**Prehospital video triage of potential stroke patients in north central London and east Kent: rapid mixed methods service evaluation**

**Rapid Assessment Procedures (RAP) Sheet**

**Recap of evaluation questions:**

1. Are the digital remote assessment systems acceptable to their users (stroke clinicians and paramedics)?
2. Are the systems effective in terms of usability and image/sound quality?
3. Do the systems support appropriate, safe transfer of potential stroke patients?
4. Which factors influence uptake, implementation, and impact of these systems?
5. Which aspects of these systems should be retained post-COVID-19 and which adaptations (if any) are required to support their implementation?

**General guidance for RAP sheets:**

* Not too much detail (put supplementary detail such as long quotes from interviews in a separate document).
* Consider that, if anonymised, these would go to sites for validation and review.
* Indicate TIME and SOURCE of information where possible.

**LOCAL IMPLEMENTATION OF TRIAGE SYSTEM**

|  |  |
| --- | --- |
| Site location |  |
| Organisations/partners currently involved (Trust names) |  |
| Health system context (e.g. population, urban/suburban/rural) |  |
| Plans for wider roll out / expansion - any progress |  |
| Regional stroke services and pathways (e.g. HASUs, prior use of telemedicine) |  |
| Date started pilot |  |
| Leadership |  |
| Clinical governance and safety assurance system (processes, groups, safety netting, etc.) |  |
| No. of cases managed to date |  |
| Technology in use / communication platform (e.g. FaceTime, iPhones) |  |
| Features most important for stroke consultants |  |
| Features most important for paramedics |  |
| Reported clinical / safety issues |  |
| Reported functionality and usability of the system (e.g. audio-visual quality) |  |
| Reported impact on clinical and treatment decisions, including destination (e.g. time, location) |  |
| Reported benefits of triage system for stroke care and comparisons to former triage approaches |  |
| Reported disadvantages of triage system |  |
| Patient experience, including feedback and engagement / PPI |  |
| Staff training and learning needs |  |
| Clinical / practice examples |  |
| Implementation factors and enablers |  |
| Recommendations for other parts of the NHS / decision makers |  |

**DATA INSIGHTS / USE OF DATA**

|  |  |
| --- | --- |
| Activity levels - patients treated in stroke units (SSNAP), frequency of use of triage systems |  |
| Perceived usability , technical stability, and safety (i.e. from survey). |  |
| Analyse the user perception / has this changed? |  |
| Safety: timeliness of patient transfer (includes call duration and journey duration) |  |
| Safety: appropriateness of patient transfer |  |
| Influence of who gives feedback |  |
| Delivery of stroke clinical interventions (National audit data for NC London and East Kent) |  |