

Telestroke Quality Reports						
What	Why	Where from	When - Frequency Data to be collected	Who By	Who For	Frequency of Report
Lead Provider						
Hospital Site	Where patients are presenting and DSP and thrombolysis activity by site	Joint Decision Making Checklist (JDMC) SINAP	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance Commissioner Evaluation of Service	Lead Provider Monthly Lead Commissioner Quaterly Report Network Board
Decision Support Provider (Remote Telestroke Consultant)	To identify individual Consultant assessment activity/performance and thrombolysis conversion rate	Technical Support Report Joint Decision Making Tool (JDMC)	Collected Daily/ Reported Monthly Daily	Senior Business Service Manager Virgin Media Business NCUHT Telestroke Administrator	Lead Provider Governance Medical Directors	Lead Provider Monthly Network Board
Number and Percentage of OOH admissions with suspected stroke assessed via Telestroke	All suspected stroke patients should be assed via telestroke (unless the on-call clinician is on site at the hospital of admission). Drill down into reasons for not assessing via telestroke. Total number of patients potentially eligible for thrombolysis	Technical Support Report Joint Decision Making Checklist (JDMC) SINAP	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance MonthlyVirtual MDT Quarterly F2F MDT Commissioner Evaluation of Service	Lead Provider Monthly Lead Commissioner Quaterly Report Network Board
Age of Patients admitted OOH with a primary diagnosis of stroke	To identify any trends in the gender of patients presenting	SINAP	Daily	CLCBS Data Warehouse	Lead Provider Governance MonthlyVirtual MDT Quarterly F2F MDT	Lead Provider Monthly Network Board
Gender of Patients admitted OOH with a primary diagnosis of stroke	To identify any trends in the age of patients presenting	Joint Decision Making Checklist (JDMC) SINAP	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance MonthlyVirtual MDT Quarterly F2F MDT	Lead Provider Monthly Network Board
No Stroke Patients scanned OOH within 1 hour of arrival	To ensure access to CT Scan within one hour does not delay the Telestroke decision making process.	SINAP	Daily	CLCBS Data Warehouse	Lead Provider Governance MonthlyVirtual MDT Quarterly F2F MDT	Lead Provider Monthly Lead Commissioner Quaterly Report Network Board
No calls by Telestroke Consultant to Radiologists OOH	To assess impact of telestroke Service on demand for OOH Radiologist	Joint Decision Making Checklist (JDMC)	Daily	NCUHT Telestroke Administrator	Lead Provider Governance MonthlyVirtual MDT Quarterly F2F MDT	Lead Provider Monthly Lead Commissioner Quaterly Report Network Board

What	Why	Where from	When - Frequency Data to be collected	Who By	Who For	Frequency of Report
Lead Provider						
Patient Bedside Referrer (Medic) Name and Grade	To identify the individual responsible for referring to Telestroke and thrombolysis delivery. This will provide an understanding of whether additional support and training is required for particular grades of staff. It will also provide trends in referral patterns from different grades of staff	Joint Decision Making Checklist (JDMC)	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance Medical Directors	Lead Provider Monthly Network Board
NIHSS Score Pre Thrombolysis	Benefits Realisation of Thrombolysis - To provide an indication of the impact of the Stroke	SINAP (This will need to be added as an additional user defined fields to the SINAP Proforma)	1. Prior to commencement of the infusion	CLCBS Data Warehouse	Lead Provider Governance	Lead Provider Monthly Lead Commissioner Quarterly Report Network Board
NIHSS Score 2 hours Post Thrombolysis	Benefits Realisation of Thrombolysis - To provide an indication of the response to thrombolysis	SINAP (This will need to be added as an additional user defined fields to the SINAP Proforma)	2. 24 hours following commencement of the infusion	CLCBS Data Warehouse	Lead Provider Governance	
NIHSS Score 2 hours Post Thrombolysis	Benefits Realisation of Thrombolysis - To provide an indication of the response to thrombolysis	SINAP (This will need to be added as an additional user defined fields to the SINAP Proforma)	3. 24 hours following commencement of the infusion	CLCBS Data Warehouse	Lead Provider Governance	
Number OOH admissions with suspected stroke thrombolysed	To derive thrombolysis conversion rate for OOH admissions	Joint Decision Making Checklist (JDMC) SINAP	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance Commissioner Evaluation of Service	Lead Provider Monthly Lead Commissioner Commissioner Quarterly Report Network Board

What	Why	Where from	When - Frequency Data to be collected	Who By	Who For	Frequency of Report
Lead Provider						
Number of OOH admissions with suspected stroke NOT thrombolysed	Drill down into reasons for not thrombolysing: Exclusion for clinical reason - see Exclusion Criteria for Stroke Thrombolysis Ref: ???NICE technology appraisal guidance 122 Alteplase for the treatment of acute ischaemic stroke???? Technical Issues - See Imjera Data Collection Spreadsheet, OOH Stroke Pathway Process Issues (Individual Hospital Sites) - ? Develop Reporting Template to be completed by the thrombolysing hospital site	Joint Decision Making Checklist (JDMC) SINAP (The following will need to be added as additional User Defined Fields: • ECG - Y/N • AF - Y/N • Normal Sinus Rhythm – Y/N • Glucose _ mmol/L • INR _ seconds	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance Commissioner Evaluation of Service	Lead Provider Monthly Lead Commissioner Quarterly Report Network Board
Number of OOH admissions with suspected stroke NOT thrombolysed	Drill down into reasons for not thrombolysing: Exclusion for clinical reason - see Exclusion Criteria for Stroke Thrombolysis Ref: ???NICE technology appraisal guidance 122 Alteplase for the treatment of acute ischaemic stroke???? Technical Issues - See Imjera Data Collection Spreadsheet, OOH Stroke Pathway Process Issues (Individual Hospital Sites) - ? Develop Reporting Template to be completed by the thrombolysing hospital site	Joint Decision Making Checklist (JDMC) SINAP (The following will need to be added as additional User Defined Fields: • ECG - Y/N • AF - Y/N • Normal Sinus Rhythm – Y/N • Glucose _ mmol/L • INR _ seconds	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance Commissioner Evaluation of Service	Lead Provider Monthly Lead Commissioner Quarterly Report Network Board
Assessment to thrombolysis conversion rate	To, over time, assess variation in rates of thrombolysis at the different hospital sites and by individual DSP's	Joint Decision Making Checklists (JDMC) SINAP (Grade Only)	Daily	NCUHT Telestroke Administrator CLCBS Data Warehouse	Lead Provider Governance Commissioner Evaluation of Service	Monthly although meaningful trends may take 6 -12 months to emerge
Number of Deaths	To allow investigation of the circumstances of deaths	SINAP	Daily	CLCBS Data Warehouse	Lead Provider Governance	Monthly
Network wide and hospital site thrombolysis activity Jul 2010 to Jul 2011	To provide a baseline of current thrombolysis activity (9am - 5pm) July 2011 to July 2010 prior to the implementation of Telestroke	SINAP Information from each thrombolysing Provider	Annual data collected retrospectively.	CLCBS Data Warehouse A request from the Lead Provider to each thrombolysing site	Lead Provider Governance Commissioner Evaluation of Service No reporting structures in place	Annual prior to commencement of the Telestroke service

