

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: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

LHIN#: _____ OTN Region: _____ 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 _____
New Site _____
(OTN Site # if known)

B: READINESS

HUMAN RESOURCES

ED physicians/internists willing to participate?	Yes No	_____ How many? <i>(number)</i>	
Are they willing to be available for telestroke 365 days/year?		Yes	No
Please describe the physician coverage model for your site:			
Site telestroke point of contact/liaison identified?	Yes No	_____	<i>(name)</i>
ED Chair committed to telestroke?	Yes No	_____	<i>(name)</i>
ED Program Director committed to telestroke?	Yes No	_____	<i>(name)</i>
Clinical Champion identified?	Yes No	_____	<i>(name)</i>
CT Techs available 24/7?		Yes	No
Other relevant human resources information:			

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LEADERSHIP

Endorsement by hospital administration/senior management team/ MAC to move a telestroke initiative forward?	Yes	No
Designated physician champion: _____	Yes	No
		<i>(name)</i>
Designated leadership champion: _____	Yes	No
		<i>(name)</i>
Designated clinical staff champion: _____	Yes	No
		<i>(name)</i>
Regional Stroke Steering Committee and/or District Stroke Steering Committee Letter of Support enclosed?	Yes	No
LHIN CEO support/approval?	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 (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
	In development	N/A

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TRAINING

Commitment to undergo clinical training re. stroke and tPA administration in ED?	Yes	No
Commitment to undergo training of telemedicine telestroke processes in ED?	Yes	No

TECHNICAL

Is there any existing telemedicine equipment available for use in the Emergency Department?	Yes	No	
System Type:	Tandberg	Polycom	Other: _____ <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	
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

DISTANCE FROM

Regional Stroke Centre _____ km

District Stroke Centre _____ km

OTN office _____ km

CT SCANNING

CT Scanner available 24/7?

Yes

No

CT Scanner technical support available 24/7?

Yes

No

TELESTROKE MODEL TO BE DEVELOPED

Drip and keep patient post tPA

Drip and ship patient post tPA

CLINICAL PROTOCOLS

Stroke ByPass Protocol

Yes

With or To: _____

No

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

Yes

In development: _____

No

Anticipated date of completion

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, 24/7 (target door to CT 25 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

Communication systems established for triage and ED neuro-care:

Yes

In development

No

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 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 t-PA bed (monitored bed) within hospital:

Yes In development
No

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

Yes In development
No

If no, where is the closest stroke unit to your site?

Development of transfer protocol to stroke unit: Yes No
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