Introduction Automated imaging systems and artificial intelligence algorithms have facilitated rapid triage of thrombectomy patients. While the initial focus has been on rapid triage to thrombectomy, there are also potential impacts on overall stroke care across hospital networks.

Aim of the Study The aim of this study was to evaluate how Viz.ai and its messaging element were used to provide triaging of all stroke patients across a network of hospitals.

Methods We analyzed all Viz.ai CT/CTA scans uploaded from our network hospitals from 09/2020 through 03/2022. As standard work, each CT/CTA is personally reviewed by a faculty neurointerventionalist at our ‘hub’ Comprehensive Stroke Center. The network included four ‘spoke’ hospitals, three of which were Primary Stroke Centers. Each scan is reviewed, and comments are made in the messaging app of Viz, which include transfer triage and recommendations for care.

Results 1259 scans were reviewed; only 100 patients (8%) were recommended for transfer. 37 were transferred for thrombectomy; 63 were transferred for non-thrombectomy higher level of care (hemorrhage, ischemia, moyamoya, dissection, AVM, CC fistula). In 99 cases (8%), recommendations for care were provided to the spoke hospital providers by the NIR faculty, and the patients remained at the spoke hospitals. Conclusions While Viz.ai is intended to identify and triage thrombectomy patients, the messaging app provides an opportunity to collaborate between institutions; care recommendations without transfer were provided in just as many cases as thrombectomy. In addition, the majority of stroke cases did not require transfer.

Do you have any conflict of interest to declare?: No

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