

Stroke Services Update  
to Darlington Special Health & Partnerships Scrutiny  
Committee  
9<sup>th</sup> October 2012



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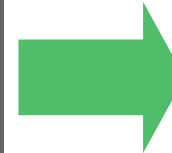
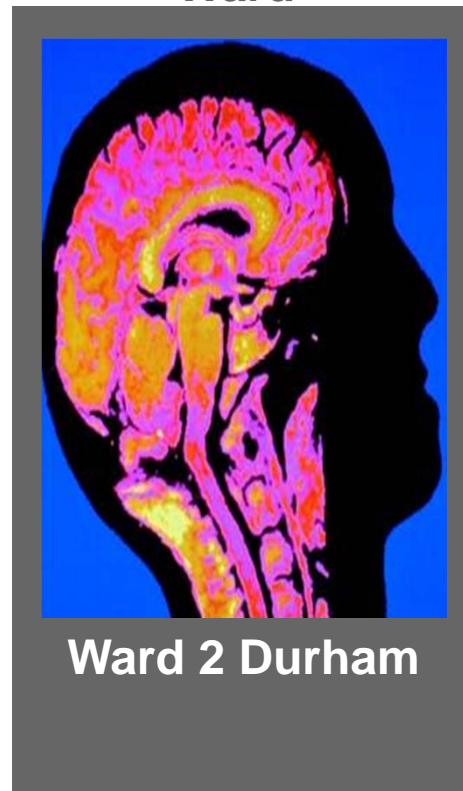
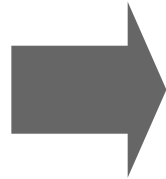
# Introduction - Background

- **Stroke is a major cause of death and disability in County Durham and Darlington (Approx 1100 new cases each year)**
- Strong Case for single site in consultation
- PCT supported single site implementation at UHND (19<sup>th</sup> December 2011)
  - 16 Bedded stroke unit
    - » 4 assessment beds
    - » 4 hyperacute beds
    - » 8 stroke unit beds
  - NEAS pre-alert for stroke admissions
  - 24/7 direct admission to the stroke ward
  - Direct access to imaging
- Telemedicine support for patients in other clinical areas
- Rehabilitation Centre of Excellence - 7 day therapy

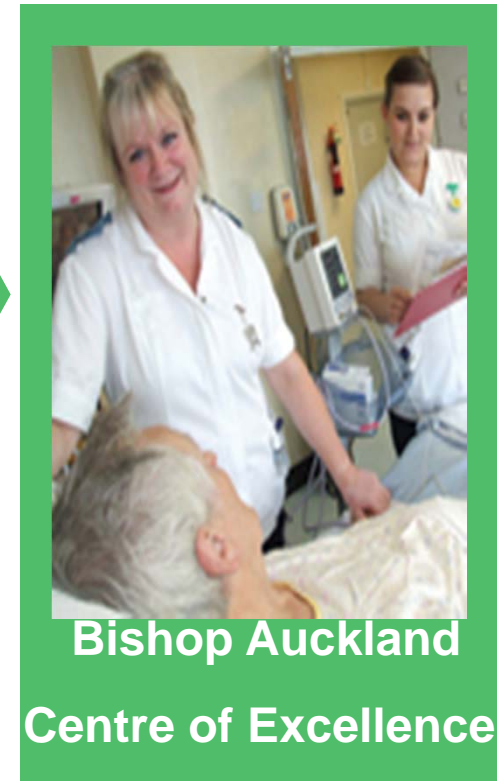


# Current Pathway

## Acute Stroke Ward



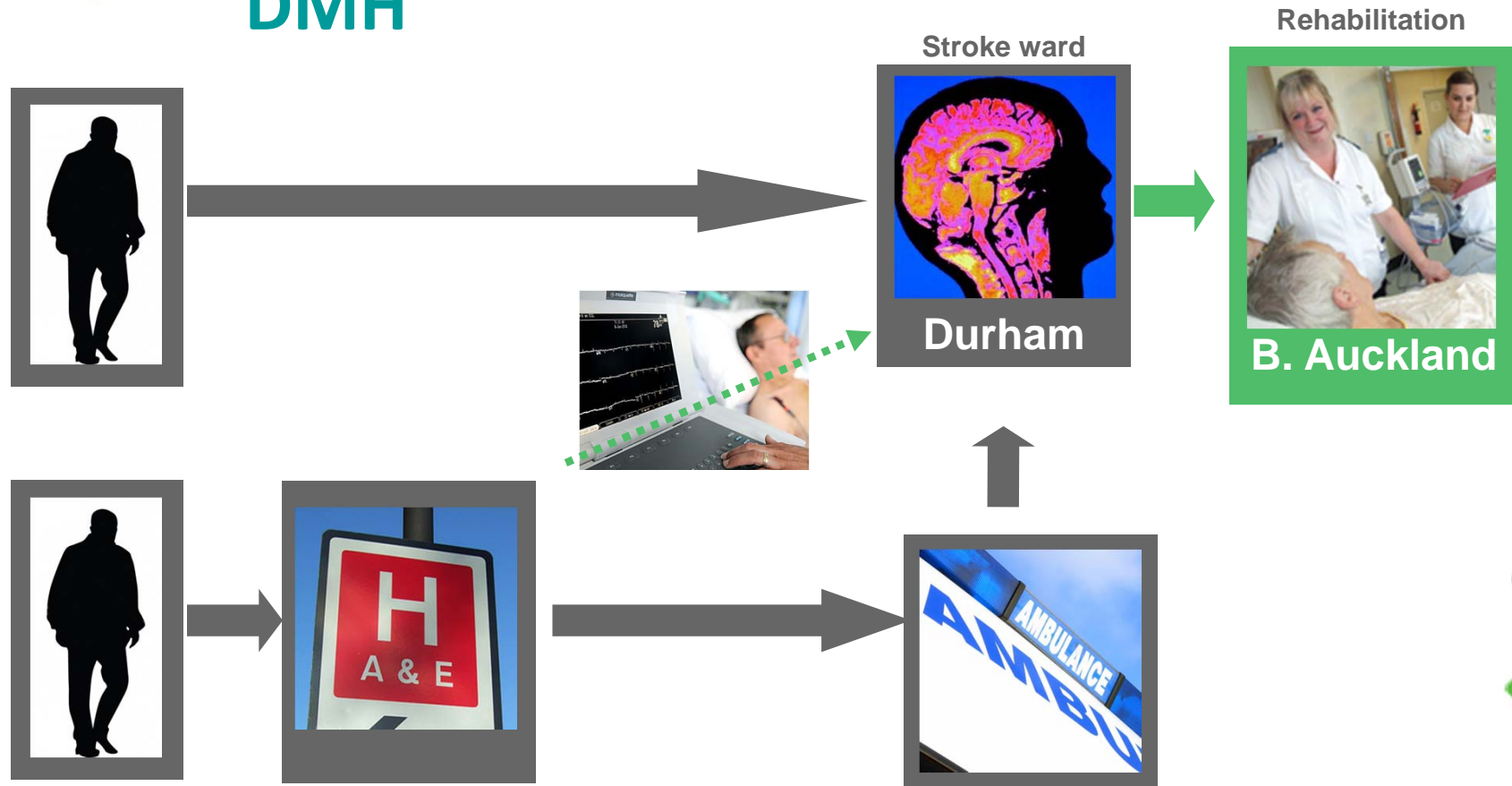
## Rehabilitation



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# Pathway for Patients presenting at DMH



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- 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



# Telemedicine

- Short demonstration





# Travel Times

- NHS County Durham and Darlington are still committed to ensure that NEAS carry out an analysis of the impact on journey times for stroke patients
- Information will be available later than hoped - December 2012 (due to the implementation of a new system)
- NHSCDD are commissioning a specific IT package as part of this new electronic system which will mean that data can be extracted quicker and easier in the future specifically in relation to stroke services



# Activity through the Acute Stroke Unit

## Jan – July 2012 *(as per fully coded data):*

- 530 confirmed strokes
  - 85 Patients from Darlington PCT
- 470 patients directly admitted to the Stroke Unit
  - 84 Patients from Darlington PCT
    - direct admission is not appropriate for ALL patients
- 60 patients not Directly admitted
  - Of the 60 pts not directly admitted 98% of Patients were transferred to Stroke Unit within 4 hours  
(Key Performance Indicator (KPI)- 90%)



# Patient Flow from DMH to UHND

Jan – July 2012 *(as per fully coded data):*

- 23 stroke patients attended DMH from D'ton PCT
  - 13 transferred to UHND to Stroke Unit
  - 10 remained in DMH
    - Contraindications of need:
      - End of Life pathway
      - Stroke not primary illness





## Development to supports further improvements in acute stroke:

- Recruited 5.30wte supernumerary extended nurse practitioners
- Recruitment of Stroke Consultant
- Extra Registrar on the rotation to support Stroke
- 7 day therapists on the Acute ward
- Ongoing training and development of non stroke wards and departments for early identification of Stroke



# Outcomes: Key Quality Indicators

- Sustained and improving performance

	<b>90% of stay on SU</b> <b>KPI - 80%</b>	<b>CT scan within 24 hours</b> <b>KPI - 70%</b>	<b>CT scan within 1 hour</b> <b>KPI - 50%</b>	<b>% admitted to stroke unit 4 hours of arrival</b> <b>KPI - 90%</b>	<b>% seen by stroke team within 24hours</b> <b>KPI - 90%</b>
<b>2011-12 Qtr 4 cumulative</b>	<b>93.3%</b>	<b>89.9%</b>	<b>56.1%</b>	<b>90.21%</b>	<b>97.90%</b>
<b>2012-13 Qtr 1 cumulative</b>	<b>90%</b>	<b>89.0%</b>	<b>53%</b>	<b>91.8%</b>	<b>98.7%</b>
<b>July 2012</b>	<b>91%</b>	<b>84.3%</b>	<b>44.30 %</b>	<b>97.8%</b>	<b>95.7%</b>

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- 100% high risk TIAs seen & treated within 24hours



# Outcomes : Thrombolysis

	<b>Total</b>	<b>D'ton PCT</b>	
<b>Number Of Patients Thrombolysed</b>	<b>56</b>	<b>9</b>	
<b>Time From Arrival To Be Seen by Stroke team</b>	<b>23</b>	<b>5</b>	<i>Average Minutes</i>
<b>Door To Imaging</b>	<b>30</b>	<b>18</b>	<i>Average Minutes</i>
<b>Door To Needle Time</b>	<b>55</b>	<b>28</b>	<i>Average Minutes</i>

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- Significant improvement in door to needle times



# Outcomes : Therapy

	Swallow screen within 4 hours of admission	Swallow screen within 24 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
<a href="#">2011-12 Qtr 4 Cumulative</a>	n/a	98.78	100%	100%	100%	100%
<a href="#">2012-13 Qtr 1 Cumulative</a>	95.12%	100%	100%	100%	100%	100%
July 2012	97.87%	100%	100%	100%	100%	100%

- Sustained improvement on therapy performance



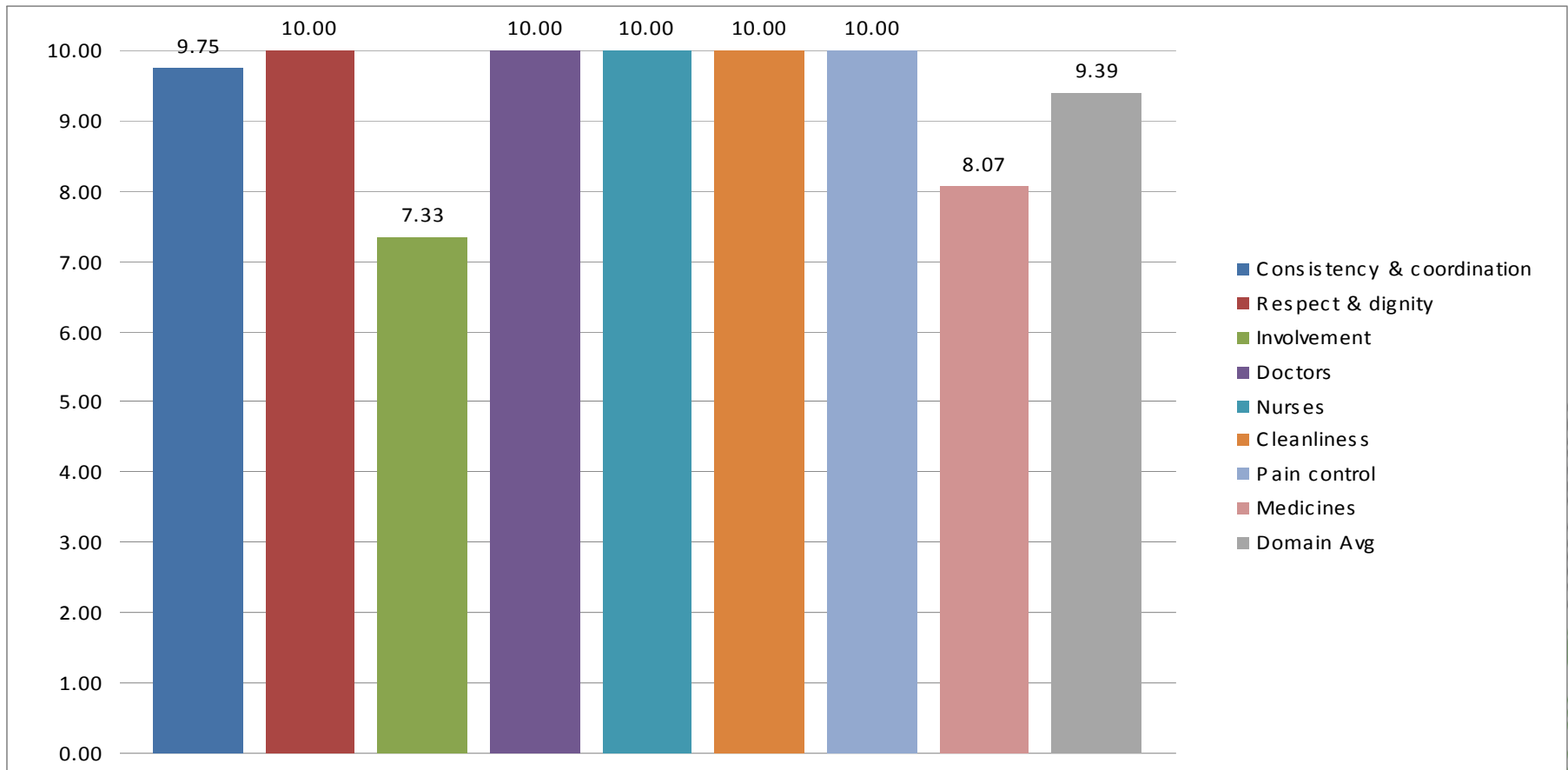
# Patient Experience

- *Patient stories to be shared*





# 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 7.95 compared to a baseline of 7.55



## Ongoing development through effective commissioning:

- Reform of NHS commissioning arrangements – the local picture
- The on-going commitment to develop stroke rehabilitation services
- Moving forward – plan to develop community stroke rehabilitation services



# Rehabilitation:

## Commissioning for Quality & Innovation (CQUIN) 2012-13

### Rehabilitation focus:

- CQUIN 1 - 2 weeks post-discharge with first interventions by the specialist continence service.
- CQUIN 2 - 2 weeks post-discharge from acute physician with first interventions by Rehab services – OT, Physio and SaLT





# Rehabilitation

## Continues to Develop:

- 7 day therapy on Acute and Rehabilitation centre of excellence
- Speech and language therapy have recruited substantively 2.6wte
- Durham County Council have awarded the CDDFT SALT team for our Aphasia Expert Patient Programme in association with the Stroke Association
- Close links with the Stroke Association - readmissions avoidance scheme
- Joint Care Plans common practice for all patients



# Community Rehab Team / Early Supported Discharge Team

## The Concept:

Enhancement of the current stroke pathway by developing a community stroke rehabilitation team to provide early supported discharge

Continuity of care outreaching from inpatient stroke services to support patients and their family during transition back into the community



# Action taken on Mays Next Steps:

- Continuing development of the service
  - Development of specialist nursing roles - recruited will be 2 wte in post – remainder in post by November
- Recruitment of additional consultants - recruited x 1 to replace leaver commences November
- Development of rehabilitation service
  - Enhance seven day working (Acute) - in place
  - Community rehabilitation including early supported discharge - review undertaken - work in progress - Proposal to CCGs by November
- Development of data collection systems to support real time data flow (Capture stroke) - live June 2012 working through validation methods

Any questions?



Thank you

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