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

**Screening titles and abstracts form**

**(VERSION 3 - final following piloting)**

**Inclusion:**

* **Population**: Patients of any age suspected of acute stroke, ‘stroke mimic’, or TIA
* **Intervention**: patients assessed remotely by paramedics / ambulance clinicians / emergency medical teams ‘in the field’ and stroke doctors using digital and communication technologies.
* i.e. technology enabling remote assessment / triage and two-way communication between ambulance and stroke clinicians
* **Context**: prehospital, ambulance emergency care / medical services pathway
* **Outcomes**: any (not limited to outcomes)
* **Study design**: any (e.g. pilot, feasibility study, economic evaluation, service evaluation, RCT, systematic or other reviews)
* **Relevance -** for answering the review questions (see below):

1. Which human, technological, and usability factors are associated with the implementation of digital and communication technologies in ambulance settings (e.g., mobile telemedicine) that enable two-way communication between paramedics and hospital physicians in the care of stroke and potential stroke patients?
2. Which system and local contextual factors are important for the implementation of these kind of technologies in the care of stroke and potential stroke patients?
3. What service level outcomes (e.g. clinical, financial, and resource impacts) are associated with the use of these kind of technologies in the care of stroke and potential stroke patients?
4. What evidence exists about the safety and security of these kind of technologies and systems when used at the prehospital admission stage? Relatedly, are any adverse effects reported in the literature?
5. What (if any) conceptual frameworks have been used to understand the implementation of these kind of technologies and systems?

* Any study type
* Conceptual frameworks would only include those applied to the adoption and use of digital / telemedicine technologies in emergency care pathways (prehospital) for stroke
* Studies published in English
* Studies published 2010 - 2021

**Exclusion:**

* Diagnostic instruments used only by ambulance clinicians / paramedics (e.g. FAST+ test) without the input of a hospital-based stroke doctor.
* Processes and interventions not facilitated by digital and communication technologies (e.g. educational interventions, clinical treatment)
* Patients treated in Mobile Stroke Units (MSUs) equipped with specialist diagnostic equipment (e.g. CT scanners) and telemedicine systems that are not portable.
* Patients treated for stroke, ‘stroke mimic’, or TIA only in hospital A&E, emergency departments (EDs), or clinical settings without prior triage by ambulance or emergency medical services using digital technologies
* Commentary and editorials, grey literature, conference proceedings, or opinion pieces
* Non-peer reviewed studies
* Study protocols