

Connecting patients and providers, virtually everywhere





# Agenda



- 1. TeleStroke Service Overview
- 2. Operational & Clinical Workflow
- 3. Implementation Process & Next Steps
- 4. Telehealth Portal and Education
- 5. Q&A

# **TeleNeurology Success Metrics**

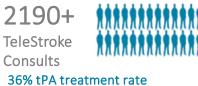




now with local access to our team of neurologists.







36% tPA treatment rate (compared to 6% nationally)



~2120 LOS days saved (~33%)



need for inperson visits

60 CASES



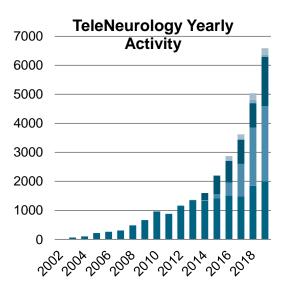
60+ Tele
NeuroCritical
Care Consults











# TeleStroke Service Overview – Clinical Quality



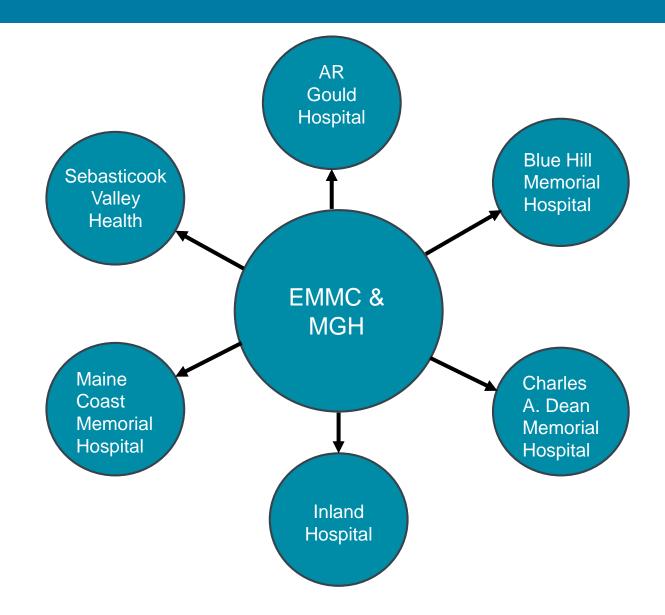
Our attending staff members are all board-certified neurocritical, vascular, or general neurologists and provide the highest quality 24/7/365 TeleNeurology coverage available.

- 150+ Independently-funded research grants
- 1,000+ Peer-Reviewed Publications
- 1060\* Invited Presentations



# Operational & Clinical Workflow – Hub and Spoke Model





# Operational & Clinical Workflow – Coverage Model



Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
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8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							

### Key:

MGH Coverage	
EMMC Coverage	

\*Visual represents a standard week – MGH will provide full coverage on holidays including New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Day

# Operational & Clinical Workflow – Clinical Overview



### Step 1: Initiate Consult

When a patient with stroke symptoms is in need of emergent care, the spoke team pushes the patient's imaging and calls the TeleStroke answering service.

Step 2: Case Review

The Neurologist returns the call within 5 minutes to discuss the case and review images.

The consult may transition to video where the neurologist will asses the patient with the assistance of local staff.

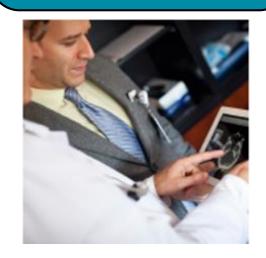
Step 3: Collaborative Decision-Making

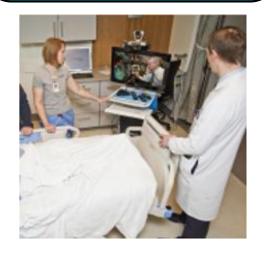
Upon completion of the examination, the findings will be discussed with your team, and the patient and family if available. Together you will decide on a plan of care for the patient.

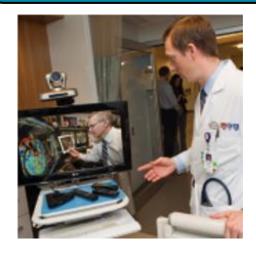
Step 4: Documentation

The Hub Neurologist will document their assessment of the patient and recommendations in the TeleHealth Portal. Consult notes are available for those with access to the portal, and will also be uploaded, manually or through API integration, into the EMR.



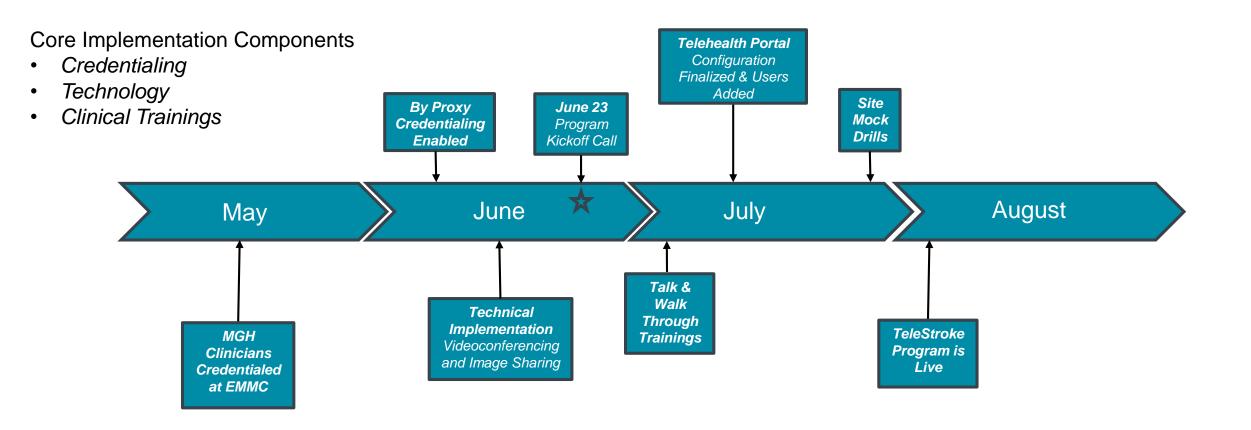






# Implementation Process - Overview





# Clinical Trainings – Core Program



Talk Through

- Led by Clinical Program Manager at MGH
- Includes an overview of the TeleStroke workflow
- One Session

Walk Through

- The Walk Through Sessions build on the Talk Through program workflow is built out to include site specifics
- Videoconferencing cart is in place to reference as part of the program
- Two Sessions

Mock Drill

- All technical requirements for the program must be in place
- Replicates real-life "code stroke"
- Two for each site MGH and EMMC

### **Participants**

- ED physicians
- Nurses
- IT Support
- ED Staff
- Neurologists

...all those involved in requesting a TeleStroke Consult and documenting the encounter

# Additional Training Components



### **Hub Provider Trainings**

Group: EMMC Physicians
Providing TeleStroke
Coverage

Content: Provider-specific training on the TeleHealth Portal and Videoconferencing

Led By: MGH TeleHealth Engineers

### **EMMC Clinical Kickoff**

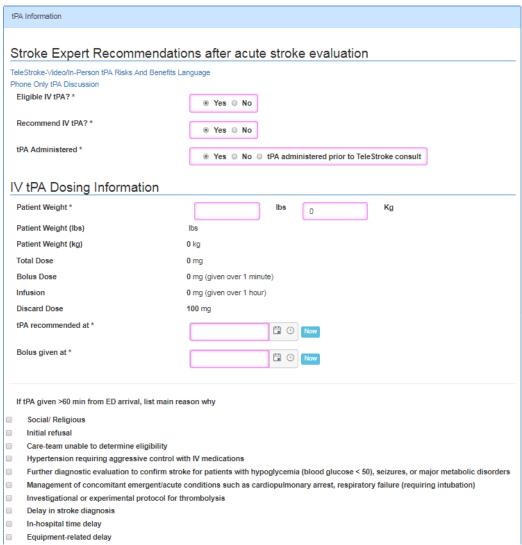
Group: EMMC Nursing Staff

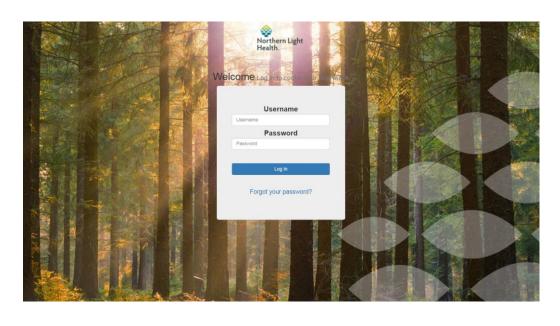
Content: Localization of stroke, Completing a Stroke Scale, and Basics of Endovascular Therapy

Led by: MGH Nursing Educators

### **Telehealth Portal**







#### TeleHealth Reports

These tools are designed to empower service recipients and providers to make optimal use of the available TeleHealth resources. They enable users to make informed decisions that support continuous program improvements and make a positive impact on patient care.

For your convenience, these reports can be exported in a variety of formats, including Excel and PDF documents. If you have any questions or feedback with regards to the use of these tools, please

tPA Timeline

#### tPA Timeline

A TeleStroke timeline of events. including from LSW to tPA Administration, with comparison against standard benchmarks will allow you to gauge the expeditiousness of your thrombolytic treatment processes.

A comparison of consult type and meeting your expectations across different care settings.

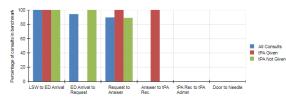
Patient Location

#### NIHSS Analysis

Segments NIHSS results for patients patient location may help you gauge that were and were not administered into the severity of the stroke cases retained by your facility(ies).







Disposition

Displays the recommended disposition of patients by service line, providing valuable insights into TeleHealth-optimized patient triage for your facility(ies).

# **Education and Certification Support**



ALREADY REGISTERED?



### Stroke and Other Common Neurological Conditions





COURSE OVERVIEW

CONDITIONS

COURSE OUTLINE

FACULTY

STROKE AND OTHER COMMON NEUROLOGICAL

ACCREDITATION

DISCLOSURE STATEMENT

CONTACT US

#### Offered By:



Stroke and Other Common Neurological Conditions covers a variety of essential neurological topics, including vascular neurology, neurocritical care, general neurology, and patient care. The topics were chosen with the purpose of targeting the increasing disparity between demand and availability of neurologists and empowering health care professionals to increase their comfort level in the referral, recognition, and treatment of neurological conditions.

Eleven lectures from world-renown neurologists and neuroscience nurses from Massachusetts General Hospital are currently available in this course. Eight additional lectures are being added to the course and will become available in mid-October 2019.

LEARNING OBJECTIVES

#### Earn up to

17.00 AMA PRA Category 1 Credits™

17.00 CNE Contact Hours





# Questions?





# **Program Contact Information**



### Implementation/General Program Information

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### **Medical Leadership**

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