

Ontario Telestroke Program

Consult Note Documentation Policy

INTRODUCTION

The Ontario Telestroke Program (OTP) is a critical virtual care infrastructure in the provincial stroke system enabling equitable access to hyperacute stroke care across the province. Supported by a centralized on-call consultation model of stroke specialists, rural and remote hospitals that would otherwise have limited to no emergency stroke care expertise are able to ensure timely assessment and delivery of hyperacute stroke services for the communities they serve. Initiated as a pilot project in 2002, the OTP has demonstrated significant success and has expanded to supporting more than 30 referral sites through a roster of approximately 20 stroke neurologists offering 24/7 Telestroke consultation coverage 365 days/year, through video enabled infrastructure as established by Ontario Health-Ontario Telemedicine Network.

PURPOSE

Clinical records are important communication tools that allow the clinical care team to track the patient's past and current status, determine future care needs, and give evidence of the care provided, collaborate when providing care, and transfer a patient's care smoothly. Good clinical record keeping enhances outcomes and safety for patients. In addition, documentation allows clinicians to demonstrate their accountability to patients, payers, regulatory colleges and other health care providers and to meet reporting requirements as outlined by law or organizations.

This documentation policy is an underpinning to the quality of the OTP aimed at setting a standard that will

- Clarify expectations for timeliness and content of the stroke neurologist's Telestroke consultation note;
- Reduce variation in practice; and

- Appropriately support referring hospitals in their management of acute stroke patients.

This policy has been developed in collaboration with the Telestroke neurologists reflecting the following guiding principles:

- provincial physician regulatory college requirements
- stroke clinical best practice
- the best interest of the patient's ongoing care and outcomes (risk management); and
- privacy legislation as applicable.

Note: It is the responsibility of the Telestroke neurologist to be familiar with and abide by privacy legislation and their regulatory body requirements.

TELESTROKE CONSULTATIONS

MODE

The role of the Telestroke consultant is to provide consultative advice to the emergency physicians at referring hospitals. The consulting Telestroke Neurologist **should always consider video consultation as the first level of support**, particularly if treatment with tPA is being considered. If the referring physician requests a video consultation, the consulting physician is expected to meet this request. For example: a) the referring physician may request that you use the two-way video to explain the risks and the benefits of tPA with the patient and their family b) the patient is a good candidate for IV tPA , consider initiating treatment and then connecting to do the video examination after the tPA is infusing.

In some cases, a video consult may not be required to provide consultation. This may occur when the referring and consulting physicians determine it is clinically unnecessary or in cases where the technology is unavailable. The Telestroke neurologists should use clinical judgement in making this determination (e.g. consider skill set/knowledge based of referring physician, time, details of case at hand) and **document why a video call was not provided**. For example: a) the referring physician's examination is very clear, the patient's deficits are severe, and the NIHSS has been determined. Re-examination to adjust the

NIHSS by a few points is not critical (e.g. NIHSS = 17 vs 18) b) the patient is a good candidate for EVT and reviewing the patient's examination would only delay transfer to the treating EVT site.

CONSULT NOTE REQUIREMENTS

When is a consult note¹ required?

A consult note should document any interaction where imaging is reviewed, transfers discussed and/or recommendations or expert opinion related to care is provided. Consult notes should be sent to the referring hospital. The referring physician must ensure the consult note is secured within the medical record for the patient cared for at their hospital. The consulting physician should retain a copy of the consult note within their own professional files as record of the clinical interaction. Requirement for a consult note is not determined based on whether telephone or video connection was used to support the case.

Examples of cases where a consult note is expected to be provided to the referring hospital:

- Any presentation within the 4.5 hour stroke onset window for treatment including those who receive and do not receive tPA (i.e. Alteplase)
- Patient being assessed and/or transferred for EVT
- Any time the Telestroke neurologist bills OHIP for a neurology consultation

¹ An OTP standardized electronic fillable consult note form can be found on the [OTN resource page](#). The form is compliant with the [CPSO consultation documentation requirements for Preparing and Distributing Consultation Reports](#). Consultants are encouraged to complete the form electronically, print and fax to the referring hospital.

When is a consult note not required?

Examples of cases where a consult note is not expected to be provided to the referring hospital:

- A consult is inappropriate (e.g. scan confirms hemorrhage) and a consultation was not completed.
- The referring physician has a simple question that can be answered without a full review of the patient or patient information (e.g. Is tPA appropriate if the patient is on a DOAC? (Direct-acting Oral Anticoagulant)).
- When OHIP will not be billed for stroke neurology consultation (e.g. when providing Telephone advice)

It is strongly recommended that the consulting Telestroke neurologist document a summary of the patient case and services provided for their own files, even when the case does not warrant a full consult note to be sent to the referring hospital (e.g. when providing Telephone advice). If a consultation note will not be provided it is important to inform the referring physician.

Timing of the consult note

Documentation of the conversation between the referring and consulting physician should be considered a joint responsibility. Consistent with the College of Physician and Surgeons of Ontario documentation requirements², consult notes should be provided to the referring physician in a timely manner per the patient's condition. For patients with stroke, consult notes should be provided as soon as possible, ideally within a few hours of the consult with an upper target not exceeding 24 hours. The consulting physicians should inform the referring physician of any anticipated delay in sending the consult note. Referring hospitals can expect to receive a timely consult note and are responsible to ensure that the note becomes part of the patient's medical record.

² [CPSO consultation documentation requirements for Preparing and Distributing Consultation Reports](#)