

Telestroke Work Group

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Telestroke Work Group

Priorities and Discussion Points

Priority #1- *Assess the availability and placement of Telestroke services in North Carolina.*

- Presently no repository of information on telestroke services in NC
- According to NCSCC's Hospital Inventory 2014, 22 (44%) out of 48 survey participants (hospitals) answered, 'yes' when asked, "Does your hospital receive stroke consultation services from another hospital via telemedicine?"
- Work with NCHA and other stakeholders to ID NC hospitals using Telestroke services and how they are doing.

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Priority #2- *Develop recommendations to maximize/leverage existing and future Telestroke resources across the state.*

- Some current models of Telestroke services for post-stroke rehabilitation
- Economic models not clearly defined for some stroke system of care components
- Opportunity and potential; financial models and reimbursement issues problematic

Telestroke Work Group Priorities and Discussion Points

Priority #3- Initiate Telestroke quality improvement initiative/project to include working with NC Stroke Care Collaborative, Get With the Guidelines-Stroke, NC Hospital Association, and NC Office of Emergency Medical Services in the development of process and outcome quality metrics for Telestroke services for all components of Telestroke system (e.g., “hub” and “spoke” hospitals and EMS).

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- Telestroke allows more patients to stay in their “own” hospitals, but facilitates appropriate transfers
- Explore further possibility of adding quality metrics to the NCSCC’s Stroke Care Card
- Additional/Later options may include looking at whether patient was transferred and, if not, why
- Explore further NC Medical Board’s position and national model policies on telemedicine practice (e.g., staff training, licensure, physician-patient relationship, and prescribing)

Telestroke in North Carolina

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