



Stroke Services Presentation
to the Special Health and Partnerships Scrutiny
Committee
8th May 2012

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Stroke Physician

with you  all the way



BACKGROUND

- Stroke is a major cause of death and disability in County Durham and Darlington (Approx 1100 new cases each year)
- Several drivers for change in service
 - 24/7 access to hyperacute stroke services and direct access to a specialist stroke unit
 - Early access to specialist stroke consultants
 - Early brain imaging
 - Access to thrombolysis services 24/7 if required
 - Appropriate physiological monitoring in a high dependency setting
 - Appropriate MDT input from a range of specialists
 - Provide a seven day TIA service



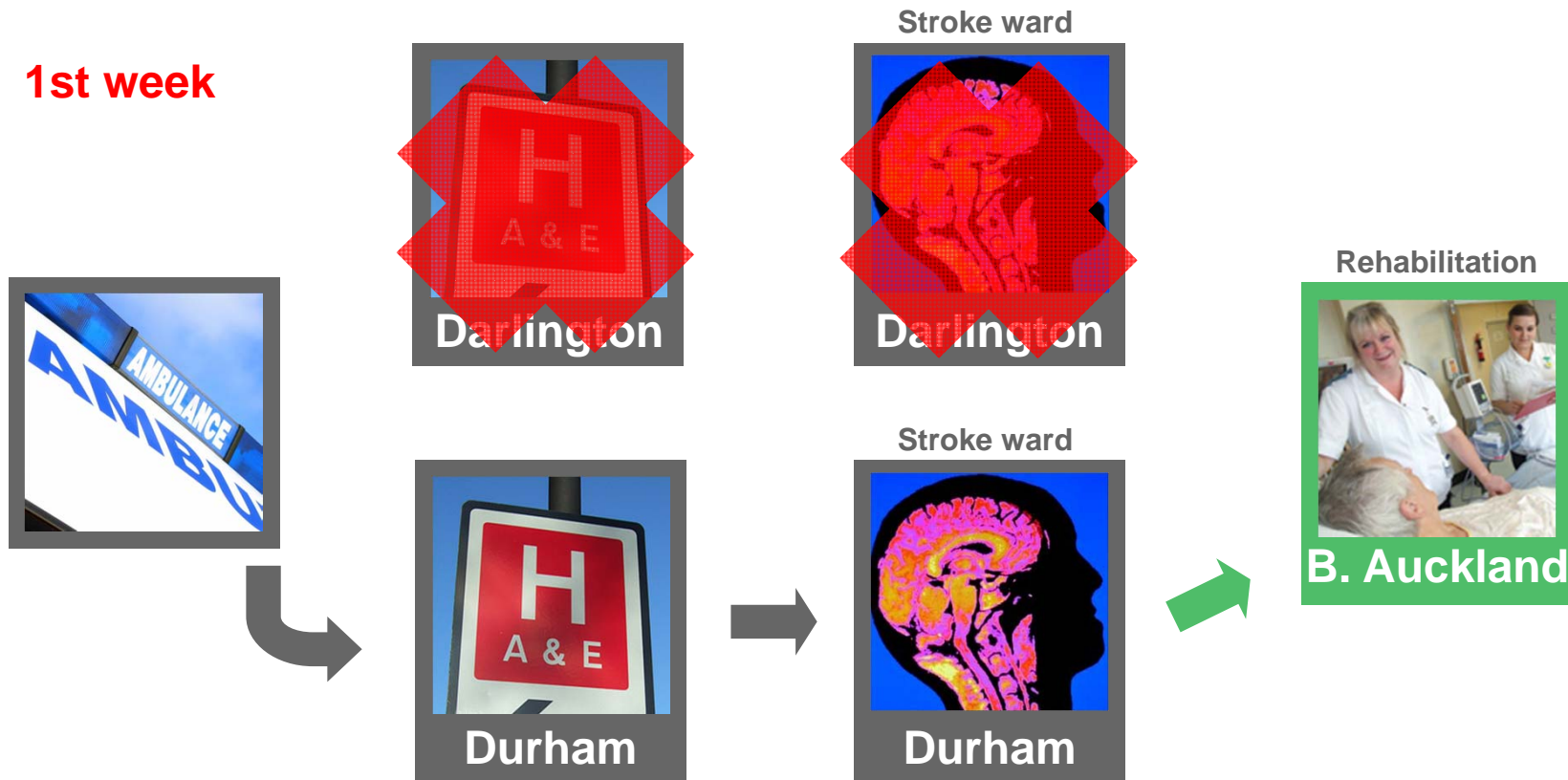
PREVIOUS SERVICE

- Hyperacute stroke service split across 2 sites (UHND and DMH)
 - Alternating site for admissions
 - Limited number of stroke physicians across both sites
 - No direct admissions
 - Unduly long door to needle times for thrombolysis
 - Poor patient experience



PREVIOUS OUT OF HOURS PATHWAY

1st week

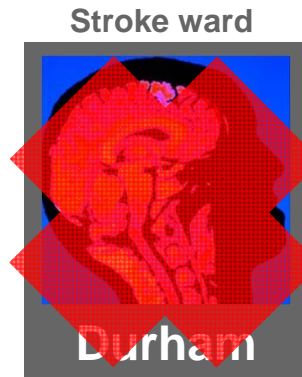
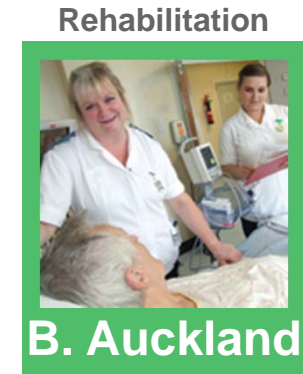
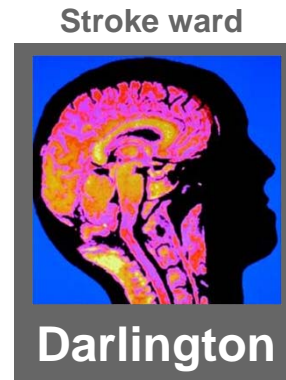
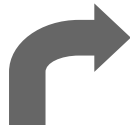


Outside of 9am – 5pm, patients will be taken to the site with the open hyper-acute unit for that week. This alternates between UHND and DMH on a weekly basis.



PREVIOUS OUT OF HOURS PATHWAY

2nd week



Outside of 9am – 5pm, patients will be taken to the site with the open hyper-acute unit for that week. This alternates between UHND and DMH on a weekly basis.

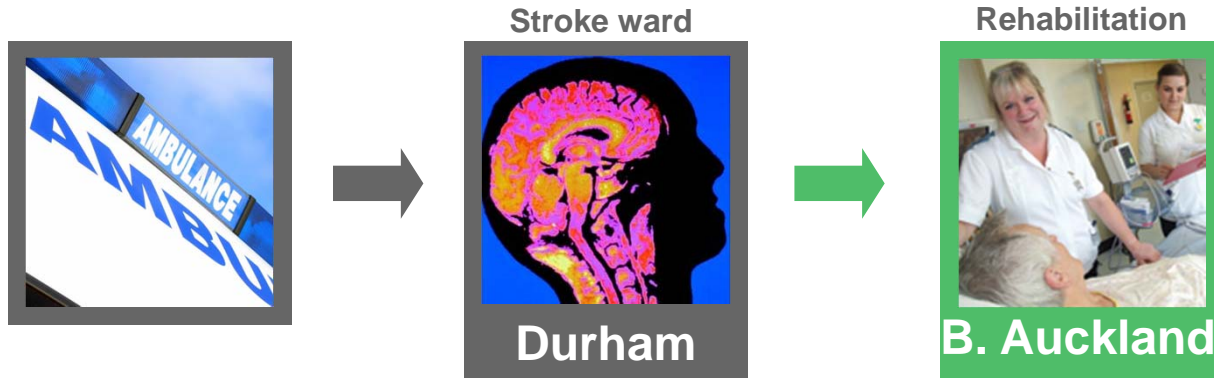


NEW SERVICE

- Consolidation onto a single site at UHND (19th December 2011)
 - 16 Bedded stroke unit (mobile monitoring system)
 - » 4 assessment beds
 - » 4 hyperacute beds
 - » 8 stroke unit beds
 - Telemedicine support for patients in other clinical areas
 - NEAS pre-alert for stroke admissions
 - Direct access to imaging

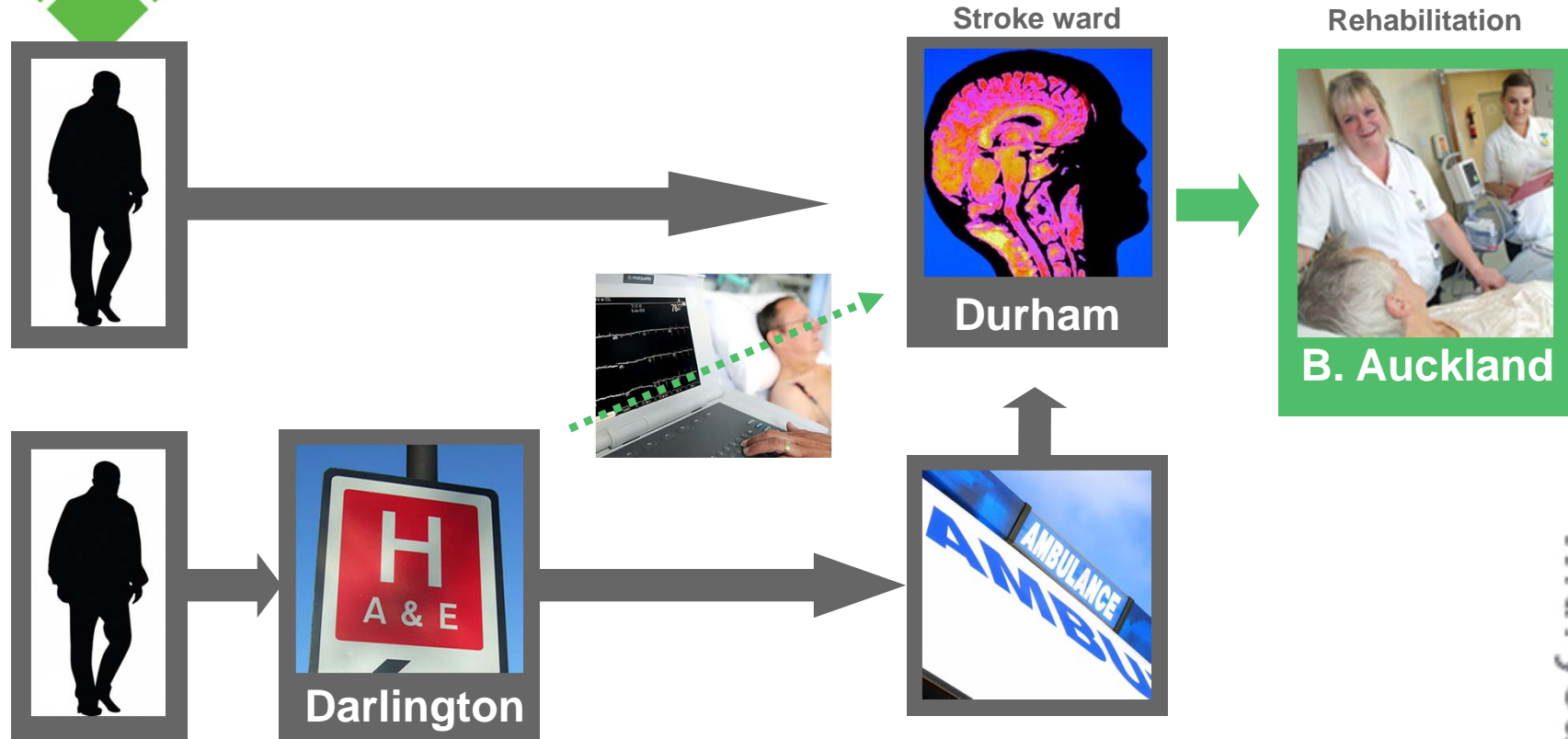


CURRENT PATHWAY (JAN 2012)





PATIENTS AT DMH



- For patients self presenting at DMH or who are already in patients at DMH
- Patients assessed using telemedicine and treated as required with onward transfer to the stroke unit at UHND

AMBULANCE PROTOCOL FOR STROKE ADMISSIONS

County Durham and Darlington 

NHS Foundation Trust

Referral of ACUTE STROKE patients to County Durham and Darlington foundation NHS trust by NEAS, YAS EMTs, Paramedics and ECPs

Stroke Thrombolysis service available 24/7 within CDDFT

Suspected diagnosis of Acute Stroke

Management: Assess ABCD. If conscious, sit patient up
Baseline Observations: Oxygen to maintain SpO2 at 95%
FAST test. BM test. 12 lead ECG

Please note:
if GCS <10 please
take directly to the
emergency
department

***Remember to**
take all patient
medications and
a relative where
appropriate*

If in any doubt
ring stroke
physician on
call via UHND
switchboard

PRE ALERT THE ACUTE STROKE UNIT **(UHND)***

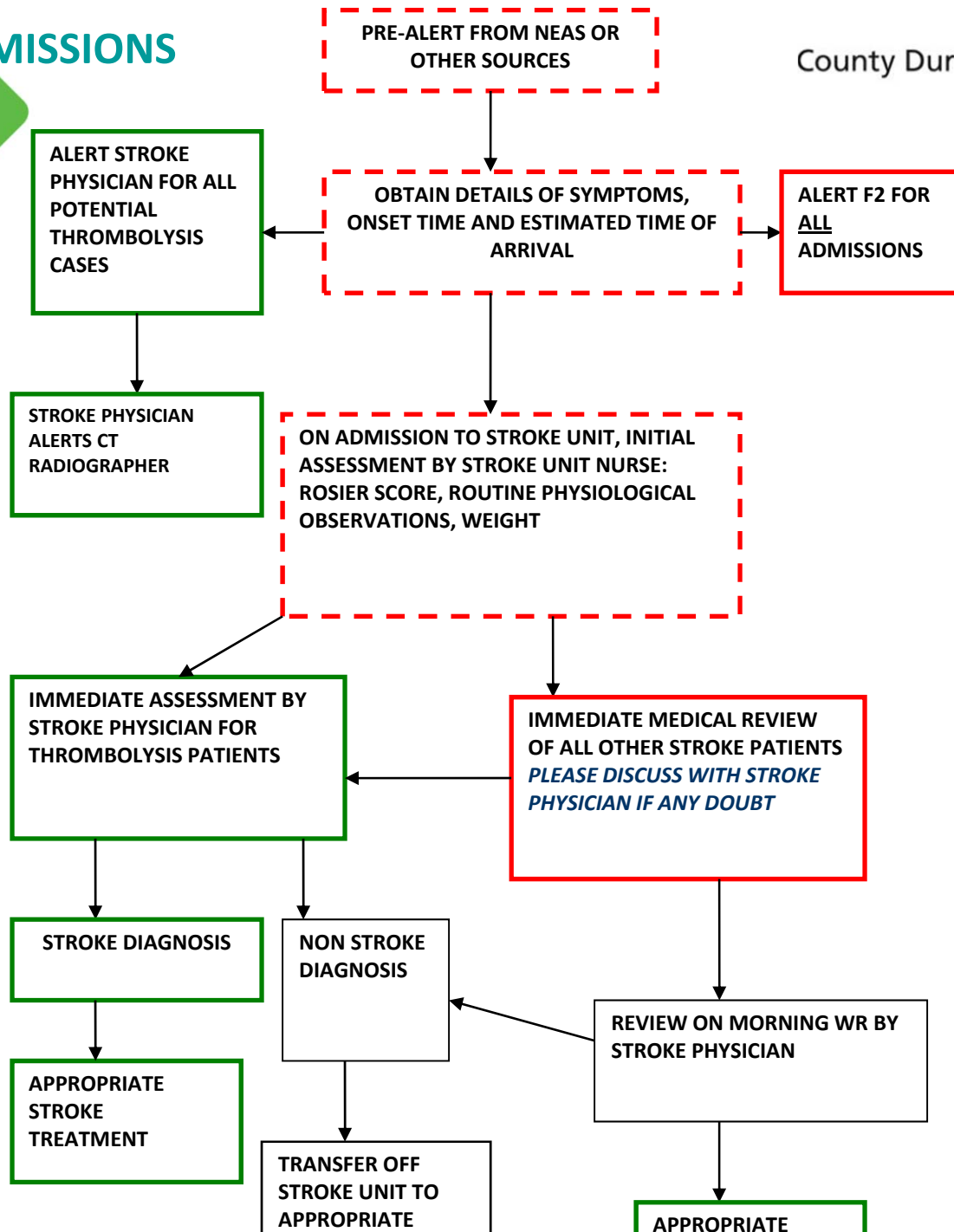
on dedicated ambulance phone via ambulance control to pre-alert stroke unit. Pass all relevant patient information including time of onset of symptoms and ETA

UHND ****

Transport DIRECTLY to
Stroke Unit, Ward 2, UHND
24/7

with you  all the way

DIRECT ADMISSIONS PROTOCOL





REHABILITATION

- 7 day therapy service continues at BAGH rehabilitation centre of excellence
- Improvements in Speech and language therapy provision
- Close links with the stroke association
- Development of joint care plans



OUTCOMES: KEY INDICATORS

	90% of stay on SU	CT scan within 24 hours	CT scan within 1 hour	% admitted to stroke unit 4 hours of arrival	% seen by stroke team within 24hours
Qtr 1 cumulative	85.50	74.20%	47.90%	55.38%	93.85%
Qtr 2 cumulative	87.40	78.80%	44.60%	64.83%	90.34%
Qtr 3 cumulative	87.00%	83.00%	49.10%	50.00%	80.52%
<u>Qtr 4 cumulative</u>	<u>93.3%</u>	<u>89.9%</u>	<u>69.0%</u>	<u>90.21%</u>	<u>97.90%</u>

- Significant improvements in performance
- Thrombolysis rate of about 15-20%
- Improved patient experience
- Improved staff morale



OUTCOMES: THROMBOLYSIS

Number Of Patients Thrombolysed	29	
Time From Arrival To Be Seen	29	<i>Average Minutes</i>
Door To Imaging	37	<i>Average Minutes</i>
Door To Need Time	58	<i>Average Minutes</i>

- Significant improvement in door to needle times



OUTCOMES: THERAPY

	Swallow screen within 4 hours of admission	SALT Assessment within 72 hours of admission	Physio Assessment within 72 hours of admission	OT assessment within 72 hours of admission	MDT goals set within 5 days of admission
Qtr 1 Cumulative	96.15%	98.46%	97.69%	97.69%	96.92%
Qtr 2 Cumulative	97.93%	98.62%	98.62%	98.62%	100%
Qtr 3 Cumulative	98.05%	98.20%	97.40%	97.40%	99.35%
<u>Qtr 4 Cumulative</u>	<u>98.78</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

- Sustained improvement on therapy performance



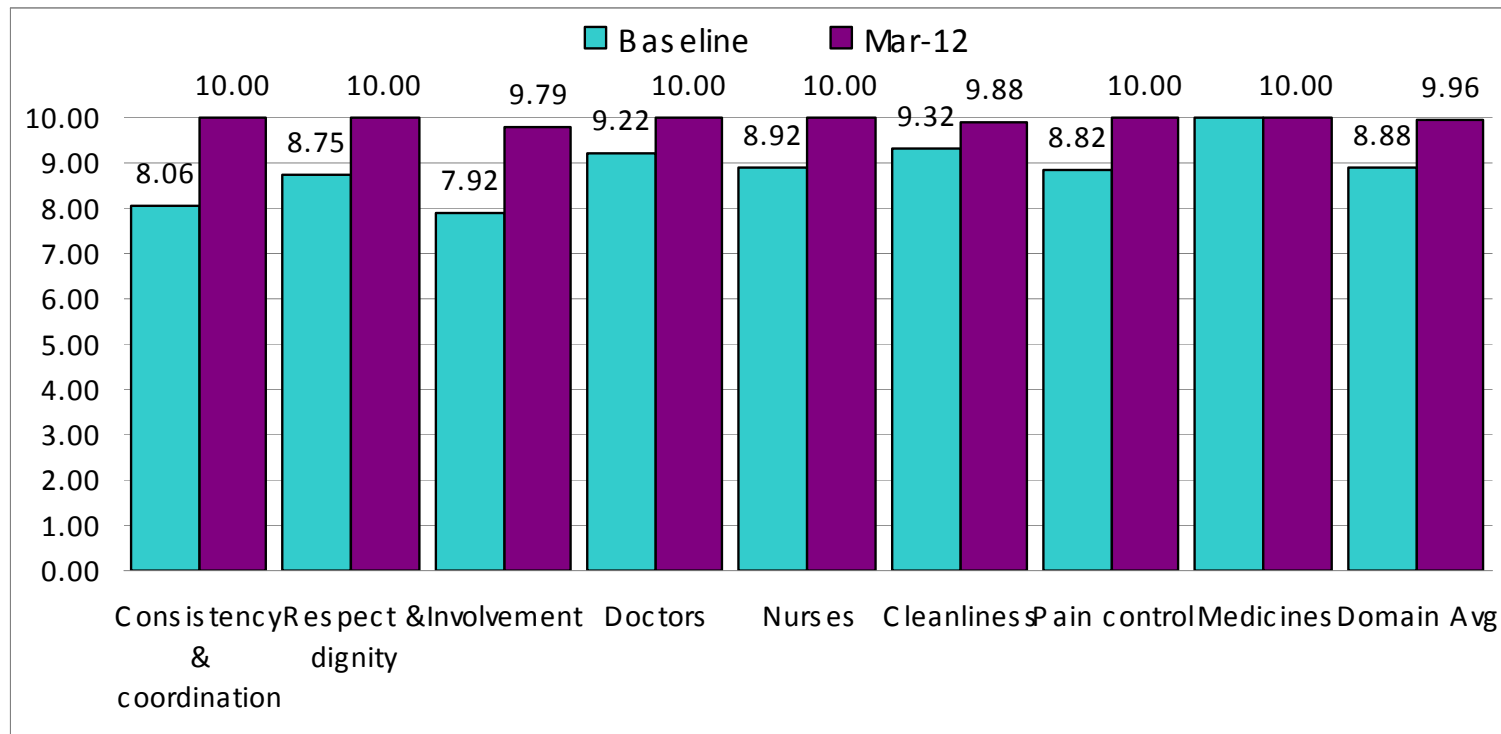
'DARLINGTON' COHORT

- 69 confirmed strokes admitted to HASU at UHND
- Length of stay: 4.77 vs 5.84 for all patients at UHND



PATIENT EXPERIENCE

Ward 2 - UHND



- On a scale of 1-10 the likelihood of recommendation to families and friends based on the care on this ward is 8.89 compared to a baseline of 7.55



RESEARCH

- Improved participation in research studies
 - Highest recruiting centre in the Northeast
- Additional research studies added to portfolio



NEXT STEPS

- Continuing development of the service
 - Development of specialist nursing roles
- Recruitment of additional consultants
- Development of rehabilitation service
 - Enhanced seven day working (Acute)
 - Community rehabilitation including early supported discharge
- Development of data collection systems to support real time data flow (Capture stroke)

Thank you



with you  all the way