

CONSULTANCY CHECKLIST NEW HOSPITAL

(Did not treat before)



Requires approximately 10 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

New hospitals have probably never treated before and were not previously considered part of the Stroke Network. They may have been approached because they can help fill a geographical area that is currently not covered. Keep in mind that they might have inherent

reasons for not treating so it may take some convincing to get them to join the Stroke Network and to join Angels.

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
<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

SUGGESTED MATERIALS

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Hospital contract |
| <input type="checkbox"/> | Hospital Resource Form |
| <input type="checkbox"/> | Initial Angels presentation: International perspective, Angels video, mapping, achievements to date, country community, examples of status quo of other hospitals in the region |
| <input type="checkbox"/> | Welcome Letter |



Step 1: Official Enrolment

For new 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 is not the time for interventions yet. 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 and Basecamp
<input type="checkbox"/>	Hospital contract signed (where needed)
<input type="checkbox"/>	Welcome pack delivered to Stroke Team
<input type="checkbox"/>	Initial presentation

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"/>	Angels Facebook closed group

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! Requires 1/2 days of consultancy in the hospital.

ACTIONS	
<input type="checkbox"/>	Hospital Resource Form completed
<input type="checkbox"/>	Initial Hospital Consultancy Plan drafted

SUGGESTED MATERIALS	
<input type="checkbox"/>	Hospital Resource Form

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"/>	Meet the Stroke Team
<input type="checkbox"/>	Agree on action plan
<input type="checkbox"/>	Agree on hospital goals: start to treat the first patient and reach the goal of 5 patients in one year
<input type="checkbox"/>	Checklists review and distribution (according to National Stroke guidelines)
<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

Step 4: Training (with local hospital expert or regional leader/expert)

New hospitals need expert guidance as they will start doing something they have probably never done, or have done in only rare cases. We recommend on-site training in the hospital and also

consider using a local expert that can answer their concerns and serve as a mentor for their first couple of cases.

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"/>	Pre-hospital
<input type="checkbox"/>	Training on pathway (4 priority actions)
<input type="checkbox"/>	Other (e.g. drug administration)

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"/>	Checklists
<input type="checkbox"/>	Experts videos
<input type="checkbox"/>	Example videos
<input type="checkbox"/>	Stations exercise
<input type="checkbox"/>	Simulated training

Step 5: Simulations (with local hospital expert or regional leader/expert)

For new hospitals the simulation is aimed at practically applying all the knowledge they have gained during their training. The idea is for them to get used to performing the actions learned, to practically

implement the guidelines through using the checklists in a simulated environment. Focus on clinical decision and stroke pathway. Consider to invite the team to attend a workshop in Simulation center.

ACTIONS	
<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"/>	Agenda
<input type="checkbox"/>	Checklists	<input type="checkbox"/>	Simulation Vests
<input type="checkbox"/>	GoPro or smartphone camera	<input type="checkbox"/>	Clinical scenario (Irene #32)
<input type="checkbox"/>	Helsinki Poster	<input type="checkbox"/>	Clinical tests from Body Interact or Brainomix (ex. #2) for CT Imaging
<input type="checkbox"/>	Action Plan List		
<input type="checkbox"/>	Wing Pins		

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 on 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.

ACTIONS	
<input type="checkbox"/>	Make first cross on the Helsinki Poster
<input type="checkbox"/>	Discuss the first treatment during a multidisciplinary meeting
<input type="checkbox"/>	Hospital gets a “First treatment digital badge” on the Angels website, to celebrate the treatment of their first stroke patient
<input type="checkbox"/>	Follow up: do not leave hospital alone. the goal is to increase the number of treated patients

SUGGESTED MATERIALS	
<input type="checkbox"/>	Helsinki Poster
<input type="checkbox"/>	RES-Q, SITS QR or National stroke registry
<input type="checkbox"/>	Patient Poster
<input type="checkbox"/>	First treatment digital badge

Step 7: Community

Motivation is a key aspect for new hospitals. They need to feel part of the Angels Community. Keep in mind that they are new to the stroke community so it's important to nurture their relationships with others in their community. They may feel very lonely if not supported by others so it's important that they are integrated and provided

with a mentor as soon as possible. It's important to make an effort to make them part of the community and to make them feel welcome. Basecamp or the Website community section could be useful to tell their story. As the community leader you should go out of your way to integrate them.

ACTIONS	
<input type="checkbox"/>	Propose this hospital for a Story in the website
<input type="checkbox"/>	Set up a mentoring arrangement with the local expert
<input type="checkbox"/>	Make the hospital part of a network
<input type="checkbox"/>	Invite stroke team to Angels Facebook closed group

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

