

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

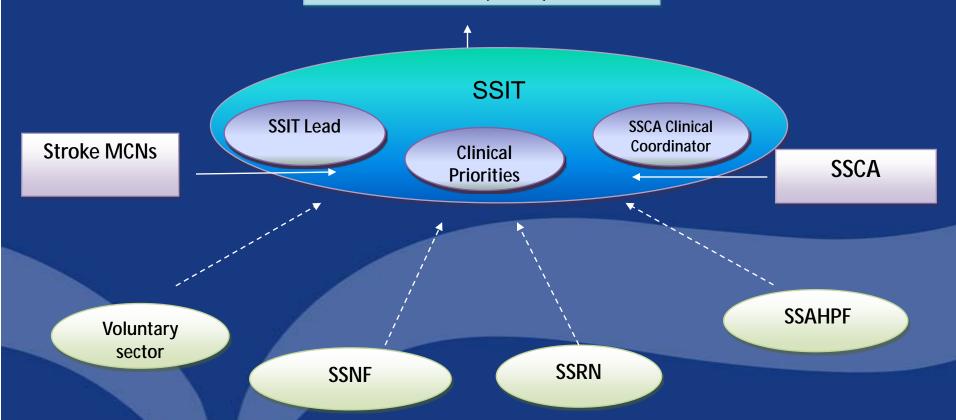


- Establish a clear vehicle for delivery of improvement
- Ensuring that it is fit for purpose with both clinician and managers
- Have a clear vision between this community and the wider stakeholders, the board and structure within the board who drive improvement
- Ensuring the approach is truly person-centred, 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.

Early Recognition of Transient Ischaemic Attack (TIA) and Stroke

To increase awareness of stroke symptoms and identification of stroke maximising access to effective treatments to ensure optimum recovery and reduce risk of further stroke

Rapid Admission, Early Diagnosis and Treatment

To ensure that appropriate treatment is delivered as soon as possible to maximise recovery and reduce risk of further stroke

Stroke Care Bundle

To ensure that all appropriate patients receive timely access to key interventions to optimise survival and minimise disability and risk of complications

Early Diagnosis and Treatment for Nonadmitted Patients

To ensure access to specialist advice to confirm diagnosis and ensure timely access to appropriate treatment

Secondary Prevention

To improve the identification of patients with atrial fibrillation ensuring they receive appropriate treatment and reduce risk of recurrent stroke

Transition to Community

To support patients living with stroke to live longer, healthier and independent lives

Supported Self-management and Living with Stroke

To improve wellbeing and quality of life for people affected by stroke

Underpinned by:

Skilled and Knowledgeable Workforce To ensure staff are supported and trained to deliver high quality care for people affected by stroke





USING THE DATA TO DRIVE PERFORMANCE

THE BUNDLE

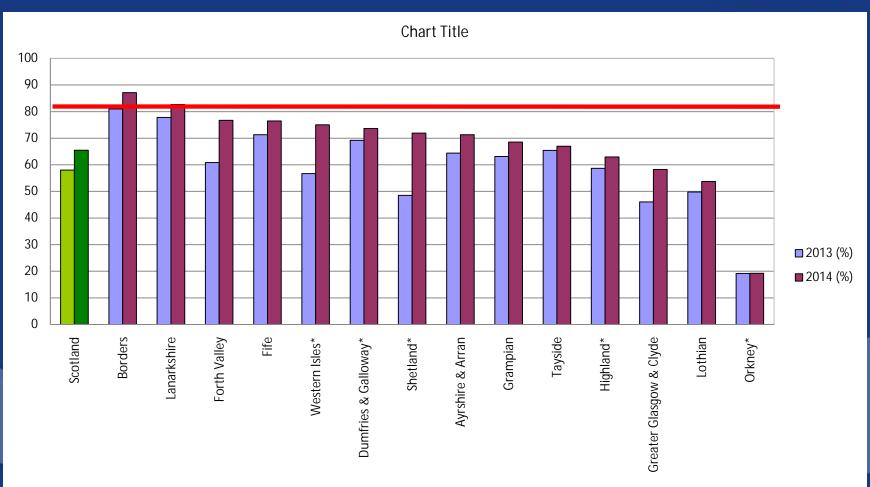
Stroke Bundle



- Patients want to receive all of the element 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





Exception Report



СНІ	Forename	Surname	HEAT Adm SU < 1 DoA	Swall ow DoA	Scann ed <24 hours	Aspir in <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. <u>23/05@23.15</u> – CT 24/05 @ 01.45 NO ACTION

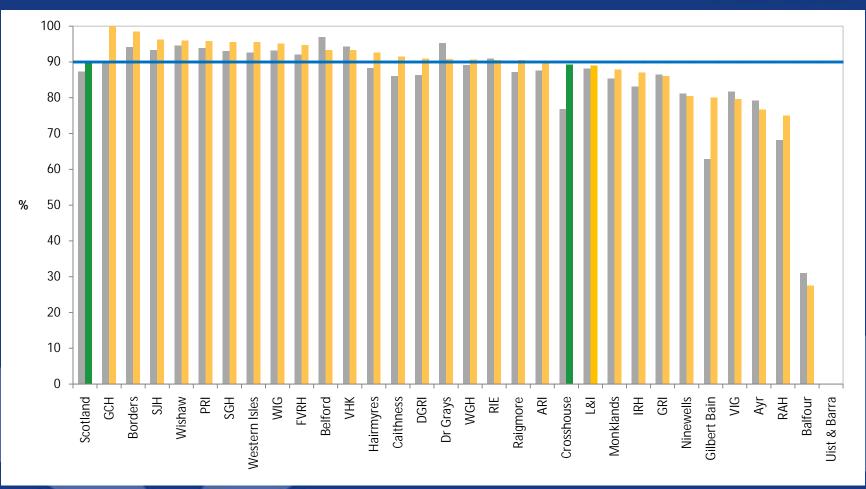
Exception Report



- 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



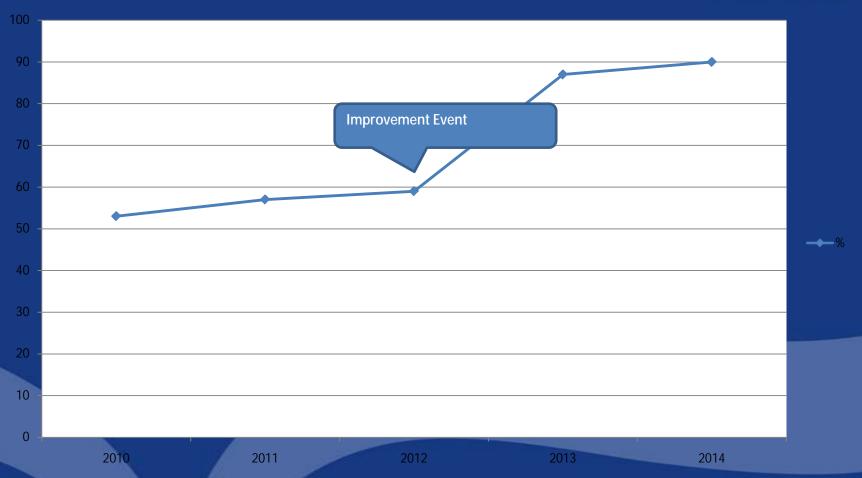




SCOTTISH STROKE CARE			
STANDARDS	2005	2013	2014
% Admitted to SU within 1 day	49%	81%	80%
% swallow screen on day of	47%	72%	77%
admission			
% brain scan within 24 hours	27%	87%	90%
% aspirin within 1 day of	41%	85%	87%
admission			
% seen at TIA clinic within 4	30%	79%	83%
days			
% thrombolysed within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

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



katrina.brennan@lanarkshire.scot.nhs.uk