
Endovascular Therapy Process Reporting Form¹

A provincial process exists to provide regional access to Endovascular Therapy (EVT) including referral through CritiCall Ontario to connect referring sites with EVT sites. In order to facilitate process improvement, please complete this tracking form if there are concerns regarding referral, imaging, or transfer of patients. If an issue arises please address this issue directly and at the time, with the organization/ individuals prior to submitting this form. Regional follow-up will be coordinated and forms will be monitored by CorHealth Ontario for trends to inform quality improvement and system planning.

Issue related to: Referral Imaging Transfer Other

Referring Centre:
EVT Centre:

Date of Submission:

[Contact Name:](#)

Telephone/Email:

Patient Information

Stroke Onset Date/Time:

Year of Birth:

Male Female

Criticall Telestroke
Paging Time:
[Criticall EVT Referral
Time:](#)

[Date and Time of Transfer:](#)

EMS/Transport Information (as required):

Name of EMS/Transport Provider:

Run Number (If known):

Pick-up Location:

Vehicle Number (If known):

Receiving hospital information (as required):

Receiving Facility:

Date contacted:

Person Contacted:

Telephone:

Date and Time of arrival at receiving hospital:

Brief Description of Issue Arising:

- Imaging quality or adherence to protocol was not adequate. Please explain
- Imaging transfer time delayed. Please explain
- mCTA was not completed. Please explain
- Patient did not meet EVT criteria. Please explain
- Could not reach the appropriate individual/team. Please explain
- Pre-notification not received by EVT site. Please explain
- Transfer took longer than expected. Please explain
- Missing transfer documents. Please explain
- Challenges associated with transfer/process. Please explain
- Other, including positive feedback (Please explain)

Action/Resolution Taken Between Organizations:

Send completed forms to:
Kathryn Yearwood
Clinical Specialist – Stroke
CorHealth Ontario

Ph: (647) 264-1211
Fax: (416) 512-6425 (ATTN: Kathryn Yearwood)
Email: Kathryn.Yearwood@corhealthontario.ca

¹ See Page 2 for further explanation

Instructions for Completing the EVT Process Reporting Form

Who:

- Anyone involved in the process can submit a form based on an experience

Explanation of Key Information Items:

Issue related to:

- Referral
 - Includes but not limited to:
 - Delays in connecting to CritiCall and/or stroke neurologist
- Imaging
 - Includes but not limited to:
 - Access/availability of CT/CTA
 - Issues with transmission of images via ENITS
 - Quality of images
- Transfer
 - Includes but limited to:
 - Delays related to EMS/ORNGE
- Referring Centre: is the centre that requested a referral for EVT
- EVT Centre: is the EVT Centre that was referred to or treated the patient with EVT
- Date of Submission: Date on which this form was submitted to CorHealth Ontario
- Contact Name: Name of person completing this form
- Telephone/email: Telephone number or email of person completing this form
- Stroke Onset Date/Time: Confirmed date and time of stroke symptoms onset
- Criticall Telestroke Paging Time: Time the referring centre called Criticall to request paging the Telestroke Neurologist
- Critical EVT Referral Time: Time that Criticall requested the “Stroke Endovascular Team” at the EVT Centre switchboard/locating
- Date and Time of Transfer: Date and time the patient left the referring centre