

# Ontario Telestroke Program Site Planning

The beginning...

*November 2012*



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Advancing the Ontario Stroke System

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# Background

- Telestroke is considered to be a key strategy to achieve equitable access to high quality care for stroke for Ontarians.
- The Telestroke program was introduced to Ontario as a pilot project in 2002 but has expanded quickly over the last three years.
  - supports 20 of 38 (53%) hospitals in Ontario that currently provide thrombolysis.
- Rapid growth over the last 3 years and the ongoing interest in advancing the service throughout the province, prompted a comprehensive review and plan development for the Ontario Telestroke Program.

# Telestroke Review

- The Ontario Telestroke Steering Committee (OTSC) recommended a review of the Telestroke Program with attention to several areas including:
  - the planning process to determine needs and priorities for program expansion;
  - alignment of Telestroke expansion with best practices in stroke care overall; and
  - potential for expansion of the program beyond tPA/stroke thrombolysis and within the emergency/acute care services.

# Recommendations re. Expansion

- Develop broad parameters to guide Regional Networks and District Centres in identifying opportunities for additional thrombolysis and Telestroke services balanced with access to other acute best practices including stroke unit care; and
- Revise the Telestroke application process to incorporate both the clinical care parameters for best practices and technology and support requirements.
  - ➔ OTSC recommended a framework be developed for LHIN and regional decision making re. siting of Telestroke sites and access to stroke units.

# Ontario Telestroke Siting Framework

- Purpose: To support regions and LHINs to develop a plan for Telestroke sites balanced with access to stroke unit care
- Scope: Ischemic stroke patients determined eligible for thrombolysis via telestroke to be followed by stroke unit care
- Out of Scope (at this time): Hemorrhagic stroke patients

# Framework Objective

- To complete a current state assessment of telestroke care services and access to stroke unit care within the LHIN/region.
- Using the framework criteria, confirm siting of telestroke sites balanced with access to other acute best practices including stroke unit care.
- To identify potential future areas of stroke best practice that could be supported by

# Stages

- Stage One: Stakeholder Engagement
- Stage Two: Current State Analysis
- Stage Three: Regional Planning for Future

# Stage One...Stakeholder Engagement

- Start the dialogue about telestroke and access to stroke unit care in the region –
  - current sites, needs, potential future sites
- Determine who will participate in the completing the current state/environmental analysis.
- Customize the letter in the toolkit to send to stakeholders



# Stage Two: Current State Analysis

- Guides information gathering on:
  - Key elements to support best practices
    - Stroke volumes
    - Annual tPA rate
    - Access to stroke unit care
    - Medical support
  - Availability of required supporting processes
  - Ability to examine multiple sites within a LHIN/Stroke Region/District

# Stage Three: Regional Planning for Future

- Consider future needs/opportunities for acute stroke patients beyond thrombolysis that could be facilitated by telestroke

# The Next Steps...

- Confirm support to conduct current state analysis
- Identify task team
- Communicate timelines for initiating and completion
- Confirm communication plan with stakeholders of planning findings and next steps

# Questions?



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