

# CESN Hyperacute Stroke Process Reporting & Recognition Form



Use this form:

- ✓ to communicate to Central East Stroke Network (CESN) challenges that impact timely and appropriate access to hyperacute stroke care.
- ✓ to emphasize a successful process and offer recognition for outstanding performance.

**IMPORTANT:** Before submitting this form, first address any concerns directly with the relevant organization or individual at the time the issue occurs. Once a process reporting form is submitted, CESN will review the information, coordinate any necessary follow-up, and monitor issues to support quality improvement and system planning.

## \* Required

### REPORTING & RECEIVING FACILITY

**Completion of this section facilitates follow-up, as appropriate.**

1. Name of Reporting Facility \*

2. Form completed by:

Name: \*

Role: \*

Email: \*

3. Name of facility / facilities to receive feedback \*

### CASE INFORMATION

#### PLEASE READ FIRST:

- **Do not include personal health information. E.g. Do not include name, gender, age, or birthdate.**
- **COMPLETE QUESTIONS 5 TO 8 ONLY IF PERTINENT INFORMATION FOR THE REPORT.**

4. Date of incident \*

5. Stroke Onset date
6. Stroke Onset time (approximate) (e.g. 2315)
7. Triage time (e.g. 0234)
8. EMS / Transport Provider

9. This form is related to the following protocols or processes \*

- Memorandum of Understanding for Medical Redirect and Repatriation of Acute Stroke
- District Stroke Transfer Protocol (0-4 hours from stroke symptom onset) - e.g. walk-in
- District Stroke Transfer Protocol (4 - 24 hours from stroke symptom onset)
- Designated Stroke Centre Outpatient Acute Stroke Protocol
- Designated Stroke Centre Inpatient Acute Stroke Protocol
- Community Hospital (non-thrombolysis site) Inpatient Stroke Protocol (from community hospital to designated stroke centre)
- Other

10. What is the main category of the issue? (Check all that apply): \*

- Recognition for performance
- Did not meet protocol / criteria
- Could not reach appropriate individual / team
- Image transfer time / quality / completion / etc.
- Prenotification not received
- Missing transfer documents
- Transportation delay / transfers to Designated Stroke Centre (for thrombolysis consideration)
- Transportation delay / transfers to Toronto EVT site
- Transfer of Accountability
- Repatriation
- Medical Escort
- Other

11. Briefly describe (please include any resolutions if reached, and any suggested solutions). \*

**Thank you for submitting this Hyperacute Stroke Process Reporting Form**

Forms will be monitored by the Central East Stroke Network for trends to inform quality improvement and system planning. Regional follow-up will be coordinated as appropriate.

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