

**STROKE SENTINEL AUDIT – ACTION PLAN
MAIN BOARD
JANUARY 2008**

1. Aim

The aim of this paper is to present to the Board the recommendations of the Trust's stroke team following the disappointing performance in The National Sentinel Audit of Stroke 2006.

2. Background

- 2.1 The profile of stroke care has risen with the publication of 'Mending Hearts and Brains' in December 2006 and the recent consultation on a national strategy for stroke 'A New Ambition for Stroke' published in July 2007. This, however, paper focuses solely on The National Sentinel Audit of Stroke 2006; further papers will be presented to the Board in due course that will consider the findings / recommendations of these publications.
- 2.2 The National Sentinel Stroke Audit is performed each year, the results of which contributed to the Trust's Health Care Commission score of 'Fair' in 2006/07.
- 2.3 The audit requirements dictated that we audit eighty consecutive patients admitted between 1st April and 30th June 2006 with certain diagnostic codes.
- 2.4 The results of this audit, although above the median as a whole, show that for some indicators we were below the mean when compared to all hospitals.
- 2.5 The five areas of below mean performance were:
- Percentage of patients treated in a stroke unit
 - Patients treated for >50% of stay in stroke unit
 - Patients receiving a brain scan within 24 hours of admission
 - Physiotherapy assessment within 72 hours of admission
 - Patient weighed during admission

3. Review of results / Action Plan

See Appendix 1 for detailed gap analysis and action plan.

4. Recommendations

The Board is requested to consider and support the following recommendations made by the stroke team following the gap analysis:

- Appointment of a Stroke Co-ordinator to be based at Gloucestershire Royal Hospital (GRH). The recurring cost of this post is £37,000.
- Increase the number of designated stroke beds at Gloucestershire Royal Cheltenham General & Delancey Hospitals

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Appendix 1 – Action Plan for The National Sentinel Audit of Stroke 2006

INDICATOR	ISSUE / COMMENTS	RECOMMENDATION	TIME FRAME	LEAD
<p>1. Percentage of patients treated in a stroke unit</p> <p>(Mean All Hospitals (sites) 62%)</p>	<p>The results of the audit indicate that 44% of stroke patients admitted to GRH were treated on a designated stroke unit. The results for CGH were considerably better with 65% of stroke patients treated on a designated stroke unit.</p> <p>Unlike GRH, CGH has access to a Stroke Coordinator to identify stroke patients and ensure that they are admitted to a designated stroke bed where possible. The team feel that the appointment of a Stroke Co-ordinator at GRH is vital in ensuring that all stroke patients admitted to the Trust are transferred to a designated stroke unit / bed at the earliest opportunity. The appointment of a stroke co-ordinator based at GRH would also address the current inequality in stroke services between the two sites.</p> <p>Some stroke patients are cared for solely on AAU or MAU and are not transferred to the stroke unit or a designated stroke bed due to a short length of stay.</p>	<p>Appointment of an additional Stroke Coordinator to be based at GRH.</p> <p>Daily visits from the stroke team to the Acute Assessment Unit (AAU) with the purpose of identifying stroke patients and arranging for their transfer.</p> <p>In view of this the stroke team recommend that consideration be given to designating a number of beds on both MAU and AAU as stroke beds.</p>	6 months	Naomi Mood
<p>2. Patients treated for >50% of stay in stroke unit</p> <p>(Mean All Hospitals (sites) 54%)</p>	<p>The results of the audit indicate that 41% of patients admitted to CGH and 36% of patients admitted to GRH are treated on a designated stroke unit for more than 50% of their hospital stay.</p> <p>While the appointment of a Stroke Coordinator at GRH would help the Trust to improve its performance on this particular indicator, the team acknowledge that this alone is not sufficient.</p> <p>Patients are frequently transferred to rehabilitation wards to continue their care as deemed clinically appropriate, therefore there is a need to ensure that such patients are transferred into designated stroke beds</p>	<p>Increase number of designated stroke beds at GRH, CGH and Delancey.</p> <p>The team feel that all stroke patients, including those who have suffered a mild stroke, should be transferred to a designated stroke unit / bed.</p>	<u>6 months</u>	Naomi Mood

INDICATOR	ISSUE / COMMENTS	RECOMMENDATION	TIME FRAME	LEAD
3. Patients receiving a brain scan within 24 hours of admission (Mean All Hospitals (sites) 42%)	<p>The results of the audit indicate that 20% of patients admitted to CGH and 26% of patients admitted to GRH received a brain scan within 24 hrs of admission.</p> <p>Since the completion of this audit there have been significant changes to diagnostic availability. Scans are now available within 24 hours at both GRH and CGH.</p>	In view of the improvements already made, the team are confident that no further action is required provided the current level of access can be maintained at both sites.	<u>Complete</u>	
4. Physiotherapy assessment within 72 hours of admission (Mean All Hospitals (sites) 71%)	<p>The results of the audit indicate that 71% of patients admitted to CGH and 65% of patients admitted to GRH received a physiotherapy assessment within 72 hrs of admission.</p> <p>The team feel that the poor results for physiotherapy assessment are related to the fact that patients are not managed on a stroke ward as non stroke wards do not have the same level of therapy input.</p>	Improving performance on this particular indicator is linked to the ability to ensure that all stroke patients have access to the relevant services and are admitted to a stroke bed. The appointment of a Stroke Coordinator and an increase in the number of designated stroke beds will enable improvement to be made on this indicator.		
5. Patient weighed during admission (Mean All Hospitals (sites) 57%)	<p>The results of the audit indicate that 56% of patients admitted to CGH and 40% of patients admitted to GRH were weighed during admission.</p> <p>Stroke patients who are nursed on a stroke ward are weighed; if patients are managed elsewhere the necessary specialist weighing equipment (hoist with weighing facility) is not always available.</p>	Improving performance on this particular indicator is linked to the ability to ensure that all stroke patients have access to the relevant services and are admitted to a stroke bed.	<u>6 Months</u>	<u>Naomi Mood</u>