

Improving CT Brain provision for Stroke Patients at Mid Yorkshire Hospitals NHS Trust

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SSNAP Level **E** for brain scanning April - June 2014

- Team surprised at persistent poor performance in Domain 1 of SSNAP
- Results didn't seem to reflect the team's experience of how they were working
- No clinical space in radiology to assess and treat patients

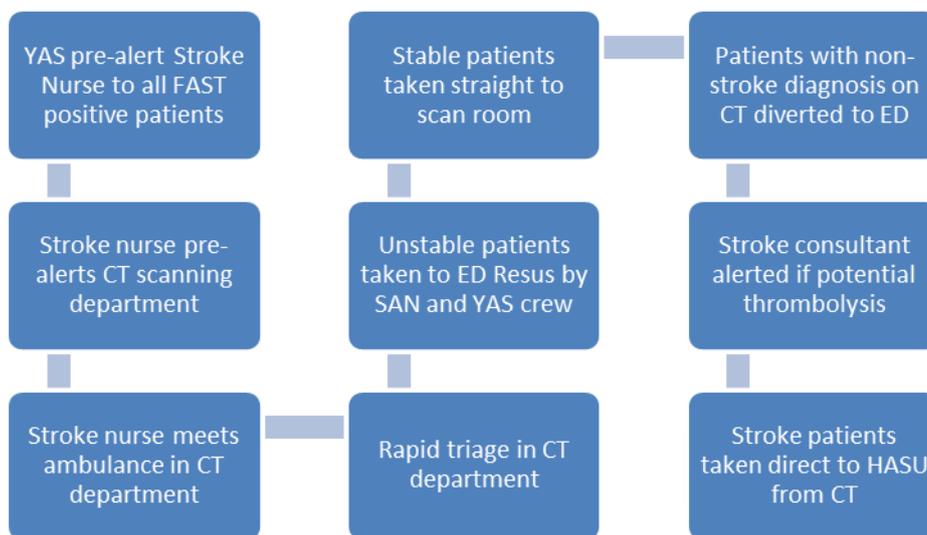


So what did we do here at Mid Yorkshire?

- Review of the elements within the domain
- Detailed audit of admission pathway undertaken to identify where the delays occur
 - Delay in referral to stroke team from ED - time taken to assess patients in ED
 - Delay in requesting CT scan – only after referral to stroke team
 - Four patient moves (ED to CT to ED to stroke unit) - not given bed until seen by stroke team
- Results shared with all stakeholders including Yorkshire Ambulance Service (YAS), Radiology, ED, Portering, Path Lab
- Changes to admission pathway addressed in collaborative fashion resulting in inter-departmental and inter-agency cooperation to provide better access for stroke patients
- Number of patient moves kept to minimum
- Number of steps in pathway cut to minimise delays
- Safe escape routes identified if patient becomes clinically unstable



Improved pathway



How has this impacted on acute stroke care at Mid Yorkshire?

- Faster administration of thrombolysis treatment when appropriate
- Improved direct admission rates to hyperacute stroke care
- Aspirin administered earlier as bleeds can be ruled out more rapidly
- Reduced patient/relative anxiety by offering swift assessment
- Reinforces “FAST” message to non-stroke healthcare teams, so more pre-alerts/timely referrals

Which has led to SSNAP level **A** for Team-Centred Domain 1 in 2016