CONSULTANCY CHECKLIST
MID PERFORMER

(DTN 45-60 minutes & Recanalization rate 5-10%)

Requires approximately 3.5 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

Mid 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. The challenge that you may face with these types of hospitals is that they often feel they are good enough since they are already below the guideline recommended 60 minutes and they are treating some patients with recanalization therapy.

Their perception is often that they are better than they actually are purely because they perhaps don't have solid data to refer back to.

They often implement some of the priority actions, but not all and they often do not see that 5 minutes here or there could make any meaningful impact. **Start with WHY!**

ACTIONS
[ ] Find point of contact/entrance (if hospital didn't enrol by themselves)
[ ] Identify stroke champion
[ ] Make contact with hospital/HCP
[ ] Set date for first meeting with hospital/HCP
[ ] Approve hospital/HCP on Angels Website
[ ] Send Welcome Letter
[ ] Meet hospital director/head of department
[ ] Meet the Stroke Team

SUGGESTED MATERIALS
[ ] Hospital Resource Form
[ ] Initial Angels presentation: International perspective, Angels video, mapping, achievements to date, country community, Angels Awards and RES-Q dashboards
[ ] Welcome Letter
[ ] Angels Journey / Magazine

NOTE: The sequence of the following steps can be changed according to the consultancy approach
- Consider starting with quality monitoring
- Consider performing the first simulation before the multidisciplinary meeting

Step 1: Official Enrolment

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.

For mid 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. 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.

It could be useful to place some emphasis on the motivational aspects by challenging them to take part in the ESO Angels Awards.

It is important to give praise where it's due and not only focus on the negative. They have come some way and are treating better than the European average. They are also below the guideline recommended target, so give credit where it's due. The challenge here is to make them see that they are not good enough yet. For hospitals like these, getting them to capture data in RES-Q and being able to compare themselves with their peers could be very useful in convincing them to improve even further.

This is not the time for interventions, so refrain from making too many demands and wanting to change everything at once.

ACTIONS
☐ Enroll hospital and HCPs on website and Basecamp
☐ Hospital contract signed (where needed)
☐ Welcome Pack delivered to Stroke Team
☐ Initial presentation
☐ Introduce quality monitoring
☐ Introduce ESO Angels Awards
☐ Book next date

SUGGESTED MATERIALS
☐ Angels Website
☐ Initial Angels presentation: International perspective, Angels video, **mapping**, achievements to date, **country community**
☐ Hospital Contract
☐ Welcome Pack (Joining Certificate, Brochure, Wing Pins)
☐ RES-Q Registry
☐ Helsinki Poster
☐ Angels Stopwatch App
☐ Community tools/platform, e.g. basecamp

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
☐ Hospital Resource Form completed
☐ Initial Hospital Consultancy Plan drafted
☐ Agree on some data collection in Angels +, Helsinki Poster, RES-Q Registry or own registry
☐ Spend one day just oberserving (and involve all departments in your observation)

SUGGESTED MATERIALS
☐ Hospital Resource Form
☐ Helsinki Poster
☐ Angels +
☐ RES-Q Registry

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 RES-Q reports to show how this hospital is comparing versus their peers. It's important to focus on the motivational aspects such as the awards and the Angels Community to get people engaged.

ACTIONS
☐ Create the Stroke Team
☐ Agree on actions for each team member
☐ Agree on hospital goals
☐ Fill in hospital flowchart (Spagnuolo poster)
☐ Data sharing

SUGGESTED MATERIALS
☐ Examples of other hospitals or other countries
☐ RES-Q report benchmarking this hospital to their community
☐ Initial Angels presentation: International perspective, Angels video, mapping, achievements to date, country community, **60 min=life video or other motivational videos**
☐ Guidelines
☐ Hospital Consultancy Plan / Project Plan (example Mexico)
☐ Hospital flowchart (Spagnuolo Poster / Impact flowchart)
☐ Use concept of "Transform/Maintain/Improve" (Post-it Notes)

Step 4: Training (with expert videos)

For mid performing hospitals we are assuming some of the stroke basics are in place. The focus of your training will be on the 4 phases of stroke treatment i.e. pre-hospital, hyper acute, decision making and post-acute phases. Your goal is to get them to implement all the priority actions for each phase.

The best chance for you to achieve this is by getting the stroke champion to present using our materials and videos that he/she downloads from the website. He/she presenting the data adds a lot of weight to the expert videos and creates a sort of endorsement for the suggestions given.

Keep in mind that implementing all priority actions is our ultimate goal, but that this may take some time to achieve. The faster the better, but if you have to initially compromise on one or two for example using the hospital ED phone rather than a stroke phone or treating the patient outside the CT scanner rather than in the room that's ok. They should always understand that you will not be happy until its fully implemented, but that you are willing to compromise to help them shrink the change.

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

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

TYPE OF TRAINING:
☐ Pre-hospital
☐ Clinical decisions (neurologists) – Body Interact
☐ Training on pathway (4 priority actions)
☐ Training acute phase
☐ Dysphagia (nurses)
☐ NIHSS
☐ Post-acute
☐ Quality Monitoring

SUGGESTED MATERIALS
☐ Body Interact (Cases: Darryl #31, Irene #32, Norma #33)
☐ GUSS training – videos and presentation
☐ QASC results/FESS training
☐ Checklists
☐ Experts videos
☐ Webinars
☐ Pathway Card Game
☐ Website e-learnings (guided)

Step 5: Simulations

For mid performing hospitals the simulation is targeted at implementing the priority actions and to start using the checklists. The first simulation is aimed at practically showing them what they are doing well and where they can still improve.

The second simulation is the opportunity to show them what impact the priority action could have and that they are actually very easily implementable.

This is your best tool for helping this hospital improve their performance.

ACTIONS
☐ Get signed approval from administration
☐ Share a detailed agenda
☐ Consider involving the pre-hospital phases
☐ Choose the right clinical case
☐ Agree on action plan and share targets

NOTE: Refer to Simulation Checklist for more details

SUGGESTED MATERIALS	
☐ Stroke bag	☐ Stopwatch
☐ Checklists	☐ Agenda
☐ GoPro	☐ Simulation Vests
☐ Helsinki Poster	☐ Clinical scenario (Irene #32)
☐ Action Plan List	☐ Clinical tests from Body Interact or Brainomix (ex. #2) for CT Imaging
☐ Wing Pins	

Step 6: Quality Monitoring and Follow-up

As mid performing hospitals are already pretty good it's probably more likely that they would not be completely against sharing their data with others. Your challenge is to get them to capture data in RES-Q so they can compare their performance with others in their network. Use the ESO Angels Awards as motivation.

They should be acknowledged for the level of their treatment and the awards is the way to achieve that. We have also seen the absolute value of a bit of informal competition from countries like The Czech Republic for example.

ACTIONS
☐ Make first cross on the Helsinki Poster
☐ Win the ESO/WSO Angels Awards
☐ Certification Program (ESO/WSO)

SUGGESTED MATERIALS
☐ Helsinki Poster
☐ RES-Q Registry

Step 7: Community

Motivation is a key aspect for mid performing hospitals. Keep in mind that you are asking them to change, when they believe they are already good enough. They need to understand what's in it for them. It could be very useful to get them to present their data to others in their region at regional or national meetings.

Some of the tools at your disposal to make this easier include the status and marketing potential of the ESO Angels Awards, and the opportunity to show off their data at a regional meeting.

Making them part of a community puts more pressure on them to perform better. 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
☐ Invite Stroke Team to Community tool / platform
☐ Organize regional/national Workshops to connect the Stroke Team to other teams in their network
☐ Share story on the website / journal

SUGGESTED MATERIALS
☐ Community tool / platform
☐ Website community section/Angels Journey