

CESN Endovascular Therapy Process Reporting Form (See instructions on page 2)

A provincial process exists to provide regional access to Endovascular Therapy (EVT) including referral through CritiCall Ontario to connect referring sites with EVT sites. To facilitate process improvement, complete this tracking form if there are concerns regarding referral, imaging, or transfer of patients. If an issue arises, address this issue directly and at the time, with the organization/ individuals prior to submitting this form. Regional follow-up will be coordinated, and forms will be monitored by the Central East Stroke Network for trends to inform quality improvement and system planning.

Issue related to: Referral Imaging Transfer Other

Referring Centre	Date of Submission:	
EVT Centre:		
Contact Name*:	Telephone:	Email:

Patient Information

Stroke Onset	Date	Time	Year of Birth	Gender
				<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender Diverse
CritiCall Telestroke Paging Time:				Transfer* Date Time
CritiCall EVT Referral Time*:				

EMS / Transport Information (as required)

Name of EMS/Transport Provider	Run Number (If known):
Pick-up Location:	Vehicle Number (If known):

Receiving Hospital Information (as required):

Receiving Facility	Date contacted:
Person Contacted:	Telephone:
Arrival at receiving hospital: Date: Time:	

Brief Description of Issue

- Imaging quality or adherence to protocol was not adequate. Please explain
- Imaging transfer time delayed. Please explain
- mCTA was not completed. Please explain
- Patient did not meet EVT criteria. Please explain
- Could not reach the appropriate individual/team. Please explain
- Pre-notification not received by EVT site. Please explain
- Transfer took longer than expected. Please explain
- Missing transfer documents. Please explain
- Challenges associated with transfer/process. Please explain
- Other, including positive feedback Please explain

Action/Resolution Taken Between Organizations:

Send completed forms to: Donelda Sooley, Regional Director, Central East Stroke Network
Phone: (705) 728-9802 x46300 Fax: (705) 792-3315 (ATTN: Donelda Sooley)
Email: sooleyd@rvh.on.ca

Instructions for Completing the EVT Process Reporting Form

Who: Anyone involved in the process can submit a form based on an experience

Explanation of Key Information Items

Issue related to:

- Referral
 - Includes but not limited to:
 - Delays in connecting to CriteCall and/or stroke neurologist
- Imaging
 - Includes but not limited to:
 - Access/availability of CT/CTA
 - Issues with transmission of images via ENITS
 - Quality of images
- Transfer
 - Includes but limited to:
 - Delays related to EMS/ORNGE
- Referring Centre: The centre that requested a referral for EVT
- EVT Centre: The EVT Centre that was referred to or treated the patient with EVT
- Date of Submission: Date on which this form was submitted to CorHealth Ontario
- Contact Name: Name of person completing this form
- Telephone/email: Telephone number or email of person completing this form
- Stroke Onset Date/Time: Confirmed date and time of stroke symptoms onset
- CriteCall Telestroke Paging Time: Time the referring centre called CriteCall to request paging the Telestroke Neurologist
- Critical EVT Referral Time: Time that CriteCall requested the “Stroke Endovascular Team” at the EVT Centre switchboard/locating
- Date and Time of Transfer: Date and time the patient left the referring centre