

**Readiness Assessment Document for
Acute Telestroke
Collaboration (Sample
Checklist from OTN)**

Telestroke Referring Site Application

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	
Full Mailing Address	
Stroke Region	
Primary Contact Person Name	
Title	Phone
Email	Fax
Telemedicine Coordinator Name (if applicable)	
Email	Phone
Technical Contact Name (if applicable)	
Email	Phone
Site Status: <input type="checkbox"/> Existing Member Site# <input type="checkbox"/> New Site	

B. READINESS
HUMAN RESOURCES
ED physicians/internists willing to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No How many
Are they willing to be available for Telestroke 365 days/year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you please describe the physician coverage model for your site:
Site Telestroke point of contact/liaison identified <input type="checkbox"/> Yes <input type="checkbox"/> No Name:

Emergency Department Chair committed to Telestroke: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Emergency Department Program Director committed to Telestroke <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Clinical Champion Identified <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
CT Techs available 24/7 <input type="checkbox"/> Yes <input type="checkbox"/> No
Other relevant human resources information:
LEADERSHIP
Endorsement by hospital administration/senior management team/MAC to move a telestroke initiative forward <input type="checkbox"/> Yes <input type="checkbox"/> No
Designated physician champion: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Designated leadership champion: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Designated clinical staff champion: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Regional Stroke Steering Committee and/or District Stroke Steering Committee support: Letter of Support enclosed (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
LHIN CEO support/approval <input type="checkbox"/> Yes <input type="checkbox"/> No
ADMINISTRATIVE
Agreement, in principle, to participate in data collection activities: <input type="checkbox"/> Yes <input type="checkbox"/> No
FINANCIAL
Funding available for training of all relevant personnel (e.g. MDs, RNs, ED staff, tech support, DI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development
Funding for network <input type="checkbox"/> Yes <input type="checkbox"/> No
Funding for Telemedicine equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
TRAINING
Commitment to undergo clinical training re: stroke and tPA administration in ED <input type="checkbox"/> Yes <input type="checkbox"/> No

Commitment to undergo training of Telemedicine technology and telestroke processes in ED <input type="checkbox"/> Yes <input type="checkbox"/> No
TECHNICAL
Is there existing Telemedicine equipment available for use in the Emergency Department <input type="checkbox"/> Yes <input type="checkbox"/> No System Type: <input type="checkbox"/> Tandberg <input type="checkbox"/> Polycom <input type="checkbox"/> Other:
Willing to accommodate network infrastructure changes as required <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your CT scanner currently push CT heads to PACS (Picture Archiving System) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an MRI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does your MRI push to PACS <input type="checkbox"/> Yes <input type="checkbox"/> No
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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
DISTANCE FROM:			
Regional Stroke Centre	km	District Stroke Centre	km
CT SCANNING			
CT Scanner available 24/7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CT Scanner technical support available 24/7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TELESTROKE MODEL TO BE DEVELOPED:			
<input type="checkbox"/> Drip and keep patient post tPA		<input type="checkbox"/> Drip and ship patient post tPA	

CLINICAL PROTOCOLS	
<input type="checkbox"/> Stroke Bypass Protocol	With or To:
Commitment to participate in the regional medical redirect, if applicable? Please indicate if this process is in development?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved clinical telestroke protocol for tPA administration and monitoring in ED:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
Triage process developed for access into ED (Emergency Department):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
Triage protocol (Code Stroke) established and documented:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
Process for STAT CT, 24/7:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
Protocol for acute ischemic stroke tPA administration in accordance with best practice guidelines established:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
Communication systems established for triage and ED neuro-care:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
STAT Lab services and communication of results processes established 24/7?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
Pharmacy preparedness for tPA based on projected volumes (e.g. stock/supplies, distribution, budget):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:
Development of tPA administration protocol including post infusion care (24 hours):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In development	Anticipated date of completion:

CLINICAL PROTOCOLS FOR TELESTROKE HYPERACUTE	
<input type="checkbox"/> Stroke Bypass Protocol	With or To:
EMS Stroke Protocols	
<input type="checkbox"/> Stroke protocol	<input type="checkbox"/> Education material
Acute Care Site Stroke protocols:	
<input type="checkbox"/> Care Map	<input type="checkbox"/> Algorithm
<input type="checkbox"/> Education material for nurses working in non stroke centre sites, transferring patients to a designated stroke centre.	

Stroke Centre: Triage <input type="checkbox"/> CPSS/FAST <input type="checkbox"/> Hyperacute stroke algorithm <input type="checkbox"/> Patient and family information
Stroke Centre: tPA assessment, administration and monitoring <input type="checkbox"/> Emergency order sets <input type="checkbox"/> Nursing documentation form <input type="checkbox"/> tPA inclusion/exclusion checklist <input type="checkbox"/> Algorithm for suspected ICH during and post tPA infusion <input type="checkbox"/> Angioedema <input type="checkbox"/> Quick facts for nurses <input type="checkbox"/> Complications post stroke <input type="checkbox"/> NIHSS or CNSS <input type="checkbox"/> Education material link
Stroke Centre: CT <input type="checkbox"/> Time driven CT protocols (during regular hours and after hours) <input type="checkbox"/> CT down time protocol
Stroke Centre: Lab <input type="checkbox"/> Time driven lab protocols
Stroke Centre: Pharmacy <input type="checkbox"/> Drug monograph for alteplase
Stroke Centre: Post ED care first 24 hours <input type="checkbox"/> Refer to existing order set
Stroke Centre: Inpatient Care <input type="checkbox"/> Inpatient order set <input type="checkbox"/> Inpatient stroke protocol <input type="checkbox"/> Depression screen <input type="checkbox"/> Functional assessment tools <input type="checkbox"/> Language assessment <input type="checkbox"/> NIHSS/CNSS <input type="checkbox"/> Education link

D: POST tPA CARE
STROKE UNIT CARE
Stroke Unit on Site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development
If yes, stroke unit model: (Please describe) # of beds, staffing model/complement/existing care pathways/protocols, monitored beds (A stroke unit is defined as a specialized, geographically-located hospital unit with a dedicated stroke team and stroke resources (e.g. care pathways, educational materials, monitored beds))
Triage system for admission to inpatient tPA bed (monitored bed) within hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development
Development of plans to manage acute stroke inpatients based on best practice guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development
If no, where is the closest stroke unit to your site?
Development of transfer protocol to stroke unit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development
Please describe transfer protocol:

ADDITIONAL COMMENTS
TARGETED START DATE (month/year)
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 Director

Signature:

Date: