PROVIDER CHOICE

CHOOSING THE RIGHT TELESTROKE COMPANY

Why This Decision Matters

Quality initiatives demand door-to-needle times under 60 minutes for IV thrombolytics without a neurologist on call at 2 AM, that target is impossible. Hospitals without Tele-stroke, transfer patients who could be treated locally, losing revenue and community trust with every ambulance that leaves.

WHAT TO EVALUATE

DTN Quality Target:

≤60 min for IV thrombolytics

Telestroke Impact (AHA):*

+55%

Realized increase in tPA administration through telestroke

Criteria to evaluate:

Response Time

Sub-5 min SLA

Credentials

Vascular neurology

Imaging Review

Real-time CT/CTA

WHAT CHANGES WHEN YOU GET IT RIGHT

Virtual stroke expertise helps hospitals assess patients faster, reduce time to diagnosis, and act on critical interventions without delay. It keeps more patients close to home by enabling local treatment and avoiding unnecessary transfers that disrupt families and care continuity. Emergency physicians, nurses, and staff gain immediate neurologic support, building clinical confidence and a more coordinated response when every minute counts. The result: improved throughput, stronger community trust, and a reputation for delivering advanced stroke care right where patients need it.

QUESTIONS THAT SEPARATE PARTNERS FROM VENDORS

- What is your average consult response time and what happens financially if you miss the SLA?
- Do your neurologists review imaging and document in our EHR, or use a separate platform?
- How do you support our stroke certification goals and quality reporting?
- If we need psychiatry or cardiology next quarter, can the same team deliver it?

*Chalouhi N, et al. Rosenwasser R, Tjoumakaris S. Intravenous tissue plasminogen activator administration in community hospitals facilitated by telestroke service. Neurosurgery. 2013; 73:667–671.

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