



# SCOTTISH STROKE IMPROVEMENT PROGRAMME

USING NATIONAL DATA TO IMPROVE  
PERFORMANCE

“ I hope that other clinical areas can learn from the approach outlined within this plan and draw upon it to think about how patient care can be improved in their area, through an approach that is clear about the role that each of us has in improving outcomes for patient.”

Michael Matheson,  
Minister for PublicHealth

## THE FRAMEWORK FOR QUALITY IMPROVEMENT

- THE QUALITY STRATEGY- SAFE, EFFECTIVE AND PATIENT CENTRED CARE
- THE ROUTE MAP TO 2020 VISION FOR HEALTH AND SOCIAL CARE
- THE 3 STEP IMPROVEMENT FRAMEWORK FOR SCOTLANDS PUBLIC SERVICES
- THE STROKE IMPROVEMENT PLAN

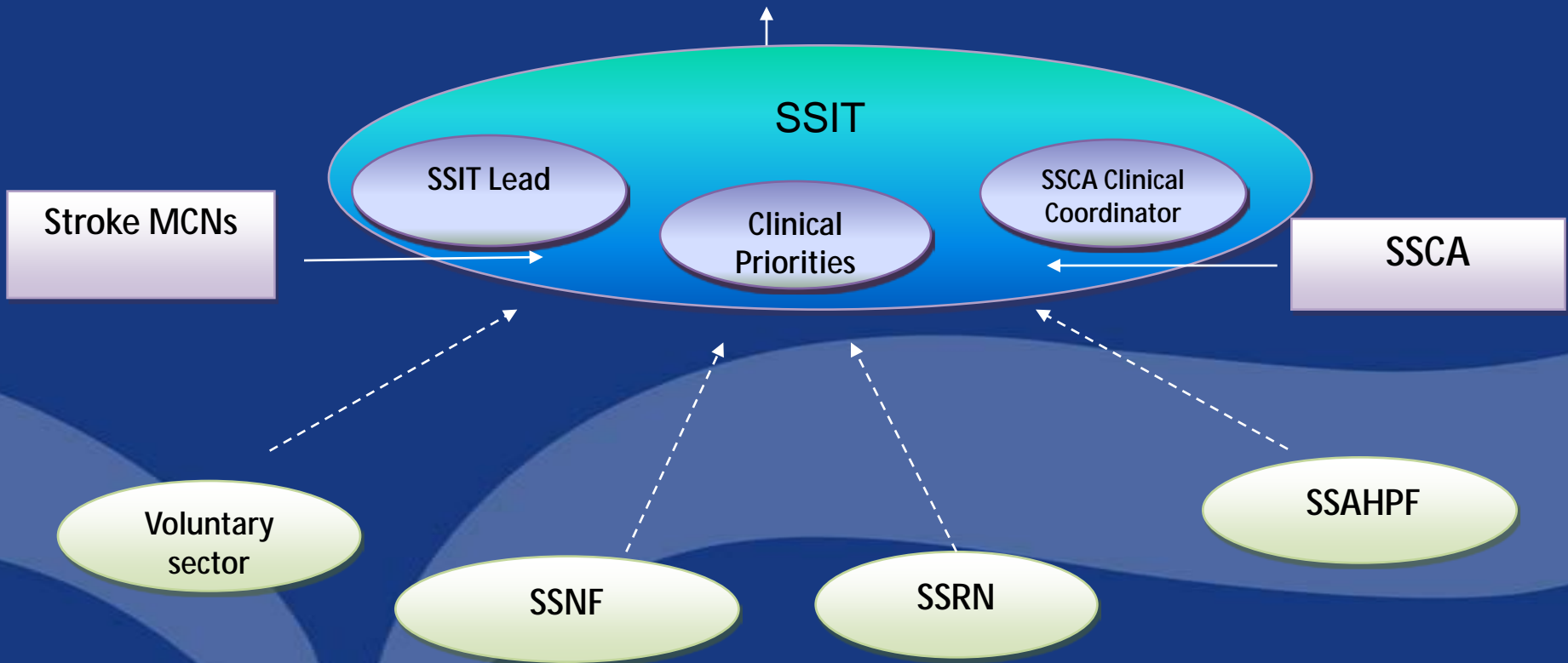
# NETWORK APPROACH



- Establish a clear vehicle for delivery of improvement
- Ensuring that it is fit for purpose with both clinician and managers
- Have a clear vision between this community and the wider stakeholders, the board and structure within the board who drive improvement
- Ensuring the approach is truly person-centred, involving patients and carers as well as third sector partners in the improvement of health and social care across Scotland

# Scottish Stroke Improvement Team (SSIT)

National Advisory Committee for  
Stroke (NACS)



# Stroke Improvement Plan

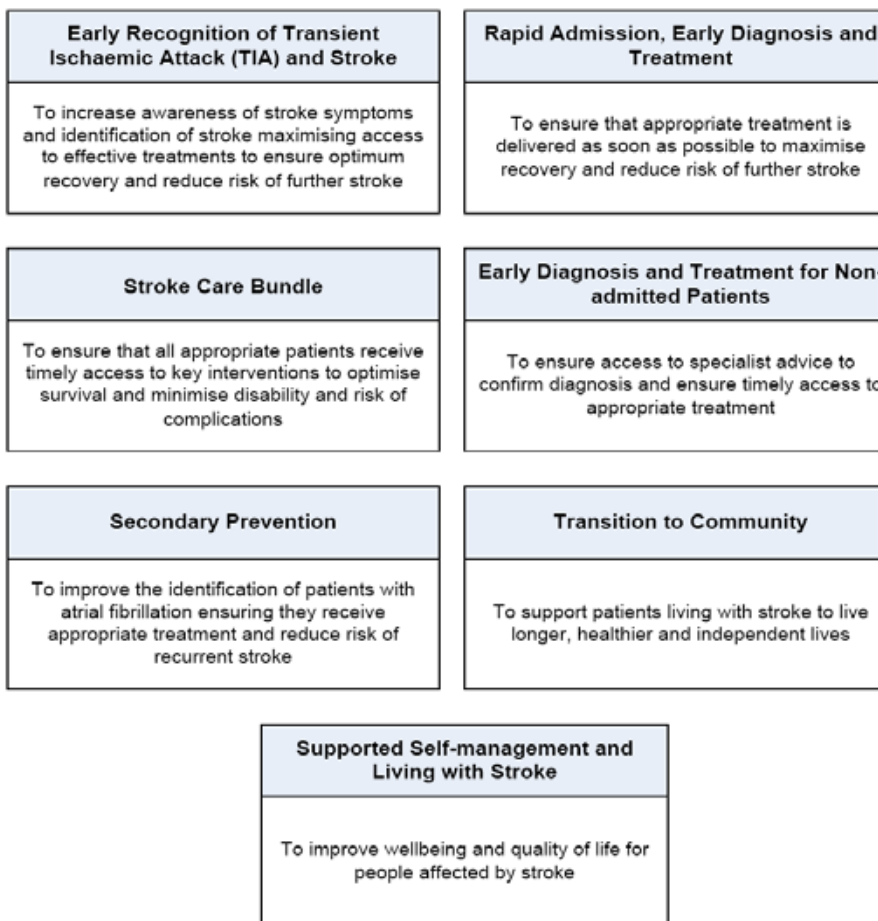


- MCNs will continue to utilise the SSCA data
- Develop local improvement plans
- Utilise the exception reporting methodology
- Examine emerging trends and deviation in care
- Facilitate tests of change
- And where this does not achieve the desired outcome ensure that all improvement mechanisms available in the board have been utilised

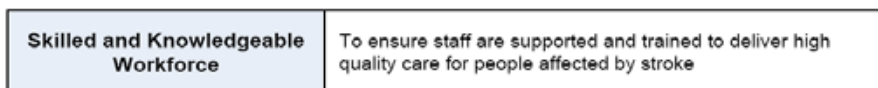
**Figure 2 Stroke in Scotland: Priorities for Improvement**

## Stroke in Scotland: Priorities for Improvement

**AIM:** To improve the experience and clinical outcomes for patients living with stroke across Scotland by supporting the community to adopt a seamless approach to the delivery of care across the recognised care pathway for stroke for all patients regardless of where they live or are treated in Scotland.



Underpinned by:



# USING THE DATA TO DRIVE PERFORMANCE

## THE BUNDLE



# Stroke Bundle

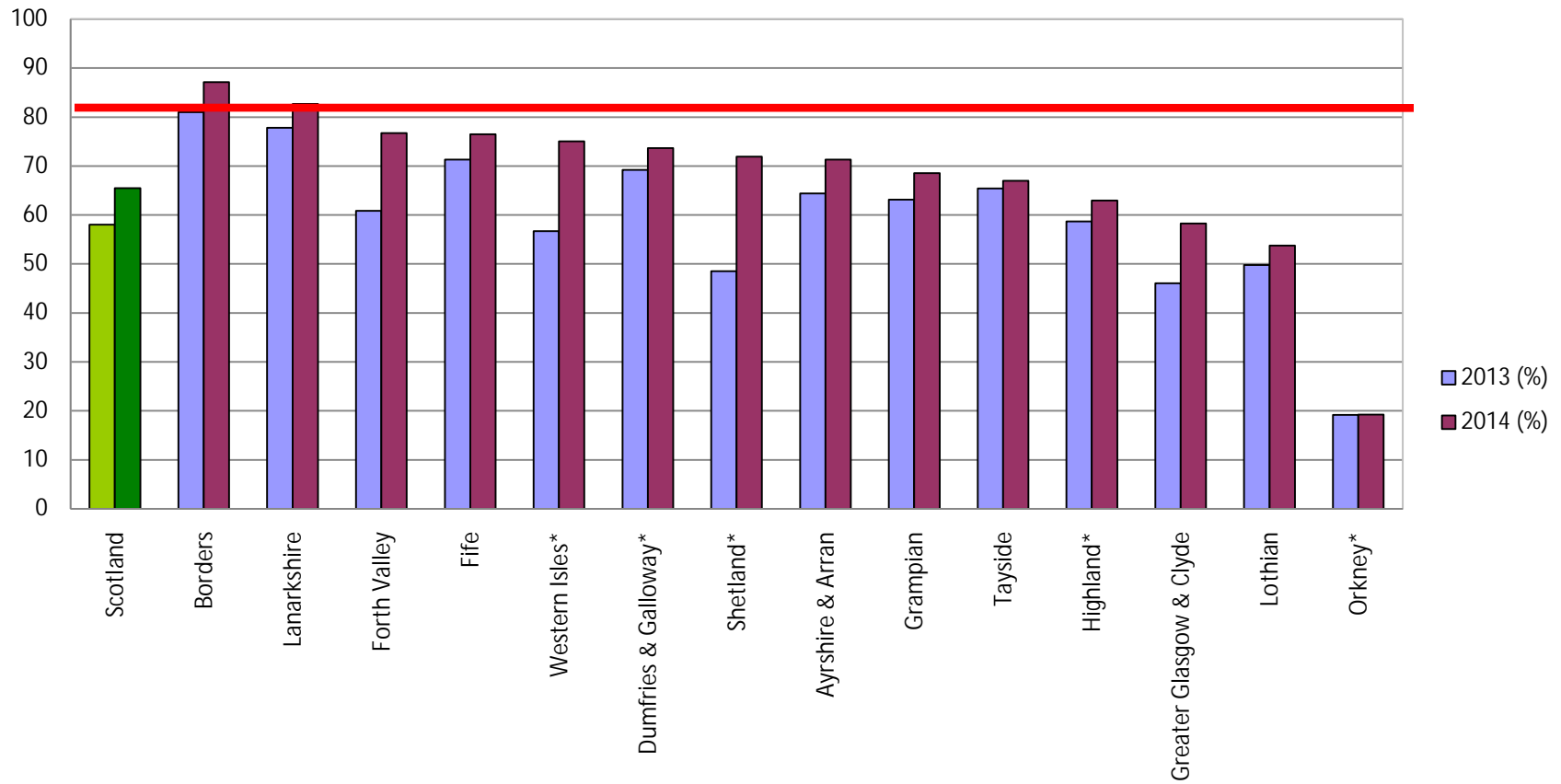


- Patients want to receive all of the elements of safe and effective care
- The more elements of the bundle they receive the better their chance of survival
- The bundle comprises
  - Early admission to Stroke Unit
  - Early swallow screen
  - Early brain imaging
  - Early administration of aspirin if indicated

# BUNDLE DATA



Chart Title



# Exception Report



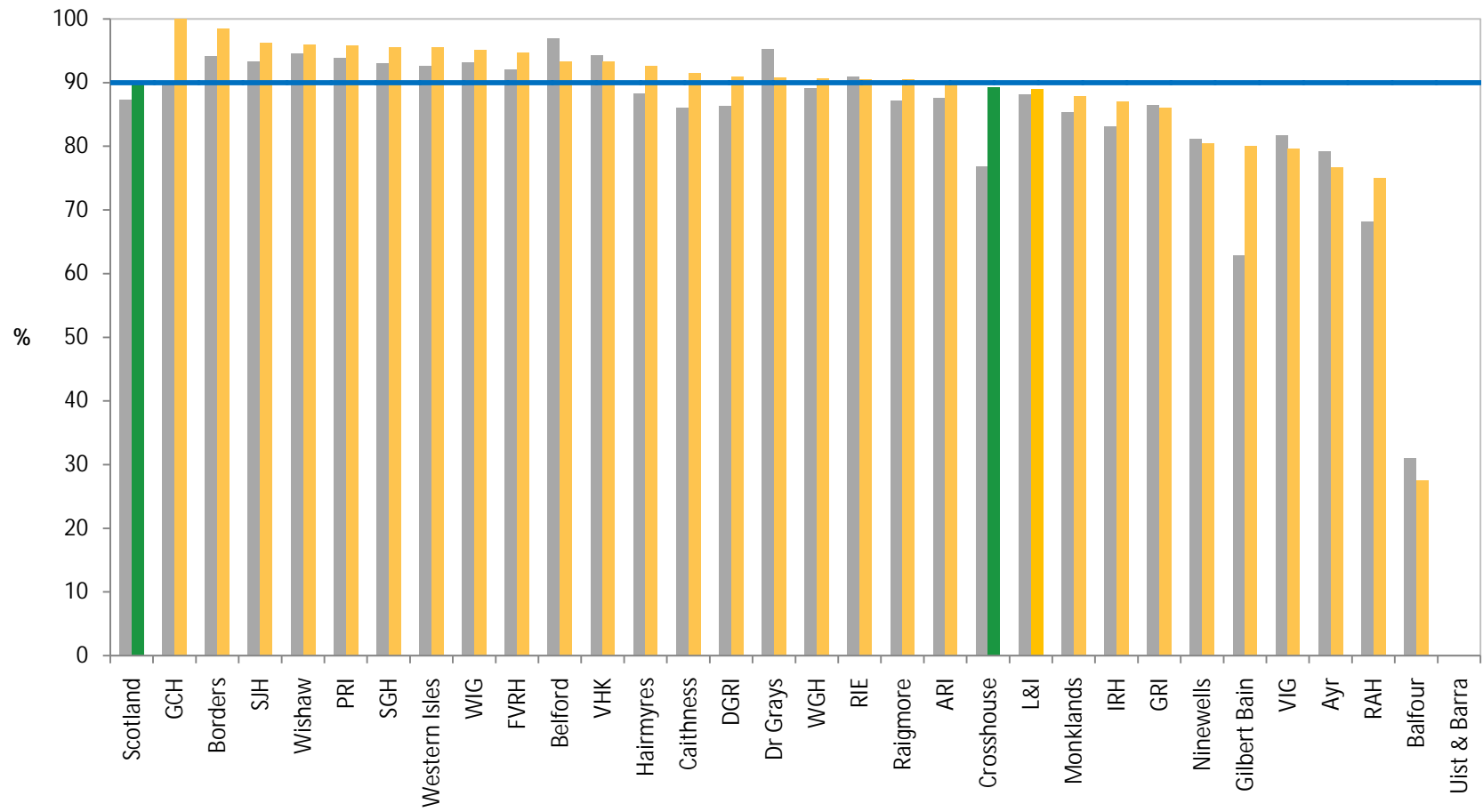
CHI	Forename	Surname	HEAT Adm SU < 1 DoA	Swallow DoA	Scanned <24 hours	Aspirin <1 DoA	COMMENTS/ACTIONS
			Pass	Pass	Fail	Pass	ADM 02/05@11.40 CT 03/05 @ 13.39 KB d/c FYI re process and need for timely referral
			Pass	Fail	Pass	Pass	ADM 05/05@21.33 / ECU ARRIVAL TIME 05/05 @23.50 / SWALLOW 06/05/13 NO ACTION
			Pass	Pass	Pass	Fail	ADM 11/05@15.11 ASPIRIN 13/05 Thrombolysed - Consultant aware/Datix completed
			Pass	Fail	Pass	Pass	ADM 07/05@00.30 / NOT IDENTIFIED AS STROKE UNTIL 08/05 / SWALLOW 08/05 NO ACTION
			Pass	Pass	Pass	Fail	ADM 11/05@15.11 ASPIRIN 13/05 Thrombolysis patient - Consultant aware/Datix completed
			Pass	Pass	Pass	Fail	ADM 13/05 /Asprin 15/05 - Patient refused Aspirin NO ACTION
			Pass	Fail	Pass	Pass	ADM. <a href="#">23/05@23.15</a> – CT 24/05 @ 01.45 NO ACTION

# Exception Report



- Managers who analyse data have a clear understanding of process, pathway and standards
- Mechanism to improve pathway/process and not to analyse individual patients
- Patient missing swallow standard due to 11.30pm should not be investigated
- 3 patients missing swallow who were admitted between 11am and 3pm should be investigated.

# CT SCANNING



SCOTTISH STROKE CARE STANDARDS	2005	2013	2014
% Admitted to SU within 1 day	49%	81%	80%
% swallow screen on day of admission	47%	72%	77%
% brain scan within 24 hours	27%	87%	90%
% aspirin within 1 day of admission	41%	85%	87%
% seen at TIA clinic within 4 days	30%	79%	83%
% thrombolysed within 1 hour of arrival		34%	43%
% receiving carotid intervention within 14 days		41%	38%

# Brain Scan 24 Hours



# SHARE THE DATA



- SHARE WITH THE CLINICAL STAFF IN THE WHOLE STROKE PATHWAY
- INFORM WHEN STANDARDS HAVE NOT BEEN MET AND INVOLVE CLINICAL STAFF IN THE PLAN FOR IMPROVEMENT
- DISPLAY PERFORMANCE AND ENSURE STAFF UNDERSTAND WHAT IT MEANS
- CELEBRATE SUCCESS !



# WHY BOTHER?



- “Achieving this *care bundle* for stroke is associated with *reduced mortality* at 30 days and six months and *increased likelihood of discharge* to usual place of residence at six months”. (Stroke, 2015)

THANK YOU



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