

## TELESTROKE SERVICE COMMUNICATIONS PLAN

Implementation of a provincial Telestroke service will be supported by a larger communications plan and dedicated communication expertise. Despite this, each facility will want to consider developing a plan for its own communication needs.

### Internal Marketing Campaign

During week 11 of the implementation phase we suggest starting an internal marketing campaign to inform hospital patients and employees that you will have this new service available in your community.

Below are some suggestions for internal marketing:

- Flyer/Poster
- Email/Memo – An email from a hospital administrator to all hospital staff is a good way to inform them about this new technology available and the date it will be live.

### Press Release to Local Media

The day before or the day of your go-live, we suggest sending a press release to your local media informing them that you have joined the [Telestroke Program] and now have access to a stroke neurologist 24/7. The communications rep for [Telestroke Program] must be consulted prior to any external communications.

## DRAFT EXAMPLE MEMORANDUM

To: All Staff and Physicians

From: Site Administrator

Re: Telestroke Initiative Go Live

Date:

---

*As of (date), patients presenting at (name of facility) with stroke symptoms will have the advantage of a neurology consultation without leaving their facility. Emergency Physicians recognizing hot stroke can contact bcbeline and ask for the On-call Telestroke Neurologist. bcbeline will contact the On-Call Telestroke Neurologist and set-up an initial telephone consultation that may be followed up with a consultation via videoconference.*

*With Telestroke, Emergency Physicians at the following hospitals.... will be able to consult with on-call neurologists from the provincial on-call consulting group, which are located in various communities across the province.*

*Videoconferencing equipment has been installed....., and a core group of staff have received education. Telestroke education will continue throughout the summer.*

*The videoconference process is straightforward, and clear instructions will always be located on a quick reference sheet attached to the equipment.*

*Patient outcomes will be carefully monitored and a full evaluation of these projects will be made available early next year.*

*For more information, please contact:*

## **DRAFT EMAIL EXAMPLE: Telestroke coming to [SITE]**

*[Region] is participating in the Telestroke initiative to increase access to acute stroke expertise and improve health outcomes for patients. Emergency departments at [site] and [site] will be able to connect with neurologists working out of [site] using a secure videoconferencing network.*

*Telestroke technology enables Emergency Physicians to use on demand “live” neurologist consultations to make timely decisions about treatments for their stroke patients.*

*Patients presenting within the 4.5 hour window after onset of stroke symptoms are often candidates to receive tPA, the thrombolytic drug that has the potential to dissolve blood clots in the brain and reverse the effects of the stroke.*

*Smaller hospitals in [region] such as [site] and [site] without as much neurology coverage as larger hospitals must sometimes transport their stroke patients for emergency consultations. By enabling rapid access to a neurologist via telestroke, transportation to another site can be avoided, and with the precious time saving, more patients can be seen within 4.5 hours.*

### **Benefits of Telestroke**

**Better health outcomes.** *Stroke is the 3<sup>rd</sup> leading cause of death and the #1 cause of acquired long-term disability in adults. The sooner a stroke is treated, the less brain damage a patient sustains. With Telestroke, patients “see” a neurologist within minutes of arriving in emergency, regardless of the distance between them.*

**Save time.** *There is no critical time lost in transporting an acute stroke patient to a another site for specialized diagnosis and treatment.*

**Save money.** *In 2005, more than 51,000 British Columbians were living with the effects of stroke. By reducing brain damage caused by ischemic strokes, B.C.’s health system can avoid expensive hospitalization costs.*

**What will happen and when?** *Both [site] and [site] will utilize mobile units to provide bedside consults regardless of location in the department.*

DATE: Installation and testing of videoconference equipment

DATE: Staff training and orientation

DATE: Go Live at both sites

*This prototype is part of the Stroke Strategy, a comprehensive initiative to close the gaps in stroke care. (see [www.bcstrokestrategy.ca](http://www.bcstrokestrategy.ca) ) It builds on the Telestroke success of [date] in [Region], which linked emergency departments at [site] with neurologists at [site].*

*For more information, contact:*