Delivering Sustainable Improvements in Acute Stroke Care

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1 Introduction

The Stroke Unit multi-disciplinary team at The Royal Bournemouth Hospital, Dorset, undertook some focused work to improve the acute management for all stroke patients being admitted to our hospital. The Stroke Service was consistently performing below the national average for a number of acute stroke assessment key indicators (KIs), contributing to an overall Sentinel Stroke National Audit Programme (SSNAP) rating of level D (A being the highest rating and E being the lowest rating).

The areas of concern specifically related to time from arrival to CT scan, time taken to arrival on the SU, time to assessment by a stroke nurse and timely completion of the National Institute of Health Stroke Scale (NIHSS) and Water Swallow Screen.

2 Method

A Stroke Performance and Delivery plan was developed to establish key improvement actions for each SSNAP KI, ensuring staff involvement with generating and implementing solutions (figure 1).

We implemented identified leads for each SSNAP domain and fortnightly team SSNAP meetings to maintain focus, momentum and ensure a team approach to delivering the performance and deliver plan.

Through collaboration with our Information Department we developed our own mock SSNAP report which provides near real-time monitoring enabling us to rapidly address performance concerns, identify areas for improvement including training, service needs and streamlining the patient pathway. We also introduced a number of clinical initiatives as detailed in the Changes to Practice section. Our results are presented in figure 2 below.

3 Changes to Practice

New acute stroke CT Scan request process – delayed completion of CT scan was in part due to Consultant-led CT request process. A new protocol was implemented enabling Stroke Outreach Practitioners and Stroke Unit Nurses to request CT Brain scans.

New Stroke Outreach Service – in order to ensure new stroke patients arriving at our Emergency Department have the required stroke specialist assessments and treatments in the required timescales, we introduced a new team of Stroke Outreach Practitioners. Service available 7-days a week from 7am to midnight.

4 Results

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5 Conclusions

As a result of the work undertaken, we have seen a sustained improvement in the quality of service provided as demonstrated by our increase in SSNAP score. We are anticipating achieving a SSNAP Level A for January to March 2016 which is a further improvement (results awaited).

Critical to our improvement has been the ability to actively monitor how our service is performing. The importance of having accurate data which is as ‘real-time’ as possible cannot be under-estimated when striving to improve performance, and ensuring these improvements are sustained.