

How many people will typically participate during a videoconference call? Check all that apply. <input type="checkbox"/> Two individuals (one person at each location) <input type="checkbox"/> Small group (e.g., small meeting room) <input type="checkbox"/> Large group (e.g., board room) <input type="checkbox"/> All of the above
Do you have a need to call multiple sites at one time (referred to as a multipoint call)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend on conducting calls with clients or partners outside of your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this align with your organization's current vision, mission and strategic plan? Please describe:

C: PROGRAM PLANNING FOR TELEHEALTH

How have you prepared your organization for Telestroke?
Do you have a communication plan?
Do you have a plan for staff involvement (education plan)?
Discussing benefits and identifying issues and/or potential barriers?
Developing an implementation and change management process?
If you have multiple offices – how will you identify which locations are ready for Telehealth?
Does your clinical/medical staff request Telehealth? (Willingness to participate)
Is there staff buy-in for Telehealth implementation and use?
Does your team have concerns, and if so, what are they?

Do your identified Telehealth locations have Network and Internet access?
What is your team's level of comfort with technology?

D: READINESS: HUMAN RESOURCES/LEADERSHIP

Have you identified Telehealth champions at the leadership and front line staffing levels?
Has a Clinical Sponsor been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Endorsement by hospital administration/senior management/MAC to move Telestroke initiative forward? <input type="checkbox"/> Yes <input type="checkbox"/> No
Designated physician sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Designated leadership sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Designated clinical staff sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Agreement, in principle, to participate in data collection? <input type="checkbox"/> Yes <input type="checkbox"/> No

E: CLINICAL WORKFLOW

What are the patient referral patterns to and from your locations?
Do your physicians provide coverage at multiple locations?
In a typical day, about how many patient encounters do you have at your locations?
How many of these encounters could occur via Telehealth?
Please describe potential Clinical Telehealth sessions: Initial Assessment: Follow up:

Case Review/Case Conference:
Would any of the above encounters benefit from peripheral videoconference equipment? Digital stethoscope: Hand held camera: Document reader:
Do you anticipate that Telehealth would change your current workflow and delivery of healthcare? How would you plan to address these changes? Can adequate appointment time and human resources be allocated for Clinical Telehealth sessions?
Do you location(s) currently have videoconference equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please proceed to the next section. If yes, please answer the following questions. How is it used by your program? Clinical: Learning: Administrative: How often is it used? What is the level of comfort with the Videoconferencing technology?
Do you have Specialty Clinics? If yes, please describe:

F: RESEARCH AND EVALUATION

Are you considering implementing research/evaluation activities for this initiative in support of your organizational priorities?

<p>GOALS FOR TELEHEALTH</p> <p>What are your key organizational goals for Telehealth?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to Care <input type="checkbox"/> Patient Satisfaction <input type="checkbox"/> Quality of Care <input type="checkbox"/> Information Transfer <input type="checkbox"/> Costs/Economics <input type="checkbox"/> Efficiency <input type="checkbox"/> Continuity of Care <input type="checkbox"/> Capacity Building/Knowledge Exchange and Mobilization <input type="checkbox"/> Other
<p>How will you know if the implementation of Telehealth is successful?</p>
<p>Timelines (Targeted start date)</p>

G: FINANCIAL

<p>Funding for training of all relevant personnel (e.g. MDs, RNs, ED staff, tech support, DI)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development</p>
<p>Funding for network if needed</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Funding for equipment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development</p>

H: TECHNICAL

<p>Which type of videoconference unit would best suit your needs?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Desktop (computer desktop/laptop with videoconferencing capabilities) <input type="checkbox"/> Fixed or mounted (does not move) <input type="checkbox"/> Mobile (allows you to move from one room/location to another)
<p>What level of video quality do you require?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard definition (appropriate for most types of videoconference calls) <input type="checkbox"/> High definition (appropriate for clinical related calls requiring increased image/video quality – e.g. close up of client when doing a detailed physical assessment)
<p>Do you plan on sharing information/content through videoconferencing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What type of information/content do you intend on sharing?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents/presentations – e.g. PowerPoint, Word, Excel, etc. <input type="checkbox"/> Medical patient information – e.g. radiology images, lab results, etc. <input type="checkbox"/> All of the above