



Contingency Planning for Telestroke Service

This document covers five areas:

1. Covering Emergency gaps in the Telestroke rota
2. CT downtime
3. Burnbank downtime
4. NHS net email downtime
5. Cart downtime
6. Laptop downtime

1. Covering emergency gaps in the Telestroke rota

- 1.1 Each participating Trust in the Cumbria and Lancashire Telestroke Network (CLTN) has a responsibility to cover short term or unexpected illness. It is expected that when, for example, a Consultant from Blackpool is down to cover Friday night and he/she is unable to carry out that duty then one of the other two Consultants would cover that night.
- 1.2 During Monday to Friday 0800 to 1600 hours this change would be notified to the Telestroke Administrator on xxxx. She, in turn, will notify all switchboards of this change.
- 1.3 At weekends/Bank Holidays or in an emergency where the rostered Consultant is unavailable, it is the responsibility of the Trust where the Consultant is based to arrange cover for that slot initially within their own Trust first and to communicate this change to the switchboards at each site.
- 1.4 If the emergency occurs out of hours and the Trust where rostered Consultant is employed is unable to find a replacement, then the Duty Manager at xxxxxx will need to be contacted and the responsibility to find a replacement will be transferred to them.
- 1.5 Duty on call Manager can be contacted through xxxxxxxx Infirmery switchboard xxxxxxxx
- 1.6 Duty on call Manager will contact the other Consultants on the Telestroke rota to try and get cover. See Appendix 1 for Consultant contact details.



1.7 If this is successful then the Duty on call Manager will contact the following switchboards with the covering Consultant's details:

Cumberland Infirmary, Carlisle (CIC)	
Royal Lancaster Infirmary (RLI)	
Royal Preston Hospital (RPH)	
Royal Blackburn Hospital (RBH)	
Southport & Formby District General Hospital (S&FGH)	
Blackpool Victoria Hospital (BVH)	

1.8 Failure to get cover will result in the Telestroke out of hours service having to be brought down. This decision will be taken in conjunction with the Duty Manager and Executive Manager for NCUHT. This decision will have to be relayed to the: Duty on call Manager for the five other Trusts of the CLTN. They in turn will have to make local decisions what do operationally with admission of stroke patients.

2. CT downtime

Each Trust should have a contingency plan to deal with CT downtime. Some sites are fortunate in that they have access to more than one machine. Other sites with only one CT scanner will have a policy in place to transfer to the nearest alternative hospital. This policy will have been agreed and shared with NWAS.

Thrombolysis cannot take place if brain imaging is unavailable (there is the possibility of MR imaging for some suitable stroke patients).

3. Burnbank downtime

Burnbank hours are 8.00 am to 8.00 pm, Monday to Friday and 9.00 am to 5.00 pm Weekends and Bank Holidays.

Helpline is xxxxxxx

There is remote and automatic out of hours monitoring that sends SMS text messages to engineers who are on-call. Hopefully this will mean that downtime will be very limited. However, in the event of decision support provider being unable to access an urgent CT image on Burnbank, then the fall back position should be as follows:

Contact the local site (the site were the patient is located) on call Radiologist to ask them to access the image on the local PACS and give a verbal report on the suitability or not to thrombolys.



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The following sites have outsourced their out of hours Radiologist cover and the covering agency can be contacted through the local switchboard:

Royal Lancaster Infirmary
Furness General Hospital
Blackpool Victoria Hospital

4. NHS net email downtime

NHS.net email system will suffer from downtime especially out of hours when routine maintenance will take place. This will mean that, on occasions, the Decision Support Provider will be unable to email the joint decision making form. In these instances it will be acceptable for the patient bedside referrer to accept a verbal instruction via the Telecart.

Note: this instruction will be captured as part of the recording.

When NHS.net is back up the joint decision form will have to be emailed. This is the responsibility of the Telstroke Consultant who performed consultation.

5. Cart downtime

There will be times when components on the Telecarts will need replacing. Normally this will be identified by the routine 24/7 monitoring undertaken by the Virgin Media Helpline Desk. Other times this will be identified by the user contacting the Virgin Media Helpline Desk xxxx xxxxxx. Replacement parts ordered before 3.00 pm (Monday to Thursday) will normally arrive the next working day.

If the cart malfunctions out of hours when a stroke patient has been admitted the following procedure can be followed if the remote physician is happy to proceed:

All contact between the Decision Support Provider and the patient bedside referrer happens via telephone. The Decision Support Provider will still have access to the local CT image via the Burnbank IEP and his/her laptop. The major disadvantage in this situation is that the Decision Support Provider will be unable to see or communicate with the patient. Reliance also has to be placed with the patient bedside referrer being competent in carrying out a NIHSS assessment.

The decision to proceed in this situation is down to the Decision Support Provider. In the situation where he/she refuses to proceed then the local team have to make one of the following decisions:

- Transfer the patient to the nearest centre with a working telecart
- Treat the patient locally without remote support. This might mean the local team involving their local non rostered Stroke Physicians.



6. Laptop downtime

There will be occasions when the laptops will not work properly. All problems will be reported to the Virgin Media Helpline Desk (xxxx xxxxxx). Laptops requiring repair will be collected from the clinician's home. Normally a replacement laptop will be delivered when the one for repair is dropped off. When the malfunction happens during a rostered period of duty and there is a patient requiring an assessment then the following should take place:

The user will drive to the nearest CLTN site to undertake a remote consultation using a cart to cart consultation. The following two points should be noted:

- Access to Burnbank IEP cannot be achieved from a cart; therefore you will need to use a Trust PC to logon to the IEP at [xxxxxxxxxx](#). You will have to remember your IEP username and password.
- There are no recordings made from cart to cart