



MGH National TeleStroke Consortium

MGH/NLH TeleStroke Walk Through Training

July 15 & 16th, 2020

Connecting patients and providers, virtually everywhere



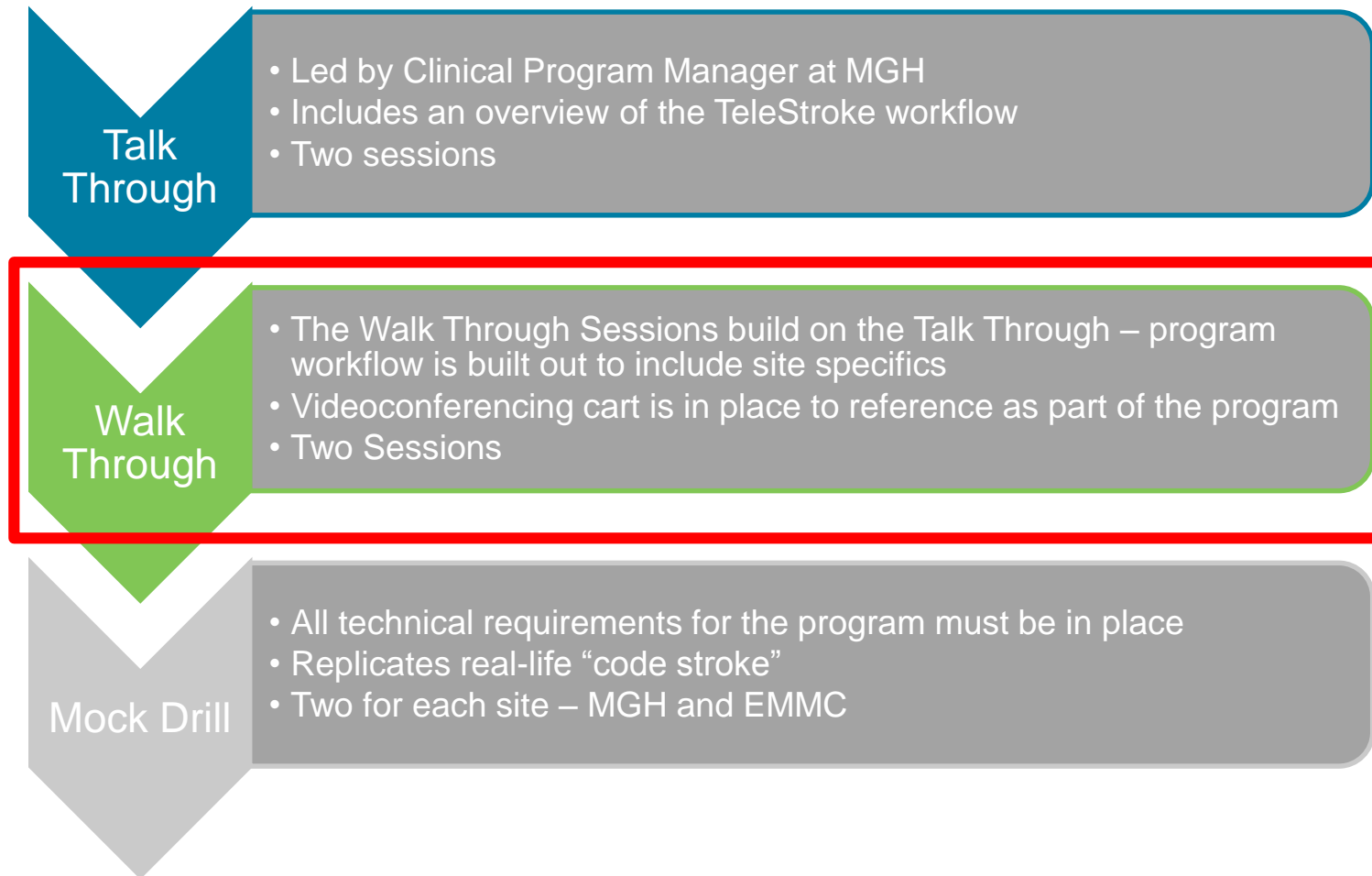
Northern LightSM
Eastern Maine Medical Center



MASSACHUSETTS
GENERAL HOSPITAL

TELENEUROLOGY

Clinical Trainings – Core Program

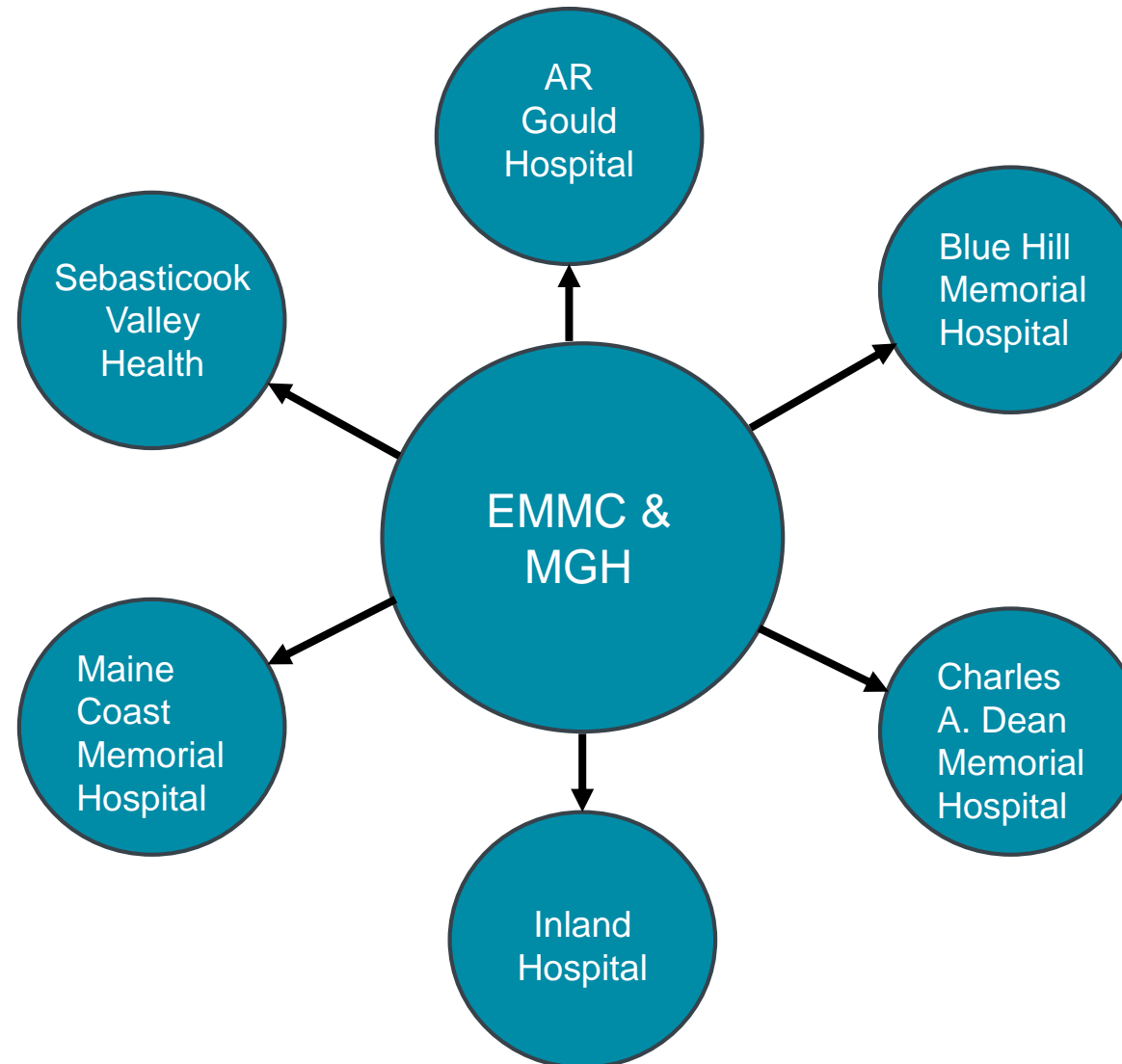


Participants

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

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

Review: Hub and Spoke Model



Operational & Clinical Workflow – Clinical Overview

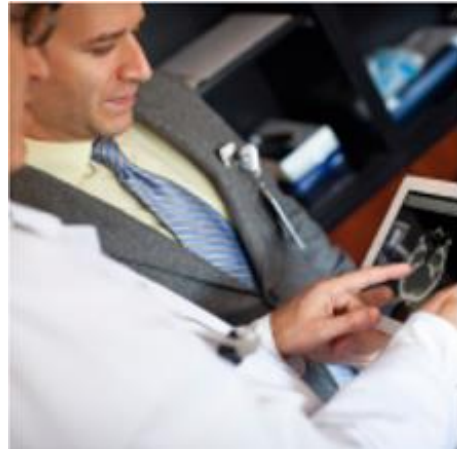
Step 1: Initiate Consult

When a patient with stroke symptoms is in need of emergent care, the spoke team pushes the patient's imaging and calls the transfer center to request a TeleStroke consult.



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 assess 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.



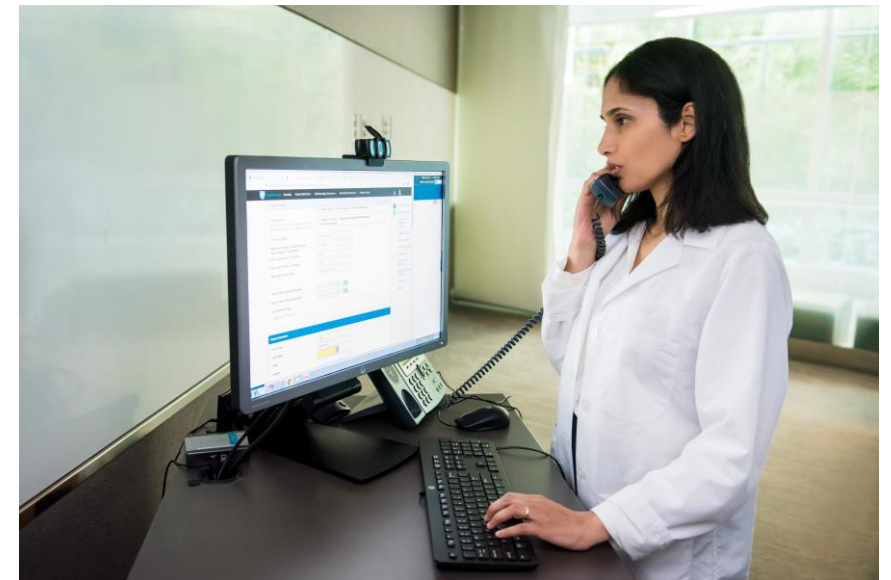
Step 4: Documentation

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 into the EMR.



Review: When to Call for a Consult

- Call for suspected acute stroke anywhere in the hospital
- Follow internal process for triaging of patient and acquiring imaging
 - MGH recommends NCHCT/CTA Head & Neck for patients with NIHSS ≥ 6 and LKW < 24 hours
- Imaging is pushed to MGH Destinations for all cases
 - *Consider radiology staff education on pushing the images to the correct destinations*
- Call the transfer center and request a TeleStroke Consult, provide information including:
 - Hospital requesting the consult
 - Physician requesting consult
 - Callback Number
 - Patient name
 - DOB
 - LKW
 - ED arrival time



Engaging the Consult

- Once you call the consult, the consulting neurologist will return your call within 5 minutes
 - If you do not receive a call back within 5 minutes, call back transfer center to initiate alert protocol
- Once the phone call is engaged, the consult may stay on the phone or transition to video
- If the patient is within the tPA window and has no identified contraindications to tPA, a video consult will be recommended.
 - NIHSS will be completed for video cases
- If transitioning to video, disconnect the call and the Neurologist will appear on the cart screen (we will cover the cart on the next slide)
- The consulting provider conducts the video exam, discusses the findings with the patient, family, and Spoke Provider and a mutual decision is made about tPA administration
- During this time, it will also be discussed if the patient is identified as having an LVO which is amenable to EVT





Considerations for the TeleStroke Cart

The cart should be stored in the area it is expected to be most used – think now about where this may be in your facility.

1. When a consult is about to be called, or right after, the cart should be retrieved from where it is being stored, wheeled to the foot of the patient's bed, and plugged into the electrical outlet. The cart is connected to the internet on wireless.

Who will be responsible for retrieving it? Who will be responsible for setting it up?

2. When there is an incoming call, the screen will auto-answer the MGH provider. Click "Start Meeting" for EMMC.

3. During the exam, a nurse or MA will stay by the patient's side to assist (even if family is present).

4. Once the exam has been completed, click "disconnect" and return the cart to its designated location.

Who will be responsible for this?

- Once the phone or video conversation has ended, the cart (if used) is disconnected and put away.
- For a video call, the patient disposition is typically discussed via phone after the video consult ends to avoid confusion.
- If there is a worsening in patient's condition, new results you would like to discuss or have follow up questions, you can reconnect with the consulting provider through the transfer center.
- Documentation is completed via the TeleStroke Portal.
 - HIM Team is responsible for uploading consult notes to the patient's record
 - Preliminary report: 3 hours; full report in 6 hours (excluding overnight)

Intro to the Videoconferencing Cart



Questions?



Program Contact Information



Implementation/General Program Information

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