

MASSACHUSETTS GENERAL HOSPITAL

TELEHEALTH

TELESTROKE AND EMERGENCY TELENEUROLOGY CONSULTATIONS



The Mass General Hospital (MGH) TeleStroke and Emergency TeleNeurology Program is the leading innovator in providing hospitals and clinics with remote access to world-class stroke care.

The Program provides 24/7/365 clinical coverage for acute stroke and emergency neurologic conditions and access to a board-certified vascular neurologist or neurointensivist within five minutes.

For more than 20 years, the MGH TeleStroke and Emergency TeleNeurology Program has empowered over 50 community hospitals to care for and retain patients with stroke or emergency neurology conditions. The Program fosters a collaborative approach to patient care and is proven to improve efficiency and quality in local neurological care, facilitate stroke certifications and continuously transform community stroke and neurology care delivery.

BENEFITS OF PARTICIPATION

- Provides instant access to the premier stroke expertise available at the MGH Acute Stroke and NeuroIntensive Care Services
- **Triples** retention rate of stroke or other complex neurological patients compared with onsite coverage
- Decreases door-to-needle times

- **Provides** free CME/Nursing Credit online lectures and onsite medical and nursing education through the Harvard Medical School
- **Opens** opportunities for outcomes research collaborations at your facility, to understand the impact of innovative care delivery models
- **Ensures** detailed documentation of finalized consults with the ability to push automatically to your EHR

INTRODUCING CONSULTATIONS + clinTELEgence

The Massachusetts General Hospital (MGH) Stroke Service is excited to release a unique program that blends virtual clinical consultations with access to the protocols and guidelines used every day at MGH, developed and annotated for your use by our board-certified Harvard Medical School Stroke Faculty. This powerful combination will boost and expedite your adoption of the latest evidence-based practices and bring tangible efficiencies to the delivery of complex care by your team. In contrast to commercial TeleStroke offerings, this adaptable service model can be customized to your organization's specific goals and will optimize your clinical care decisions at the bedside.

The Service includes all the following:

- As-needed TeleStroke coverage by Stroke faculty with access to imaging studies and video-enabled patient evaluations
- Unlimited access by your clinical staff to an extensive and carefully curated and annotated set of MGH Stroke materials, including protocols, guidelines, and order sets, updated on a yearly basis
- Relevant references to MGH materials or latest literature included in each consultation to converge theory, evidence, and patient care practice in an actionable, tangible and impactful ways
- In-depth clinical case conferences with MGH subject matter experts or multidisciplinary teams, focused on any knowledge area of your interest within NeuroCritical Care
- Unparalleled opportunities to review unexpected outcomes and conduct root cause analyses with quality and safety subspecialty experts recognized nationally and internationally
- Frameworks for continuous performance improvement to both differentiate your service in your region and to avoid problems before they occur
- Additional optional services available as desired, including confidential peer review sessions, gap analyses and temporary medical directorships

massgeneral.org/teleneurology | 617-724-2318



TELEHEALTH

4 MINS average

RESPONSE TIME

40% of

TeleStroke

Patients received tPA

2019 METRICS OF SUCCESS

1900+ TeleStroke and Emergency TeleNeurology Consults

4 of 5 PATIENTS

Remained in their community hospitals

255 PATIENTS Considered as potential candidates for endovascular therapy

1 in 2 tPA PATIENTS

Remained in their community hospitals



HOW DOES THE EMERGENCY CONSULT PROCESS WORK?





Patient arrives at community hospital with acute neurologic symptoms





Within 5 minutes, MGH Physician and Community Hospital Physician discuss and evaluate patient to determine plan of care

MGH Physician shares documented assessment and plan via the MGH TeleHealth Portal, which can auto-push notes to the local EHR

THE MGH STROKE SERVICE ADVANTAGE

MGH TeleStroke and Emergency TeleNeurologists are world-recognized leaders in stroke and neurocritical care with expertise in **hemorrhagic stroke**, **neurointerventional radiology**, **coma**, **disorders of consciousness** and **stroke in young adults**. Our medical team has made unparalleled contributions to the advancement of the field, achieving **120+ independently funded research grants** and publishing **1,000+ peer-reviewed scientific articles**.

RESPONDING TO COMPLEX CASES AND TREATMENT

Participation in the TeleStroke and Emergency TeleNeurology Programs will lead to efficient identification of patients who are eligible for tPA or advanced treatments such as Endovascular Therapy. Within minutes, the MGH TeleStroke physician can identify these patients through video/phone consults and image sharing to allow them to be transferred to the closest tertiary hospital for treatment.

MGH Large Vessel Occlusion to Operating Room Process



Patient is identified as having a Large Vessel Occlusion (LVO) during TeleStroke consult



Community hospital staff initiates process for transfer via ambulance or helicopter



MGH TeleStroke Team meets patient at the helipad/ambulance bay and transports directly to the Endovascular suite for treatment

A TESTIMONIAL FROM SOUTHERN NEW HAMPSHIRE MEDICAL CENTER



Dr. Dilip Yarabothu, ER Physician:

"Our participation in the MGH TeleStroke Program has enabled the team at Southern New Hampshire Health to access top notch stroke care within the community hospital setting. This past year, I cared for a young woman who collapsed at the dinner table. She arrived at SNHMC unconscious and we discovered that she suffered a large subarachnoid hemorrhage from a ruptured aneurysm. With the quick response and help from the MGH TeleStroke team, we were able to fly her to MGH within an hour of arrival for definitive treatment. After careful follow-up and rehabilitation, she made it through with no deficits."

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