



NEW STROKE GUIDELINES

Underscore the Impact of Implementing the Right Telestroke Platform

TIME IS BRAIN

These three words are not just a clever twist on a cliché, they also underscore the most critical aspect of stroke care – time.

Strokes are the fifth leading cause of death in the United States and more than 690,000 Americans suffer acute ischemic strokes (AIS) from a blood clot per year. One-third of those strokes resulting from a large-vessel clot, which increases the chance of severe brain damage or death.

Every minute counts following a stroke. Every minute that passes puts stroke patients at a higher risk of suffering long-term or even permanent effects.

Fortunately, stroke treatment, in particular for those who suffer AIS, is receiving a major overhaul, thanks to clinical trial results reported at the 2018 International Stroke Conference. These findings are significantly changing the Guidelines for Acute Ischemic Stroke, which are jointly produced by the American Heart Association (AHA) and American Stroke Association (ASA).

While the research is significant for stroke treatment, the impact also extends to the providers themselves and the greater role telehealth technology can play in helping streamline and optimize stroke care.

THE NEW STROKE PROTOCOLS

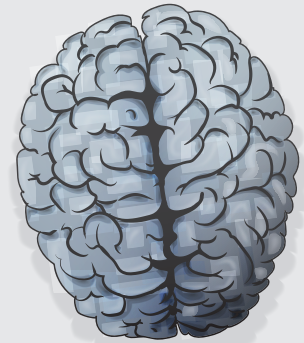
Based on two independent clinical trials – DAWN and DEFUSE 3 – stroke treatment guidelines were updated for the first time in three years.

The biggest impact surrounds thrombectomy – a procedure in which doctors remove blood clots using a device threaded through a blood vessel. Traditionally, six hours after stroke onset was the deadline for patients benefitting from a thrombectomy.

Now, these trials proved **the treatment window can be extended up to 24 hours after stroke onset** for select patients with large vessel occlusions. Not only did patients who received the mechanical thrombectomy procedure, along with medical management, show increased functional independence at 90 days, but they also showed lower rates of disability at 90 days than those patients treated with medical management alone.

Overall, these new stroke guidelines expand patient eligibility for these very effective, crucial stroke treatments. According to the AHA/ASA, **up to 20 percent of AIS patients are eligible for clot removal** and the number is expected to increase under the new guidelines and will provide more opportunities to lower disabilities from stroke.

TREATMENT WINDOW
EXTENDED TO **24 HOURS**



20% OF AIS PATIENTS
ARE NOW ELIGIBLE FOR
CLOT REMOVAL

TELESTROKE IMPACT

More opportunities to lower disabilities from stroke means more stroke patients to treat.

For healthcare organizations that utilize the hub and spoke model for stroke care, this means their top priority is providing stroke patients with the care they need quickly and efficiently.

Telehealth is especially crucial to hospitals without stroke experts so that appropriate treatment, such as tPA administration or qualifying patients for a thrombectomy, can be performed within the recommended timelines to maximize their benefits.

The truth is, even with more opportunity to save patients from stroke disabilities through these new guidelines, **not every hospital is staffed with the specialists needed** to adequately evaluate stroke

1. The Internet Stroke Center: "Stroke Statistics"

patients or perform critical stroke procedures (thrombectomy).

And with the expectation of more patients qualifying for a thrombectomy because of the new 24-hour window, that means an increased demand for triage of more stroke patients to evaluate. To best position hospitals to handle the influx of stroke patients now eligible for evaluation, telestroke platforms not only help these organizations expedite patient care, but also **equip providers to deliver the best treatment plans and place patients appropriately**, depending on their evaluations.

THE RIGHT TELESTROKE TOOLS

As organizations prepare to amend their stroke protocols following the release of the new guidelines, it is no question that telestroke will play a prominent role in helping providers deliver optimal patient care.

EFFECTIVE AND EFFICIENT COLLABORATIVE CARE

For telestroke technology, a platform that empowers care coordination will best position providers in their stroke care efforts. Through telestroke, care often involves multiple teams in different locations, especially in the hub and spoke model.

Simplifying care coordination before, during and after an encounter is essential. Within a consult, far-end-camera-control helps the remote specialist easily assess the patient, despite not physically being in the room.

Another crucial aspect of care coordination within the encounter is to add care team members or even seamlessly pull in additional specialists for their expertise during the consultation. Family members can also be important here, too, as they are often the ones that know when the patient was last known well. Overall, the right telestroke platform should be able to add anyone that can provide value during the encounter and help facilitate the right care for the patient.

Telestroke care coordination shouldn't exist only within the consult, either. Multiple care teams can be messaging to share information and updates, coordinating care to ensure the patient gets the right treatment at the right point of care. The better coordination between the entire care team, the better care the patient receives.

END-TO-END, FULLY-INTEGRATED SOLUTION

Efficiency can make the difference in the outcome when caring for stroke patients. Stroke treatment is defined by time-specific goals and with approximately 14 percent of all AIS defined as "wake-up strokes," hospitals typically have even less time to diagnose and deliver the right care.

Therefore, integration is key. A single, integrated telestroke platform that is a true end-to-end solution that enables coordination and collaboration from the initial triage in the emergency department (ED) to the encounter and follow-up appointments, will save providers the most time throughout the entire process.

An integrated telestroke platform further increases efficiency when accessible from any device, enabling providers to effectively deliver stroke care anywhere anytime. Whether it's accessing CT images, reviewing patient records or joining a video encounter, all of it can be done seamlessly from device to device.

ANALYTICS

Optimizing stroke care is more than just the tools used during a consult. To consistently improve, there needs to be tools designed to help healthcare organizations review and analyze past experiences to see where potential weaknesses arise.

Effective telestroke platforms provide access to reporting, allowing organizations to capture data across an entire care delivery process, including these important stroke metrics:

- Time last known well
- Provider response time
- Time from ED arrival to tPA administration
- Length of consult

A telestroke platform that makes it easy for organizations to access these key metrics, as well as additional data points, will only help these providers in the long-run as they look to continually improve their delivery of stroke care.

When minutes matter most, the unparalleled efficiency of an integrated telestroke platform stands out.



Not all telestroke platforms are created equal.

For healthcare organizations to maximize the impact of their telestroke program, it is imperative that the solution possesses the right tools.

AN EXCITING TIME FOR TELESTROKE AND STROKE CARE

The updated guidelines and extended care time windows are ushering in an exciting opportunity for healthcare professionals as more stroke patients will be eligible to receive very effective treatments through thrombectomies and tPA administration.

Even under the older guidelines, telestroke platforms excelled at helping hospitals and stroke specialists deliver efficient and effective care. Now, there's even greater opportunity for this kind of technology to have a significant impact on how care is delivered and minimizing long-term disabilities from stroke.

However, telestroke platforms are only as effective as the tools within them. By ensuring key characteristics are present, such as collaborative care capabilities, full integration and analytics, those using these telestroke platforms, as well as the patients that receive care under their guidance, will benefit greatly both now and in the long run.