that they've never met before. It's just a lot for me to comprehend.

Bill Gasiamis 31:30
And because, you know, maybe people don't feel like they deserve it, or whatever. I do feel like I deserve help and support. So. But there's a part of me that's like, you know, what, what's so special about me for you to decide to care for me? Why are you caring for me? It's really weird I don't know I can't explain it, but I'm deeply grateful.

We're Not Meant To Live Alone

Deborah Gulbrand 31:57
We're not meant to live alone. Humans aren't meant to be alone. And, and I think that's part of it, too, is that, you know, we can't survive alone. And so, you know, that I think that's part of it is just that need to be there to help someone that is truly in need of it.

Bill Gasiamis 32:23
Yeah, yeah. It's lovely to know, we're going to briefly I'm going to talk briefly about my experiences becoming mortal and discovering a 37, that I'm mortal. nurses, nurses probably learn about mortality very early on in their training.

Bill Gasiamis 32:44
Is that something that you thought about? And is it something that you were able to use positively in your own life to know that? Look at this could be me at any time any? Anything could happen? And I could be? The roles can be reversed? Yeah. Did you think that as a young kid?

Deborah Gulbrand 33:05
I think it's one thing to say that, and you can say, you know, wow, this could be me. But until it actually is you, you're still just those are still just words. Or until it is someone that you love. And you can even look at someone else and say, Oh, I'm so sad that you lost this person. But there's no way that you can truly feel it.

Deborah Gulbrand 33:30
Until you are there. It happens to you, you witness it, you are you know, really, it's an intimate part of you in some way. And I really feel like it's just like, when I remember, this is such a great analogy to me, because I didn't have kids until later in life. And you know, I could never understand why somebody was always 10 minutes late to work.

Deborah Gulbrand 33:58
Because I would be like, just get start getting ready. And then you have children, you go, Oh, that's why because every time you walk out the door, somebody's got to use the bathroom or somebody forget something. And it's not even something you can understand until you walk in those shoes.

Deborah Gulbrand 34:18
But I will tell you, the more and more I was around it. And the more I saw a patient that was like me. The more that you know that the more I really felt that I

did have to deal with patients even though I worked in critical care in the ICU. The majority of our patients are geriatric, and I worked on that floor.

Deborah Gulbrand 34:40
I didn't work with children and there was a reason for that for me, because it wasn't something I didn't feel like I could be the best nurse doing that. But then I would have people that came in like you and I will tell you when you have somebody coming in and they're you I'm especially we care for all of our patients.

Deborah Gulbrand 35:04
But if you work in an environment where you're dealing with adults, and you have someone that comes in, and they're dying, or they are very close to dying, you think to yourself, This person has a whole life ahead of them. You know, whatever I do, I'm going to be my best, I'm going to do my best. And I'm going to everything that I have inside of me to make sure that doesn't happen.

Deborah Gulbrand 35:32
And I just feel like, you know, everybody, it's an all hands on deck such situation, somebody comes in with a stroke, it's an all hands on deck situation. But when you have that young person that comes in, I think it's scarier for everybody. And maybe it isn't, that's just my experience with it. But that's how I felt about it.

Bill Gasiamis 35:57
Yeah, yeah, I get it, there's like a more of a sense of importance, or urgency or some kind of more heightened level of maybe anxiety about making it right, getting it right, and getting them over the line is something like that?

Deborah Gulbrand 36:17
For me, I always felt like they've got so much more to do. You know, this can't be the end of their life. You know, there's just so much more out there, you know, what if this person is going to be the person that cures cancer? You know, and I wouldn't necessarily think about those things when they were happening, but after the fact, you know, it was something that I would think about a lot.

Connect America And Remote Patient Monitoring

Bill Gasiamis 36:44
Wow, sliding door moments, I love it. It's so good to get an insight from a nurse and to understand what it's like and what they go through. It's lovely to hear.

Let’s talk about Connect America and the work that you’re doing now, as well. So, tell me, there’s been a recent study, or you guys have put some time and effort into understanding how you can support people out of the hospital in their homes, which is really great, especially during a lockdown. Where, nobody wants you to go to hospital in case you have COVID. And you spread it to everybody. Tell me a little bit about the work that you’ve been doing recently?

Deborah Gulbrand 37:33
Well, you know, let me tell you, it’s not only that, but there are so many other things that were taken into consideration, for instance, and your large hospitals. It wasn’t just okay, we don’t want these patients to come into the hospital because this is the absolute worst place for them in terms of, you know, being in a situation where they can actually contract the disease.

Deborah Gulbrand 37:58
But let’s say that you do have those patients that are in the hospital, you’ve got a ward, let’s say you’ve got 10 patients right now in the hospital. Every time somebody goes into that room, they have to put in PPE, all the protective gear, every time they go in, every time they come out, they take it off every time they go in again.

Deborah Gulbrand 38:19
And so it taxes the system in more ways than one. It becomes financially expensive. All right. Your resources dwindle your human resources. Because if you’ve got somebody that’s having to gown every time you go in, just like if somebody has an infectious disease, there are other diseases that this happens with.

Deborah Gulbrand 38:40
But so there’s so many other things that people don’t think about, just like when people didn’t want to go into the doctor’s office, because there may be people sick there with COVID. There also may be people there with the flu, and pneumonia and all these other things, too. But COVID was the real scare.

Remote Patient Monitoring

Deborah Gulbrand 39:00
And so for me, and what's been going on with my company is now remote patient monitoring is happening at a time when there are so many more reasons that it's necessary. You know, when I started in this 17 plus years ago, it wasn't something that was even reimbursed. It was something that some very forward-thinking health systems, providers said, you know, I have to figure out a way to improve my patient outcomes.

Deborah Gulbrand 39:40
I need to make sure that what I'm doing is making sure that my patients are getting better and If not getting better then not getting worse. Okay, and so they were saying I'm going to make this investment because I'm going to improve outcomes and ultimately In the long run.

Deborah Gulbrand 40:01
We're going to have cost avoidance because they're not going to be going back into the hospital. Fast forward to now. And, you know, what was traditionally used for the big disease process, which is I always call hypertension, CHF, COPD, pneumonia and diabetes, now it's six.

Bill Gasiamis 40:26
What's CHF?

Deborah Gulbrand 40:27
Congestive Heart Failure. Sorry, now it's six, number six is COVID. So you've got hypertension, which has high blood pressure, which is also the number one leading cause of stroke. So you've got hypertension, you've got congestive heart failure, all right, that's when the heart muscle isn't working properly.

Deborah Gulbrand 40:49
And there's a backup of fluid in the system, which leads to organ failure and renal dysfunction. Then you have pneumonia. And, and you know, you have patients with emphysema, frequently, COPD, pneumonia, emphysema, those things are always together. And then you have patients with diabetes.

Deborah Gulbrand 41:10
Now, when I worked in the cath lab, we would have a patient that would come in, they would have a heart catheterization, and that's where the doctor goes into a vessel in the body goes up to the heart, and they take a picture of the vessels in the heart. And this is where they find out if there's a blockage or not.

Deborah Gulbrand 41:32
Okay. So, you know, you would look at somebody that was a smoker, and you would look at their vessels, and they would be really, really tiny and closed off. And then you would look at a patient that was diabetic, and look at their vessels, and they would look very much the same.

Deborah Gulbrand 41:50
And so, you know, I don't think a lot of people think about that with diabetes is that there are all these other issues that happen, and oh, what happens when your vessels are closed, you can maybe form clots, and maybe have a stroke. So there, they're really all you know, together, because so as your body, you know, your body functions, all these organs function together, when one goes down, another is going to be affected.

Deborah Gulbrand 42:20
So you add COVID into that. And now, the government is saying, we have we have this huge health emergency in Yeah, we have a lot of patients that have all those other diseases. But this one is killing a lot of them really quickly. And so what are we going to do about it? Oh, wait a minute, we've got remote patient monitoring that's been around.

Deborah Gulbrand 42:46
And so with the big push with COVID, they started having all these patients on remote patient monitoring, because they didn't want to bring him into the hospital. And of course, a lot of these patients have guessed what one of those five disease processes that I told you about, and they found out that wait, it really is

helping us deal with all these other things, too.

Deborah Gulbrand 43:12
And so what I see is we've moved forward in leaps and bounds after COVID In remote patient monitoring. And because of what we found and the results that we achieved, we're not going backwards. So, you know, it did teach us a lot about the benefits of being able to care for either chronically, or acutely ill patients at home. And it really is the wave of the future.

Bill Gasiamis 43:46
Are you attending the home to check up on them, or is it happening online? I know there's maybe a portion of both. But to me, when you're talking about remote, I'm thinking, okay, they're doing something that's connecting them to some kind of a software program, and that's sending you guys information, and you have it at the drop of a hat. Is that right? Is that right?

Deborah Gulbrand 44:10
That is exactly how it happens. So you know how the patients get the monitors, there's, there's a few different ways that that happens. Sometimes you have a patient that goes into the ER, and because their frequent flyer, the ER says, you know, we're gonna send you home with one of these monitors, so that you're not in here every week.

Deborah Gulbrand 44:30
Or you have a health system that says, you know, we're seeing this patient every three months. And we got to figure out how to keep this patient well for a longer period of time. And so you have physicians that are are seeing this with a lot of their patients.

Deborah Gulbrand 44:49
So what they'll do is they will work with Connect America, and they will plan on sending these devices and And one of our favorite things that we have, you know, remember I said that the company used to basically be a purse company.

Deborah Gulbrand 45:07
And that's that personal emergency response, I'll fall in, I can't get up. Press the button. So what they've done is they've actually combined that with remote patient monitoring. So you can have a patient that's elderly, you put one of these devices out there, there are peripherals that are attached to that not attached to

the, to the box, okay.

Deborah Gulbrand 45:31
But transmit through the box, like a blood pressure cuff, a pulse ox that tests oxygenation, potentially a scale, potentially a glucometer, if the patient is diabetic, and so that patient will, under the instruction of a clinician or clinic, a team, they'll educate them, you need to get up every morning and take your vital signs.

Deborah Gulbrand 45:55
And when you do that, all of those results will be transmitted back to me. And I'll be able to view all of this through a portal, and the portal that we call our porter, touchpoint care. And so as a clinician, I would be sitting in front of my computer like I am now. And I could look at all of the information, all my patients all their vital signs.

Deborah Gulbrand 46:21
When I get that data, and I can set the system up to where it will actually alert me if these vital signs are outside of parameters. So I'll look at the information up maybe I'll call the patient. Hi, Miss Betty, you know, I see that your blood pressure's high today, have you taken your meds yet?

Deborah Gulbrand 46:40
No, honey, I just woke up. So you know, why don't you go ahead and take your medication, Miss Betty and then recheck your vitals in an hour. So it seems like something really simple. Just that minor communication.

Deborah Gulbrand 46:54
But you remember, we talked about this earlier, that when you're in the middle of this disease process, and all of these things that are going on, it's sometimes hard to know what to do next. So not only do you have a device where the patients can be monitored every single day, but you also have now opened up the window of communication to where that clinician can communicate with that patient every single day.

Bill Gasiamis 47:24
And that's for some people more communication with somebody than they would usually have about these matters. That's way more communication than some of these people might have for weeks. Between visits so the hospital.

Deborah Gulbrand 47:42
Well, you think about this, too, not just visits to the hospital. But how many times do patients see their doctors a year? Some people every few years.

Bill Gasiamis 47:55
Some people every day or every second day or something.

Deborah Gulbrand 47:57
Yeah, but usually you have a yearly checkup, yeah, maybe twice a year. And so when you're in the doctor's office, they'll take their blood pressure, they'll take vital signs there, but patients are nervous. So if you're going to be dosing medications, dosing those patient medications, are you going to be dosing those medications on one reading, and then hope for the best until six months passes?

Deborah Gulbrand 48:25
This way, you're able to That's right, that's right. This way, you're able to more closely follow the patient, you're able to change the dosages when needed, so that instead of this patient doing this with their vital signs, they're more like this. And so you are able to identify and recognize those problems, either before or as they're happening, and make sure that the patient gets the changes to their plan of care, or comes in to see the doctor or you or at least the clinician, that is directing what is happening with that patient.

Bill Gasiamis 49:06
One of the most annoying things was going to the multiple doctors and follow up appointments and outpatient appointments. It was one of the most annoying because you're kind of trying to do recovery, and you're trying to get back to your life. And then what's happening is you're being interrupted with these appointments that you have to get to and sometimes I had two, three appointments a day every second or third day.

Bill Gasiamis 49:36
So this is really improving the amount of time I get to have back to myself, it gives me the opportunity to not have to have that one-hour commute to the hospital in that one-hour commute home. To have a regular general checkup and to discuss things with my doctor. I like that idea and I know what remote dialysis has done for dialysis patient.

Bill Gasiamis 50:07

And how much improvement in their own life that has created because they can monitor it from home and do it from home, and not have to spend hours and hours in hospital, taking up the resources of the hospital, and also then the space of somebody else perhaps. But then also, just the trouble of for some people who also don't live close to a hospital, the hours and hours of travel to get there just to do dialysis.

Bill Gasiamis 50:39
So I like the idea of being able to monitor somebody have really good data on them know what their vitals should look like on a normal day, and then be able to really respond rapidly instead of again, waiting for them to get to hospital, or get to a doctor, and then take action from there.

Bill Gasiamis 51:03
And you've only got half the picture, you've only got well not even half the picture, you've only got the information that you get. When you get to the doctor, when they take your vitals you don't have all of these other weeks and weeks and weeks or maybe even years of data.

In The Comfort of Your Own Home – Remote Patient Monitoring

Deborah Gulbrand 51:19
Right. And just think whenever the nurse every time that nurse is having a communication with that patient, they're writing nurses notes. So not only do you have all of this trended data that you can look at.

Deborah Gulbrand 51:32
But there's all these notes that go along with it. So you really get a true picture of what the health status is of that patient. And you know, having a patient that can be cared for at home, what's the most relaxing, comfortable place that you can be is in your own home.

Deborah Gulbrand 51:54
And so for a patient's overall wellness, just being able to be in an environment where they feel calm, protected, it does a lot for their overall health and wellness. So it's a great place to be I mean, look, my mom lives with me. And we care for her. She's handicapped, and she does have some health issues.

Deborah Gulbrand 52:21
And I've literally have, you know, one of these monitors up in her room for when, and here I am downstairs, I have one of these monitors in her room. So that if if I'm gone, if something happens, she can press that emergency button. You know, we're monitoring her vital signs.

Deborah Gulbrand 52:43
So that when she goes into the doctor, or when she has a communication with a doctor, she can say here, look, these are my vital signs. These are my readings, this is what's been happening to me. And she's had several surgeries over the past few years. So it's been a huge benefit. Because it's always easier to make a decision. When you have more information.

Bill Gasiamis 53:05
Yeah, we have my father in law, who is at home is in a wheelchair, he has very debilitating arthritis, and his limbs don't move properly. And therefore he can't walk and be totally independent, although he has a level of independence. And the three girls that care for him, his daughters on a rotation roster to care for him in the evenings.

Bill Gasiamis 53:31
And then we have caregivers that go during the day and they prepare him in the morning and help him shower and the rest of it. But there's a period of time where he's alone because the girls go after work. Before they go home to their own families. They go cook him a meal and make sure he's ready and prepared and got everything he needs.

Bill Gasiamis 53:52
And they put away his groceries or, you know, do some chores or whatever they need to do. But there's a gap there where we don't know how he's doing. And we don't know what's going on. And he has one of those personal devices that he can press if something personal emergency response device, he has one of those that he can press.

Bill Gasiamis 53:52
And that has been a relief because it's connected to somebody that will call us and say hey, your dad's pressed the device we spoke to him on the speaker he is responding. But we're not sure exactly what's up, you need to go there and sort it

out. So we'll attend pretty rapidly or we can very easily get a neighbor to go and attend.

Bill Gasiamis 54:39
And we can have him cared for almost immediately after he presses the button. And that's a lot better than finding him the next day in God knows what situation now. He is also constantly monitoring well, he's not so good at doing it because he can't do it alone. But we're constantly monitoring his blood pressure, his sugar levels, and all those different things.

Bill Gasiamis 55:13
And one of the things that has been happening with him lately is he's getting really tired of going to all the doctor's appointments, because, he might have two, three or four appointments a month, and he's just over it, he does not want to be doing it anymore. And the girls have to drag him to the appointments almost.

Bill Gasiamis 55:32
And usually, it's to address these types of things that you mentioned, it's to address the medication, or the level of medication that whether we need to put it up or down, whether it's the right medication. And he had a triple bypass when he was in his 50s. And now he's in his 80s, so about 30 years ago.

Bill Gasiamis 55:54
And we're starting to get that aftereffect of the triple bypass surgery, which is heart failure that happens later on. And fluid build-up and all those things. And it's been a definitely, it's been a battle to get to the point where we have him now stable. And we've worked all of that stuff out, there's been a team of people behind that achievement, plus the three girls and everybody else that is involved in their family, you know, in their lives.

Bill Gasiamis 56:31
All kind of trying to just get into this balanced state. And if you ask me, now that I know that it exists, what we're missing is we're missing data. We're missing all this data that we can respond to rapidly, because none of my sister-in-law's or my wife, none of them are experts.

Bill Gasiamis 56:53
And they don't know how to work it out. And he doesn't know also how to communicate what's happening to him. It's that whole thing that he doesn't

exactly know how to express what's happening to him.

Bill Gasiamis 57:05
And we assume because of the way that he was describing it, we assumed that the fluid buildup was indigestion or something else. Because that's how he would describe it. And then it said he would feel a heavy chest when he would go to bed, therefore he stopped sleeping. He started sleeping, sitting upwards, which made his legs expand.

Deborah Gulbrand 57:30
Classic symptoms.

Bill Gasiamis 57:32
Yeah. And we had no idea because we're not educated in that space. We've never seen it before. And I think what we were missing is the ability to have somebody really answer our questions rapidly look at data and go yep, this is what's happening. This is what's going wrong. Let's address it really quickly. I love the idea and the possibilities that the remote patient monitoring how much it can improve people's lives, as well as caregivers, loved ones, siblings, children, everybody?

Deborah Gulbrand 58:07
Well, so think about, you know, you've got that the Personal Emergency Response device, think about what it would be like if you had attached to that or something that would transmit all of these vital signs. But on the other end of those is a clinician that is able to evaluate the information, talk to your dad, and call and ask the right questions.

Deborah Gulbrand 58:33
And based on the answers, and how he's describing his symptoms, they would be able to say, Okay, this is what needs to happen next. And if you can't make it into the Doctor, why don't we have a video visit with the doctor? We can do that right now. Can you get you know, can you pull up your tablet?

Deborah Gulbrand 58:53
Can you you know, that sort of thing. We can have a video visit and then the doctor can talk to you on the phone. And you might not have to go into the office and see that doctor. They can make changes to the medications. They can certainly you know titrate you know, you said that he's diabetic? Did you tell me

he was having to test his blood sugar?

Bill Gasiamis 59:22
I think it's blood pressure.

Deborah Gulbrand 59:26
Okay. So you're able to titrate all of those things. And you know, you talked about how you had your whole family in this team. And this isn't unusual, because it literally does take a village to care for someone, not just some little child.

Deborah Gulbrand 59:41
Takes a village and the way I see it is that remote patient monitoring is definitely going to be part of that village moving forward. It just doesn't, you know with the cost of health care. All right, and honestly, I I would have to say that I would never want to send somebody to the hospital and not be there with them to make sure that everything is going, okay.

Deborah Gulbrand 1:00:11
You know, my mom has me here, she's got her own private nurse, right. But most people don't have that. But knowing that you've got somebody that is, you know, maybe they have a family, maybe they don't, maybe I'm the one that's on the other end of that monitor monitoring this patient.

Deborah Gulbrand 1:00:30
And I'm the only one that talks to that patient all week long. You know, so it's not just the physical, the medical, it's the the emotional, and, you know, really the psychiatric part of everything as well.

Bill Gasiamis 1:00:48
Yeah. And that's the one of the good things that came out of COVID. Sounds like it's accelerated the level of the acceptance of this. And I have a friend of mine, who's a former intensive care nurse, and he's set up a business called intensive care at home. And, of course, his business was going nuts in Australia, when COVID was, at its peak, say maybe even less 12 months ago was at its peak here.

Bill Gasiamis 1:01:24
And it was pretty difficult to access it was difficult to be able to go to a hospital, see people in hospital attend the hospital. So for the loved ones, it was such a dramatic time, because we could not get into hospitals, under any circumstances,

it does not matter what condition your loved one was in, you just couldn't get in there.

Bill Gasiamis 1:01:49
And to help people at home in an intensive care situation being cared for. It seemed to create great relief for the hospitals, the feedback that I'm getting from my friend it created relief from the hospitals because it had more ICU beds available. And then it created relief from the patient's perspective, because they were at home with their loved ones.

Bill Gasiamis 1:02:17
But for the loved ones, it was a relief, because then their loved one was not isolated in a hospital that they couldn't get to and see. So it was just an amazing experience. And his biggest problem is trying to find ICU nurses to support the business. Right? You know, we're we're in the past, his biggest problem was trying to convince people that this service is necessary. And how can you guys not understand the benefit of of making free an ICU bed?

Deborah Gulbrand 1:02:57
It's so true. It is so true. And you know, I kind of laughed at the our marketing team when they they said, Hey, there's going to be a podcast. Can you talk about remote patient monitoring? And of course, I laughed, because I said, you know, I could talk about remote patient monitoring all day.

Deborah Gulbrand 1:03:14
But you know, during the 17 plus years, I've really been living it. I've been doing it. I've been helping organizations across the country, basically develop programs. And so when I knew I was going to have this podcast, I said, Well, you know, let me do a little bit of research and see what's out there.

Deborah Gulbrand 1:03:33
And see, you know, what studies have been done, because when I first started in it, it was really relatively new. So we didn't have all the studies. No, there was very little out there that you could research on it. And when I was doing research for this, it was just overwhelming how much information that I was able to find, study after study.

Deborah Gulbrand 1:03:55
And what you're saying is absolutely true. I feel like this COVID 19 epidemic has

really opened the eyes of the medical community, on the benefits of being able to monitor someone at home. And whereas we were doing it all this time for all of these really chronic illnesses. I think that it just really opened their eyes to say wow, this is really great, you know, and it's great for so many reasons.

Improved Patient Treatment – Deborah Gulbrand

Deborah Gulbrand 1:04:28
For me as a nurse, I love the fact that it improves outcomes. You know, you try in you think of what can I do to help this patient? What can I do that's going to make a difference? You know, how can I change the outcome, the trajectory of of their health care in the future.

Deborah Gulbrand 1:04:50
And for me, it has been designing a program that is going to not only monitor what's going on with them, address their needs needs, and really allow me to walk them through the healthcare continuum.

Deborah Gulbrand 1:05:05
And say, this is what you need to be doing today. And this is what you need to be doing tomorrow. And you need to go see your doctor in 10 days, and making sure that all those things happen for that patient.

Deborah Gulbrand 1:05:19
I feel that it's been, you know, you want to always look at the positive things that come out of a bad situation, right? And you hate for it to sound like a cliche, but for me in what I do, the fact that it has really raised the awareness for the need for something like this has been something that I've been waiting for a long time.

Bill Gasiamis 1:05:44
Yeah, definitely nothing more dramatic than a pandemic, or some really serious situation in the world for you to become critically aware of, we need to do things differently, you can imagine. And I'm thinking about, you know, the good old days, you know, where there wasn't the hospital systems that we have now, which, by the way, are flawed and have all these problems.

Bill Gasiamis 1:06:12
But even as flawed as they are, they're the most amazing thing to even exist. The old days. 150 years ago, people used to care for their loved ones at home. And

whether they were a nurse whether they were a doctor, doesn't matter what they did, they were treating and caring for their patient, at home, their loved one at home the best they could.

Bill Gasiamis 1:06:39
And I know that not everybody would want to do that. But there's a level of comfort in being able to do that at home and decreasing the anxiety. I know my wife and her sisters, anxiety at some points was through the roof, because we would call for hours and hours and hours trying to get through to just check up on their father to make sure that it was okay. Now we couldn't, under any circumstances get through them.

Bill Gasiamis 1:07:11
So that whole, being able to being able to be a little bit in control of that has been taken away by hospitals, like hospitals have taken away our ability to be in control of at least our our, the situation where we are able to connect with our loved one, our patient, family member, our friend, our whoever.

Bill Gasiamis 1:07:38
And, in COVID went to the extreme, it went to the point of complete isolation from them, not only have we outsourced now, the health and care and the well being which is great. We've also now completely isolated them in order to help them and care for them.

Bill Gasiamis 1:07:56
And we're making matters worse, because he was not happy when he was not seeing his kids for three days or four days or five days in a row, he wasn't happy about that at all. And that wasn't making him better at hospital, he didn't want to be there.

Bill Gasiamis 1:08:14
You know, it wasn't helping the situation, it wasn't increasing patient outcomes, always making it worse. So I can see it as a person who's been through stroke, the benefits of it, I can see the benefits of it as a person who has a loved one who's constantly in need of care, and monitoring, how that impacts their life and the difference it makes.

Bill Gasiamis 1:08:42
And I can see how it impacts my sister in law's and my wife, you know, when

they've got to deal with all of the stuff that they deal with every day. And then the intense emotions when they get a phone call that says hey, your dad's fallen. And somebody needs to get to the house to get to him.

Bill Gasiamis 1:09:10
And we've called the ambulance and they're on their way. I think it'll make for them a product like this, a service like this would make would create peace of mind. I imagine. That's one of the main goals there for people.

Deborah Gulbrand 1:09:26
Well, the I feel like there are some definite changes to certain models of care. I mean, one of the things as we're talking to different types of organizations, you know, I'm seeing this resurgence of doctors making hospital visits or making visits patient visits at home.

Deborah Gulbrand 1:09:46
And you know, we just talked to an organization and this doctor actually goes out and sees all of his patients he wants to put Remote Patient monitors on all of them and be able to collect This data, have the clinicians instead of him going out for maybe necessarily a wellness visit, to really be able to plan his visits based on patient need.

Deborah Gulbrand 1:10:12
And so they're able to say, this is what's going on, this is what's trending, this is what's happening with the patient, this patient needs a visit, blah, blah, blah. And so they're being able to use this in different ways, as they start to turn towards different models of care. And so, you know, it's been really fascinating to me to see how it's been used in different ways.

Other Applications For Remote Patient Monitoring

Deborah Gulbrand 1:10:39
Before, as I said, those top five diagnoses, that's really where I saw remote patient monitoring, and the majority of the people that use it, now we have programs that are psychiatric programs that are monitoring their patients at home because their patients don't feel comfortable coming into the doctor's office.

Deborah Gulbrand 1:10:58
So they're having that outreach and having that constant communication with them, checking on them, etc. Even for our patients that are high-risk OP, you know, having these moms that, you know, I was a high risk obstetric patient, so having them and sometimes there's gestational diabetes, so having these monitors at home, so they're not actually having to come into the doctor's office.

Deborah Gulbrand 1:11:28
And, you know, when you're huge pregnant, it's not always a fun thing to do to have to get dressed, then go into the doctor's office, and then when you start to have issues like being on bed rest, so it's fascinating to me, and I love seeing how many different ways this technology can be used.

Deborah Gulbrand 1:11:49
You know, one of the things that I came across that I wanted to share with you, when I was doing my research was that, and this is I love looking at the Mayo Clinic because it's such a huge research institution. And they're always, they're always doing something that I find interesting.

Deborah Gulbrand 1:12:09
So they were using telemedicine, what they were doing, and this has two-stroke. So what they were doing is they would send the, they would send EMS out to the patient's home. And they would actually have a remote patient monitor in, in the actual vehicle.

Deborah Gulbrand 1:12:30
And so while they're in the vehicle, they're giving all this information to the physicians that are in the hospital, so that, you know, everything that would have happened once the patient hit the door was happening in the EMS van.

Deborah Gulbrand 1:12:48
And it was utilizing this equipment, and that was something that I had never heard before either. And so I I just love where we're going in the future with this. And I love that the medical community is now embracing this for the the tool that it is absolutely great.

Bill Gasiamis 1:13:10
Yeah, it makes sense. You mentioned the hospital having however many extra minutes of data from the ambulance ride, imagine, you know that that's live that

data, it’s in the ambulance, it’s getting delivered to the hospital at the same time live on the system.

Bill Gasiamis 1:13:35
Rather than waiting and not necessarily knowing exactly what the situation is you are getting feedback from the ambulance perhaps they they’re preparing the hospital for the person’s arrival. But imagine having some additional data that’s been live transmitted directly to the ER.

Deborah Gulbrand 1:13:54
Right. I mean, they’re able to do a stroke assessment, they can see where the patient is, they can tell them, hey, it’s it’s time for you to start this medication. Get these things going so that by the time they’re walking in the door, they’re going straight up to wherever they need to be. You know, in in cardiac medicine, we always say that time is muscle.

Deborah Gulbrand 1:14:18
The longer that patient was somebody’s coming in with a heart attack, then that’s that’s, that’s heart muscle that’s dying. Yeah. And it’s the same way with a stroke except his brain. Yeah, it’s the brain. So very, very important to be able to get that quick response and to know what’s happening.

Bill Gasiamis 1:14:40
It’s really lovely that you guys reached out. I’m so glad I got to talk to you about the nursing side of this as well because that’s something that really, as you realized, was really important to me and it’s really important to a lot of family and other people you guys care for. So thank you for being a nurse and doing that amazing work and making people better.

Bill Gasiamis 1:15:08
That’s amazing. Thank you so much. Thank you for doing this kind of work, because this is going to make things better for people as well, I really believe that it’s necessary and it’s missing. And it’s really interesting to see how technology is making things better for everybody.

Bill Gasiamis 1:15:41
It’s so great that we can embrace technology in this way and use it for good and make a massive difference to the, to the daily experience of, of the people having in the medical system.

Bill Gasiamis 1:15:54
I think that I would have loved to be able to connect with a couple of doctors, or a couple of the people that were caring for me. And save the three or four hours of travel backwards and forwards, absolutely, especially in the time where after-stroke fatigue is a major challenge that you have to overcome.

Deborah Gulbrand 1:16:18
Among other things.

Bill Gasiamis 1:16:19
Yeah, and you have to sometimes drag yourself to these appointments, which are important, but they're so difficult to get through. Sometimes you would rather not go even though you really have to go. So it's great. It's great that technology is doing that I really appreciate the fact that you guys reached out.

Deborah Gulbrand 1:16:38
I'm so happy that you're you're you have the show so that you can raise awareness. Because, you know, everybody says, and you hear this heart disease number one killer, but what people don't understand is where stroke actually falls in with that. I mean, as a woman, and you know, you have a lot of studies that don't necessarily focus on women.

Deborah Gulbrand 1:17:03
And I thought it was really fascinating to learn that women are affected by stroke, or actually die from stroke, twice as much as breast cancer. And you know, people just don't know that. They don't know how important it is to know what the early warning signs are.

Deborah Gulbrand 1:17:26
And if they see somebody that is having any of those issues that they need to you know, it's not something where you need to wait around and see what happens, you need to go to the ER, you need to call 911 immediately.

Bill Gasiamis 1:17:41
And that's one thing we haven't actually discussed. But as we wrap up, we should briefly discuss it is this can also intervene really, really early on. If somebody is presenting with arrhythmias or somebody's having a stroke. This can be a real quick intervention, we could really rapidly respond to somebody that's at home. That's about to have serious health scare. Right?

Deborah Gulbrand 1:18:12
And you know, with the remote patient monitoring equipment, the equipment will actually identify if the patient is in an arrhythmia. It doesn't as of right now, it doesn't say the exact rhythm. But the fact that the patient isn't in a normal sinus rhythm is significant. And it absolutely is a reason for the patient then to seek medical help.

Bill Gasiamis 1:18:39
Fantastic. On that note, thank you so much for being on the podcast.

Deborah Gulbrand 1:18:43
Yes. Thank you, Bill, it was really great to talk to you.

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