ANGELS INITIATIVE
HOSPITAL RESOURCES FORM

HOSPITAL NAME

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DATES:

FIRST VISIT
REGISTRATION
SIMULATION
CLOSING

STROKE CHAMPION NAME
SPECIALTY
AVAILABILITY (DAY/ HOUR)

To become a unit that consistently treats stroke patient effectively and safely, evidence and experience has shown that effective co-ordination of resources and processes must take place.

This document captures important information about your hospital's structure regarding stroke management. It was designed to analyze the current situation in your hospital in terms of treatment of stroke and to compare it with best practice standards.

Answers to the various questions should reflect the current state and not the desired future state of stroke management in your hospital.

The Angels Initiative provides various tools including protocols, training resources, quality monitoring using the ESO Excellence criteria to assist in the action plan implementation as and where it is needed.

All information contained within this form is strictly confidential and will only be used to help create an action plan within the context of the Angels Initiative.

HOSPITAL PROFILE

angels
LEAVE YOUR LEGACY

PRIORITY ACTIONS

Pre-hospital	Diagnosis	Choose Hospital	Act Emergently	Pre-notification
Hyper acute pathway	Pre-notification	Direct to CT	POC	Treat at CT
Decision-making	Diagnosis	Bleed/ No Bleed	Severity	Contraindications
Post-Acute	Fever	Sugar	Swallowing	

HOSPITAL RESOURCES & STRUCTURE

When was the stroke unit established?

Stroke network (hospitals names; pathway description; barriers; departments head physicians)

	YES	24H
Emergency ward		
MRI		
CT Scanner		
Clinical laboratory		

	Doctors	Nurses	Speech Pathologists	Dieticians	Physiotherapists
Number of Staff members involved in Stroke treatment					

	YES	No OF BEDS
Stroke Unit		
Neurology Department		
Intensive Care Unit		
Other beds available for stroke patients		

STROKES TREATED PER YEAR

	WEEK	MONTH	YEAR	PREVIOUS YEAR
No of stroke patients admitted				
Ischemic stroke (%)				
Hemorrhagic stroke (%)				
% of patients receiving thrombolysis				
% of patients receiving endovascular treatment				
% Admitted to dedicated stroke unit / ICU				
% Hospital pre-notification				

RESTRICTIONS/ LIMITATIONS

Please provide details of any restrictions / limitations that might exist in terms of:

Only certain staff e.g. doctors are allowed to order lab, imaging or another test

Slow or problematic patient admission procedures
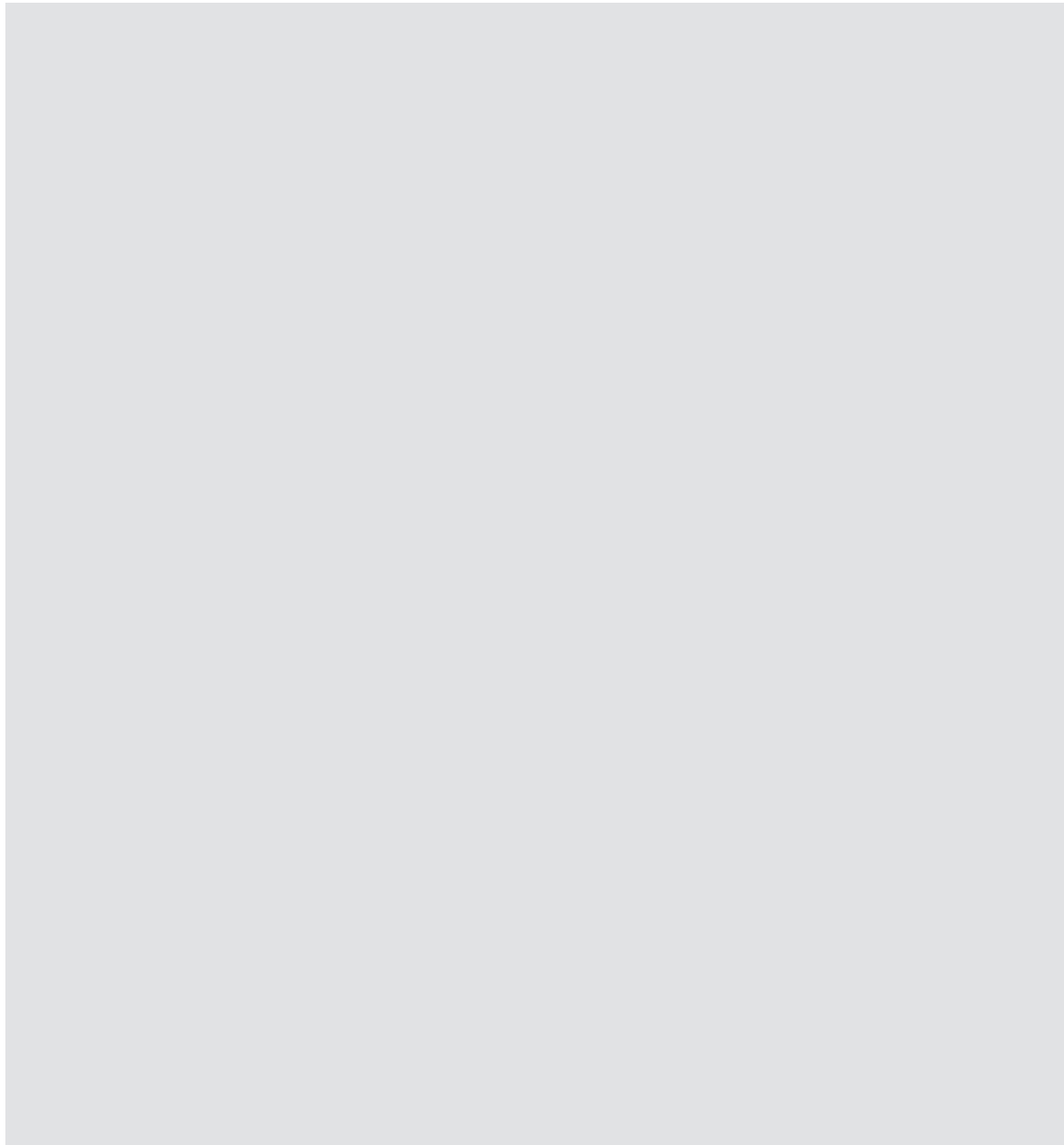
Reimbursement of hospital stay

Contacting specialists or other departments

Hospital administration issues e.g. financial / political / resource reasons to not treat stroke

HOSPITAL LAYOUT

Make a rough drawing of the layout of the hospital showing the relevant wards & departments.

Describe physical barriers (ER in the same level as the CT room; patient pathway includes elevators; stroke unit an open space or separate rooms).

TYPICAL STROKE PATIENT FLOW

How do patients typically arrive at the hospital?

Ambulance arrivals (%):

Walk-in arrivals (%):

Hospital transfer arrivals (%):

Admitted patients from
other hospital departments (%):

Other (%) (please specify):

Diagnosis of stroke typically take places in:

Describe the tests and evaluation procedures followed.

Test/actions	Where?	Who?

Describe the treatments typically given in acute stroke.

Treatment	Where?	Who?

Describe where patients are typically treated after the acute event. Ward, admission requirements, hand over procedures etc.

ACCESS TO THROMBOLYSIS

LEAVE YOUR LEGACY

Is thrombolytic treatment available and reimbursed at the hospital?

YES

NO

Provide details on obtaining informed consent from patients for the use of recanalization therapy. Is consent needed? How is consent typically obtained from patients / family members? Are any specific tools used e.g. forms, consent aids, etc. Who obtains consent? When is consent obtained?

Where thrombolytic therapy is typically stored?

Who can dispense treatment?

Who will typically administer thrombolytic?

STROKE TEAM SPECIAL ARRANGEMENTS · 1

Please provide details of the special arrangements regarding treatments of stroke patients if they currently exist.

EMERGENCY MEDICAL SERVICES CALL CENTRE

Diagnosis of stroke	
Dispatch of Ambulance services	
Training requirements	

EMERGENCY MEDICAL SERVICES

Diagnosis of stroke	
Treating stroke as an emergency	
Choose hospital	
Pre-notification of the hospital	
Checklists to be followed while transporting patients	
Handover procedure at hospital	
Training requirements	
Quality monitoring KPI's	

EMERGENCY DEPARTMENT

Diagnosis & Triage of stroke patients	
Code stroke activation	
Registered Nurse checklist	
Emergency Physician checklist	
Target time in which evaluations must be completed	
Training requirements	
Quality monitoring KPI's	

STROKE TEAM SPECIAL ARRANGEMENTS   2

LABORATORY-ASSOCIATED STEPS

Laboratory Availability	
Pre-notification / Code stroke procedure	
Stroke patient standard tests	
Point of Care tests (INR / Glucose / Platelets)	
Priority labelling	
Lab results communication to physician (paper/phone/computer)	
Test results the stroke physician will wait for before treatment	
Training requirements	
Quality monitoring KPI's	

RADIOLOGY DEPARTMENT

Availability	
Imaging Protocol	
Checklist	
CT Report (Who? / How?)	
Reporting person	
Other CT rooms available?	
Priority access for stroke patients	
Pre-notification / Code stroke procedure	
Training requirements	
Quality monitoring KPI's	

STROKE TEAM SPECIAL ARRANGEMENTS 3

STROKEOLOGIST

Availability	
Checklist	
Code stroke activation procedure	
Training requirements	
KPI's	

STROKE UNIT

Handover procedure	
Checklist	
Integration and coordination of rehab services	
Training requirements	
Dysphagia screening (Who? How?)	
KPI's	

STROKE TREATMENT CHECKLISTS / STANDING ORDERS

	Exist but not used	Exist and used for every patient	Could be optimized
Emergency medical services			
Emergency Department nurse			
Emergency Department Physician			
Radiology			
Stroke physician			
Thrombolysis treatment pack			
Post thrombolysis treatment pack			
Day 2 - 3 post thrombolysis			
Managing complications post thrombolysis			
General stroke protocol (Excl. thrombolysis)			
General stroke complications			
Stroke units Post-acute Care			
Intracranial Haemorrhage			
Rehabilitation			
Discharge			

QUALITY MONITORING

Please provide details of Quality monitoring process at the hospital.

What is measured, how and how often?

Does the hospital submit data to any registry or national audit?

Is quality monitoring built into day-to-day tasks or is it additional work?

Last audit

	Door to Needle time	% of pts. with DTN time <60mins	Symptom - Door	Symptom - Treatment
Results of last audit				

CODE STROKE ACTIVATION PROCEDURE

LEAVE YOUR LEGACY

CODE STROKE

Does a Code Stroke activation procedure exist?

YES

NO

Who is activated?

Which tools are used? (Beeper/Pager/SMS/Phone call/Telemedicine/Other)

Who can activate a Code Stroke?

What are the agreed response times & is this quality controlled?

Is this currently implemented for all stroke suspicions?

YES

NO