

## **Project Abstract**

**Project Title:** Sanford One Connect Emergency and Telestroke Network  
**Applicant Name:** Sanford Health  
**Address:** 1305 W. 18<sup>th</sup> Street, Sioux Falls, SD 57117-5039  
**Phone and Fax:** (605) 328-6971 phone; (605) 333-1531 fax  
**E-Mail Address:** Dmitri.Melius@SanfordHealth.org  
**Web Site Address:** <http://www.sanfordhealth.org/>

As the primary Applicant advancing the One Connect Emergency and Telestroke Network proposal, Sanford Health respectfully requests funding preference based on the project's use of **Coordination, Connectivity and Integration**. With this expanded and strengthened network, telemergency and telestroke services have the potential to reach nearly 554,000 residents in 30 counties classified as wholly rural or that claim rural census tracts. The project service area includes 17 single-county HPSA (11 p-HPSA), 29 single-county Mental Health HPSA, 15 single-county Dental Health HPSA (4 p-HPSA) and 23 single-county MUA (10 p-MUA). In addition, the project service area is home to special populations including elderly and American Indian residents, at percentages disproportionate to nationwide averages.

The project has **two overarching goals: (1)** to increase access to **patient-centered emergency and stroke care through telemedicine** technology and **(2)** to improve **quality of health care and patient outcomes** while effectively lowering the cost of care. To achieve these goals, project member sites will address several objectives: strengthen the existing network infrastructure; implement telemergency at new Rural Spoke sites; design, pilot and implement telestroke services at Rural Spokes; formalize an evaluation structure; build the business case for telemergency and telestroke; align project design with relevant national best practices; and disseminate project learnings and outcomes to all stakeholders. As a result, rural residents will have access to specialty care in trauma and neurology that is safe, effective, timely, efficient and equitable. Ultimately, rural residents are expected to experience decreased mortality, morbidity and lost productivity from strokes, traumatic injuries, heart attacks and other emergency events.

Trauma services form the foundation of the project, with specialty clinical services focusing on the high-priority area of stroke. Interactive video consults for emergency medicine will include recommendations on interventional drug therapies for acute heart attack, as chest pain is a significant primary complaint among Rural Spoke patients. Other clinical services will include telestroke's 15-point NIHSS assessment tool and recommendations on administering tPA.

As of the application date, 35 member hospital sites are committed to the project – some with on-site nursing homes, Rural Health Clinics, private physician offices, hospice cottages, community mental health centers, home health agencies or public health clinics. Based on historical usage data, utilization growth patterns and phasing of new sites scheduled to go live during the project period, it is conservatively estimated that the network will number more than 400 consults in Year 1, more than 1,000 consults in Year 2 and more than 1,500 consults in Year 3. Project staff will track and evaluate a full complement of performance measures and outcomes, including subsequent emergency visits within 60 days, number of patients transferred to another facility after telemergency or telestroke consult, time elapsed between onset of stroke symptoms and administration of tPA, durations of telemedicine encounters and others.

Sanford Health will sustain network activities after the project funding period by billing payors for reimbursable services and considering a subscription service fee for Rural Spokes.