Telestroke
“GET TO GATES”

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Hub & Spoke Telestroke Model

At the spoke site Nursing and Physician expertise on the use of the telestroke system is key.

Telestroke Goals

- Obtain neurology/neurosurgery consultation at spoke hospitals without on-site availability of these specialities
- Increase the frequency of providing timely IV tPA treatment to appropriate acute ischemic stroke patients
- Perform a NIHSS exam in an acute stroke patient
- CT scan of brain evaluation for acute stroke
- Consider other acute treatments (eg. IA tPA, Endovascular) besides IV tPA that may be offered by the hub hospital
- Provide consultation for stroke mimics (eg. CNS bleed, tumor).
- Provide a disposition plan
Telestroke Medical Liability

- No specific evidence exists to suggest that providing telestroke consultation versus local consultation increases the risk of malpractice claims against physicians.
- Failure to provide tPA is disproportionately the largest cause of malpractice claims concerning IV tPA for acute stroke. Telestroke consultation may actually help reduce liability exposure at spoke hospitals by providing proper documentation for not giving IV tPA.

Stroke. 2009;40:2635-2660
The NIHSS-telestroke exam by a stroke specialist in acute stroke is comparable to bedside-NIHSS assessment, and is recommended when bedside-NIHSS is not available.

Review of brain CT scans by stroke specialists or radiologists using teleradiology systems approved by the FDA is useful for identifying exclusions for thrombolysis in acute stroke patients.

Stroke. 2009;40:2616-2634
It is recommended that a stroke specialist via telestroke provide a medical opinion in favor of or against the use of IV tPA in patients with acute ischemic stroke when on-site stroke expertise is not immediately available.

If the lack of local physician expertise is the only barrier to the implementation of inpatient stroke units, telestroke consultation is recommended.

*Stroke. 2009;40:2616-2634*
Implementation of telestroke consultation in conjunction with stroke education and training for healthcare providers can be useful for increasing the use of IV tPA at community hospitals without access to adequate onsite stroke expertise.

Compared with bedside evaluation, the safety and efficacy of IV tPA based solely on telephone consultation without CT interpretation via teleradiology is not well established.

Stroke. 2009;40:2616-2634
NY Hub/Spoke Sites (as of 6/2010)

- **Kaleida**
  - Niagara Falls Memorial
  - Olean
  - Brooks
  - Bertrand-Chaffee
  - WCA
  - Medina
  - TLC- Lake Shore
  - United

- **Catholic Health System (CHS)**
  - Mt. St. Mary’s
  - Kenmore Mercy
  - St. Joseph’s

- **Bassett**
  - Little Falls
  - Cobleskill
  - O’Connor
  - Bassett Hospital (hub cart)

- **SUNY Upstate**
  - Schuyler Hospital
  - Cortland Regional
  - EJ Noble
  - Oneida

- **URMC**
  - Auburn Memorial

- **CVPH**
  - CVPH

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Total Number of tPA Recommendations in NYS

# of tPA

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