

# TELESTROKE REFERRING SITE APPLICATION

The purpose of this documentation is to record a site's readiness and need in participating in the Ontario Provincial Telestroke Program as a referring site.

This application should be completed in conjunction with your Regional/District Stroke Centre

| Section | Name                                | Description  |
|---------|-------------------------------------|--|
| A       | Requesting Organization Information | General contact information  |
| B       | Readiness                           | To determine administrative, financial & technical readiness for telestroke.         |
| C       | Clinical Profile                    | To determine level of clinical preparedness for telestroke.                          |
| D       | Post Telestroke Care                | To determine how best practice stroke care will be provided post tPA administration. |

## A: REQUESTING ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Site: \_\_\_\_\_ Facility Number: \_\_\_\_\_

Full mailing Address: \_\_\_\_\_

LHIN#: \_\_\_\_\_ Stroke Region: \_\_\_\_\_

Primary Contact Person Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Telemedicine Coordinator Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Technical Contact Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Status: Existing Member OTN Site # (if known) \_\_\_\_\_ New Site

Anticipated Telestroke Model: 24/7 PRN Set Schedule

Telestroke Model Definitions: \_\_\_\_\_

24/7 - Referring site physicians rely on Telestroke to delivery tPA 24 hrs./day, 7 days per week

PRN - Not all the referring site physicians require the use of Telestroke to deliver tPA; Telestroke is used when required

Set Schedule - Referring site has a set schedule where Telestroke is required to ensure coverage for tPA delivery (e.g. Mon thru Friday you do not use Telestroke, but required on weekends)

B: READINESS

HUMAN RESOURCES

|  |     |    |
|--|-----|----|
| ED physicians/internists willing to participate?               | Yes | No |
| Are they willing to be available for telestroke 365 days/year? | Yes | No |
| Additional comments?   |     |    |

|   |           |        |
|---|-----------|--------|
| Emergency Department MAC Chair supports telestroke application: | Yes _____ |        |
|   | No _____  | (name) |

|  |           |        |
|--|-----------|--------|
| Emergency Administrative Director supports telestroke application: | Yes _____ |        |
|  | No _____  | (name) |

|                          |     |    |
|--------------------------|-----|----|
| CT Techs available 24/7? | Yes | No |
| Additional comments?     |     |    |

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LEADERSHIP

|  |     |    |
|--|-----|----|
| Endorsement by hospital administration/senior management team/<br>MAC to move a telestroke initiative forward? | Yes | No |
|--|-----|----|

|  |           |        |
|--|-----------|--------|
| Organization telestroke point of contact/liaison identified: | Yes _____ |        |
|  | No _____  | (name) |

|                                      |     |        |
|--------------------------------------|-----|--------|
| Designated physician champion: _____ | Yes | No     |
|                                      |     | (name) |

|                                       |     |        |
|---------------------------------------|-----|--------|
| Designated leadership champion: _____ | Yes | No     |
|                                       |     | (name) |

|   |     |        |
|---|-----|--------|
| Designated clinical staff champion: _____ | Yes | No     |
|   |     | (name) |

|   |     |    |
|---|-----|----|
| Regional Stroke Steering Committee and/or District Stroke Steering<br>Committee Letter of Support enclosed? | Yes | No |
|---|-----|----|

|   |     |    |
|---|-----|----|
| LHIN CEO support/approval; letter of support enclosed | Yes | No |
|---|-----|----|

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ADMINISTRATIVE

|  |     |    |
|--|-----|----|
| Agreement, in principle, to participate in data collection activities? | Yes | No |
|--|-----|----|

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FINANCIAL

|  |                |    |
|--|----------------|----|
| Funding available for training of all relevant personnel<br>(e.g. MDs, RNs, ED staff, tech support, DI)? | Yes            | No |
|  | In development |    |

|                                      |     |    |
|--------------------------------------|-----|----|
| Funding for OTN network drops in ED? | Yes | No |
|--------------------------------------|-----|----|

|                                     |     |    |
|-------------------------------------|-----|----|
| Funding for telemedicine equipment? | Yes | No |
|-------------------------------------|-----|----|

|           |  |                                |
|-----------|--|--------------------------------|
| Comments: |  | N/A (e.g. equipment available) |
|-----------|--|--------------------------------|

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TRAINING

|   |     |    |
|---|-----|----|
| Commitment to undergo clinical training and collaboration with<br>Regional Stroke Centre re. stroke and tPA administration in ED? | Yes | No |
|---|-----|----|

|  |     |    |
|--|-----|----|
| Commitment to undergo training of telemedicine technology<br>and telestroke processes in ED with the Ontario Telemedicine Network? | Yes | No |
|--|-----|----|

TECHNICAL

|   |       |         |  |
|---|-------|---------|--|
| Is there existing telemedicine equipment (mobile cart, 12x zoom, far end camera control functionality) for use in the Emergency Department? | Yes   | No      |  |
| System Type:  | Cisco | Polycom | Specify equipment model <small>(please identify)</small> |
| Willing to comply with "OTN Standard Telestroke Equipment" and configuration?   | Yes   | No      |  |
| Willing to accommodate network infrastructure changes as required?  | Yes   | No      |  |
| Does your CT Scanner currently push CT heads to ENITS?  | Yes   | No      |  |
| Have you implemented the CT/mCTA protocol with ENITS? If no, describe plans to address.   | Yes   | No      |  |
| Do you have an MRI?   | Yes   | No      |  |
| If yes, does your MRI push to ENITS?  | Yes   | No      |  |

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ADDITIONAL INFORMATION

Please provide any other relevant information:

**C: CLINICAL OPPORTUNITY/PROFILE**

STROKE STATISTICS

Approx. # of stroke patients per year (if known): \_\_\_\_\_

Is tPA currently administered on site? Yes No

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DISTANCE FROM

Closest Regional or District Stroke Centre \_\_\_\_\_ km Name of Regional or District Stroke Centre \_\_\_\_\_

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NEUROIMAGING

|  |     |    |
|--|-----|----|
| CT Scanner available 24/7?               | Yes | No |
| CTA available 24/7                       | Yes | No |
| CT technician on-site 24/7?              | Yes | No |
| CT technical on-site able to do CTA 24/7 | Yes | No |

Comments:  
*If no, please provide the times when the CT technician is not on site and any plans in progress to be able to have a technician on site 24/7.*

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PATIENT MODEL TO BE DEVELOPED

Drip and keep patient post tPA Drip and ship patient post tPA

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CLINICAL PROTOCOLS

Note - protocols listed as 'in development' must be completed and submitted for approval prior to a site going live with telestroke services.

Commitment to participate in the regional medical redirect, if applicable? Please indicate if in development.

Yes In development: \_\_\_\_\_  
No Anticipated date of completion

If yes, please indicate - With or to?

Approved clinical telestroke protocol for tPA administration and monitoring in ED:

Yes In development: \_\_\_\_\_  
No Anticipated date of completion

Triage process developed for access into ED within 10 minutes or less, 24/7:

Yes In development: \_\_\_\_\_  
No *Anticipated date of completion*

Triage protocol (Code Stroke) established and documented:

Yes In development: \_\_\_\_\_  
No *Anticipated date of completion*

Process for STAT CT/mCTA 24/7 (target door to CT 15 minutes):

Yes In development: \_\_\_\_\_  
No *Anticipated date of completion*

Protocol for acute ischemic stroke tPA administration in accordance with best practice guidelines established:

Yes In development: \_\_\_\_\_  
No *Anticipated date of completion*

STAT Lab services and communication of results processes established 24/7:

Yes In development: \_\_\_\_\_  
No *Anticipated date of completion*

Pharmacy preparedness for t-PA based on projected volumes (e.g. stock/supplies, distribution, budget):

Yes In development: \_\_\_\_\_  
No *Anticipated date of completion*

Development of t-PA administration protocol including post infusion care (24 hours):

Yes In development: \_\_\_\_\_  
No *Anticipated date of completion*

D: POST tPA CARE

STROKE UNIT CARE

Stroke Unit on Site

Yes No  
In development

If yes, describe stroke unit model, # of beds, staffing model/complement/existing care pathways/protocols, monitored beds.

(A stroke unit is defined as a geographical unit with identifiable co-located beds (e.g., 5A-7, 5A-8, 5A-9, 5A-10) that are occupied by stroke patients 75% of the time and have a dedicated inter-professional team with expertise in stroke care including, at a minimum, nursing, physiotherapy, occupational therapy and speech-language pathology.)

Development of plans to manage acute stroke inpatients based on best practice guidelines:

Yes In development Anticipated completion date  
No

Development of transfer protocol to stroke unit:

Yes No  
In development

Please describe transfer protocol:

ADDITIONAL COMMENTS

SIGNATURES

Physician Champion

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Leadership Champion

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Clinical Staff Champion

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Emergency Department Chair

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Emergency Program Director

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Regional Program/  
District Stroke Director

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*