

CONSULTANCY CHECKLIST

LOW PERFORMER

(DTN >60 minutes & Recanalization rate <5%)



Requires approximately 7 days of consultancy

HOSPITAL INFORMATION

NAME: _____ CONTACT DETAILS: _____
ADDRESS: _____ STROKE CHAMPION: _____

HOSPITAL STATUS

Door to Treatment Time	:	Recanalization Rate	%	
Referral Network		Stroke Unit		
Pre-hospital Priority Actions	Diagnose	Choose Hospital	EMS Transport	Pre-notify
Hyper-acute Priority Actions	Pre-notify	Direct to CT	POC test	Treat at CT
Decision Making Priority Actions	Diagnose	Bleed/no bleed	Severity	Contraindications
Post-acute Priority Actions	Fever	Sugar	Swallowing	

Checklists available and used for every patient

Step 0: Hospital First Contact

Low performers have been part of the stroke community for a while and most often have very strong reasons for not treating as often as they should. This could be due to a previous bad experience but is most often because they were not lucky enough to study or work in a University hospital where they could learn how to treat with acute recanalization therapy. It may well be that they tried changing their

practice sometime in the past, but due to the complexity and their time restraints gave up and kept on with their routine.

Your main job is to help them solve the complexity of how to treat acute stroke patients by providing them with the readymade solution, but also to solve their time issue by helping them implement the new system into their hospital. **Start with WHY!**

ACTIONS

<input type="checkbox"/>	Approve hospital/HCP on Angels Website
<input type="checkbox"/>	Make contact with hospital/HCP
<input type="checkbox"/>	Set date for first meeting with hospital/HCP (stroke champion/neurologist or medical director)
<input type="checkbox"/>	Send Welcome Letter
<input type="checkbox"/>	Find point of contact/entrance (if hospital didn't enrol by themselves)
<input type="checkbox"/>	Meet the Stroke Team
<input type="checkbox"/>	Identify stroke champion
<input type="checkbox"/>	Meet hospital director/head of department
<input type="checkbox"/>	Organize meeting to introduce and "pitch" Angels
<input type="checkbox"/>	Use stroke champion to get rest of the stroke team on board
<input type="checkbox"/>	Possibility of inviting low performing hospitals to Angels Days or regional meeting with other hospitals

SUGGESTED MATERIALS

<input type="checkbox"/>	Hospital Resource Form
<input type="checkbox"/>	Initial Angels presentation: International perspective, Angels video, mapping, achievements to date, country community
<input type="checkbox"/>	Welcome Letter
<input type="checkbox"/>	Angels brochure
<input type="checkbox"/>	Angels website (demo)



Step 1: Official Enrolment

For low performing hospitals this first meeting is only a presentation of Angels, its main purpose is to get everyone on board so that you have more support in the observation phase.

It could be useful to place some emphasis on the “Tale of Three Hospitals” (in the initial presentation) to make the point that they can do better than they currently are and that they understand exactly what the points are they should improve on i.e. Time, rtPA use, Thrombectomy networks, Stroke Unit care and quality monitoring. If the team is open to it you may consider asking them to start doing some quality monitoring using one of the three tools we have available.

This is not the time for interventions, so refrain from making too many demands and wanting to change everything at once. All hospitals and stroke team members that take part in the Initiative have to sign a consent form to accept the terms and conditions. Where applicable this is also the moment to make sure that the contract with the hospital is in place. This joining moment should be used to motivate the team to want to improve their practice, but also to formalise the project within their hospital.

ACTIONS	
<input type="checkbox"/>	Enroll hospital and HCPs on website
<input type="checkbox"/>	Hospital contract signed (where needed)
<input type="checkbox"/>	Welcome Pack delivered to Stroke Team
<input type="checkbox"/>	Initial presentation
<input type="checkbox"/>	Introduce quality monitoring (highlight the importance of QM and the benefits that it will bring to department)
<input type="checkbox"/>	Gather hospital info on RES-Q database

SUGGESTED MATERIALS	
<input type="checkbox"/>	Angels Website
<input type="checkbox"/>	Initial Angels presentation: International perspective, Angels video, mapping , achievements to date, country community
<input type="checkbox"/>	Hospital Contract
<input type="checkbox"/>	Welcome Pack (Joining Certificate, Brochure, Wing Pins)
<input type="checkbox"/>	RES-Q Registry
<input type="checkbox"/>	Helsinki Poster
<input type="checkbox"/>	Enrolment form (if needed)

Step 2: Photography/Observation

Get “helicopter view”. Get to know the team. Complete the Hospital Resource Form and deeply understand the stroke network. Identify barriers, agree on deadlines/target dates and training. Turn on your Sherlock Holmes!

ACTIONS	
<input type="checkbox"/>	Hospital Resource Form completed
<input type="checkbox"/>	Initial Hospital Consultancy Plan drafted
<input type="checkbox"/>	Agree on 1 month data collection in Angels +, Helsinki Poster or own registry
<input type="checkbox"/>	Agree on minimum patient dataset to get baseline (for quality monitoring)
<input type="checkbox"/>	Possibility of already doing a simulation here in order to see hospital's reality

SUGGESTED MATERIALS	
<input type="checkbox"/>	Hospital Resource Form
<input type="checkbox"/>	Helsinki Poster
<input type="checkbox"/>	Consultancy plan (to clearly put together the next steps and future plan for this hospital)

Step 3: Multidisciplinary meeting

You have now completed your observation and have a much better understanding of the status of stroke care in this hospital. During this meeting you will create a core Stroke Team and agree on initial goals and actions for each team member. You could consider making use

of the Stickers or Stations exercises to make the intervention more practical. It's important to focus on the motivational aspects of the Angels Community to get people engaged.

ACTIONS	
<input type="checkbox"/>	Create the Stroke Team
<input type="checkbox"/>	Agree on actions for each team member
<input type="checkbox"/>	Agree on hospital goals
<input type="checkbox"/>	Fill in hospital flowchart (Spagnuolo poster)
<input type="checkbox"/>	Get administration on board (for rtPA reimbursement/access, medical director - protocols etc.)

SUGGESTED MATERIALS	
<input type="checkbox"/>	Examples of other hospitals or other countries
<input type="checkbox"/>	Initial Angels presentation: International perspective, Angels video, mapping, achievements to date, country community, 60 min=life video or other motivational videos
<input type="checkbox"/>	Guidelines
<input type="checkbox"/>	Hospital Consultancy Plan
<input type="checkbox"/>	Hospital flowchart (Spagnuolo Poster)
<input type="checkbox"/>	Stickers Exercise
<input type="checkbox"/>	Stations Exercise
<input type="checkbox"/>	Action plan (short/medium/long term)

Step 4: Training (with expert videos)

For low performing hospitals we also don't assume anything and start with training even the basics of stroke. Keep the training very systematic so that you build up the building blocks that will be necessary to enable them to treat more patients appropriately. Each training event should therefore build on the previous one rather than just jumping to the more advanced material. The expert videos are very useful here as they make things very clear in a very practical way. Your aim should be to get the stroke champion to present using our materials and videos that he/she finds on the website. He/she

presenting the data adds a lot of weight to the expert videos and creates a sort of endorsement for the suggestion given.

The checklists will make sure that the training is remembered and implemented so always make sure they are at hand when doing training.

Use your creativity to make the training event as multimodal and experiential as possible.

TYPE OF TRAINING:	
<input type="checkbox"/>	Stroke basics (Doctors and Nurses)
<input type="checkbox"/>	Guidelines & Checklists
<input type="checkbox"/>	NIHSS
<input type="checkbox"/>	Clinical decisions (neurologists) - Body Interact
<input type="checkbox"/>	Imaging training
<input type="checkbox"/>	Pre-hospital
<input type="checkbox"/>	Training on pathway (4 priority actions)
<input type="checkbox"/>	Training acute phase
<input type="checkbox"/>	Dysphagia (nurses)
<input type="checkbox"/>	Other (e.g. drug administration)
<input type="checkbox"/>	Training on Quality Monitoring
<input type="checkbox"/>	Separate Nurse training
<input type="checkbox"/>	Possibility of preceptorship training with/in another, more advanced hospital

SUGGESTED MATERIALS	
<input type="checkbox"/>	Stroke Basics Presentation
<input type="checkbox"/>	NIHSS training videos and presentation
<input type="checkbox"/>	Body Interact (Cases: Darryl #31, Irene #32, Norma #33)
<input type="checkbox"/>	Triage training
<input type="checkbox"/>	GUSS training - videos and presentation
<input type="checkbox"/>	QASC baseline data/FESS training
<input type="checkbox"/>	Checklists
<input type="checkbox"/>	Experts videos
<input type="checkbox"/>	Example videos
<input type="checkbox"/>	Preceptorship template (including proposed agenda, objectives etc.)

Step 5: Simulations

For low performing hospitals we suggest doing two types of simulations, one in a simulation centre with an expert focussing more on decision making and the other in the hospital focussing more on the pathway and implementation of priority actions.

The simulation in the Simulation Centre is a great opportunity for the team to get answers for those burning questions that you will not be able to provide practical experience. Be sure to have a list of those

issues that may have come up in previous discussions or training so that the expert that runs the simulation is prepared to address them when you are there.

Simulations in the hospitals are more targeted at implementing the priority actions and to start using the checklists. It's a good idea to do these types of simulations a couple of times until the actions feel automatic rather than forced.

ACTIONS	
<input type="checkbox"/>	Book training date in the Simulation Center
<input type="checkbox"/>	Get signed approval from administration
<input type="checkbox"/>	Agree on action plan and share targets
<input type="checkbox"/>	Share a detailed agenda
<input type="checkbox"/>	Consider involving the pre-hospital phases
<input type="checkbox"/>	Choose the right clinical case

NOTE: Refer to Simulation Checklist for more details

SUGGESTED MATERIALS	
<input type="checkbox"/>	Stroke Bag
<input type="checkbox"/>	Checklists
<input type="checkbox"/>	GoPro camera
<input type="checkbox"/>	Helsinki Poster
<input type="checkbox"/>	Action Plan List
<input type="checkbox"/>	Wing Pins
<input type="checkbox"/>	Agenda
<input type="checkbox"/>	Stroke kit inventory
<input type="checkbox"/>	Simulation Vests
<input type="checkbox"/>	Clinical scenario (Irene #32)
<input type="checkbox"/>	Clinical tests from Body Interact or Brainomix (ex. #2) for CT Imaging
<input type="checkbox"/>	Simulation Checklist
<input type="checkbox"/>	Simulation Times/ Action Tracker
<input type="checkbox"/>	Simulation release form

Step 6: Quality Monitoring and Follow-up

Hospitals often have an aversion to auditing or quality monitoring as it sounds like more work and it might show how bad they are. Shrink the change by starting them off using the Helsinki Poster and position it as "progress monitoring" rather than quality monitoring. If the hospital is fully engaged you can suggest that they join the

RES-Q Registry but be careful of asking for too much at this stage. Make a point of setting this hospital their first target of achieving Gold status in the ESO Angels Awards as this is the minimum criteria that we would consider them to be Stroke Ready.

ACTIONS	
<input type="checkbox"/>	Make first cross on the Helsinki Poster
<input type="checkbox"/>	Introduce the ESO/WSO Angels Awards

SUGGESTED MATERIALS	
<input type="checkbox"/>	Helsinki Poster
<input type="checkbox"/>	RES-Q Registry
<input type="checkbox"/>	Patient Poster
<input type="checkbox"/>	Simulation report template

Step 7: Community

Motivation is a key aspect for low performing hospitals. Keep in mind that you are asking them to change from their current routine, which will take a lot of effort on their part. They need to understand what's in it for them. This could be the fact that they could provide better outcomes for patients, that they could be seen as a centre of excellence or that they will leave a legacy by establishing something that will exist even after they leave one day.

Some of the tools at your disposal to make this easier include the status and marketing potential of the ESO Angels Awards, the support and belonging offered by the Angels Community and the

expertise and support offered through your consultancy that will enable them to achieve what they previously thought impossible.

They need to feel part of this Angels Community. It's important to make an effort to make them part of the network and to make them feel welcome. Basecamp or the Website Community section could be useful to tell their story.

Your main aim is to foster new leaders in this hospital/network that can take this community into the next level and keep it there.

ACTIONS	
<input type="checkbox"/>	Organize regional/national Workshops to connect the Stroke Team to other teams in their network
<input type="checkbox"/>	Create WhatsApp group
<input type="checkbox"/>	Invite them to Angels group on facebook
<input type="checkbox"/>	Experience sharing
<input type="checkbox"/>	Possibility of writing story for website

SUGGESTED MATERIALS	
<input type="checkbox"/>	Website Community section/Angels Journey