

Site Name: Developing Thrombolysis & Stroke Services in Eastbourne District General Hospital - East Sussex Healthcare NHS Trust

The TASC Principle:

2. Work closely with radiology to deliver timely imaging OR
3. Develop a thrombolysis mindset
- Or 6 . Actively manage the stroke pathway

Our Challenge

To increase Thrombolysis rates which were 8% of the time in October 2023

to increasing this to 20.7% in December 2024.

What we did (the process)

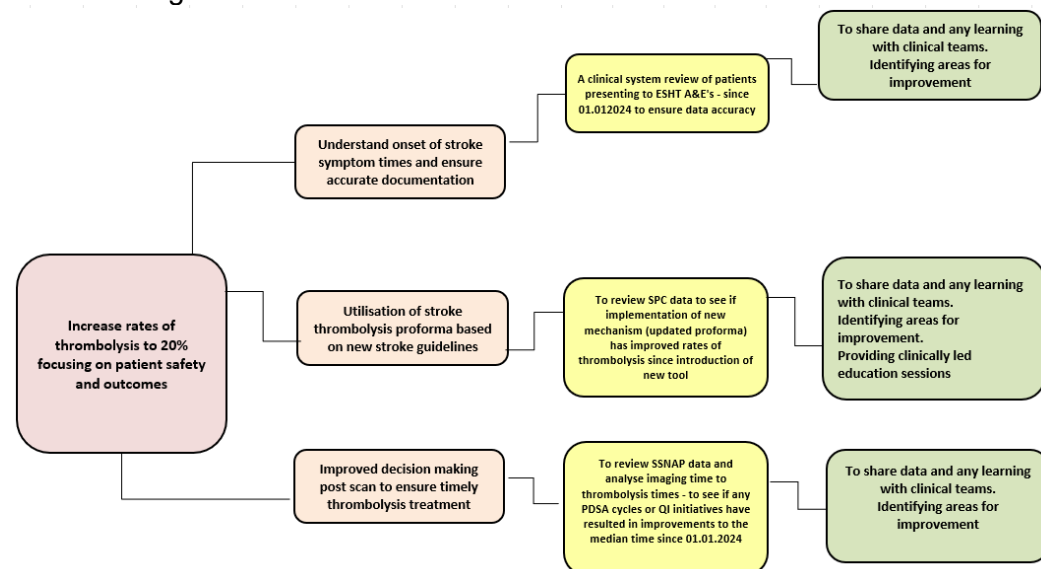
Met weekly as a team

Agreed initial Aims

At the start of the journey the aim was to:

- To increase rate of thrombolysis
- Improving median time between clock start and thrombolysis
- Improved SSNAP rating (was C rating)
- Reduced LOS for stroke patients with improved outcomes
- Improve uptake of telephone pre-alert pathway with SECAMB

A Driver Diagram was created to focus the team



Historically the rate of Thrombolysis was approx. 8% when the Team started on their journey, although the time to CT scan was seen to be excellent with CT scan time of 13 minutes (national average 43 mins) and this was due in part to the excellent engagement of the radiology team whom have always fully engaged with the stroke team meetings. The team were wanting to expand to having thrombolysis 14% of the time but at that time were unsure how they would meet this increase given the challenges of a lack of full time substantive Consultant roles. At that time the team wanted to extend to having 4 consultants but this business case had not been improved.

The Team approached the work by agreeing to have weekly meetings to initially focus on what thrombolysis had been undertaken in the previous week and then to focus on whom had not been thrombolysed and why. Timing on the patient pathway were reviewed and Gemma learnt how to engage in the Samuel modelling and so could put in a patient not thrombolysed regarding their characteristics and examine what would the top 25 Trusts do regarding thrombolysis and this proved invaluable to increasing confidence in decision making across the Team.

Fortnightly lunchtime educational sessions were developed to teach the MDT and the learning continued into weekly eligibility meetings in which now staff are invited to attend not only from Eastbourne but also from staff working in local nearby stroke services at Conquest hospital etc Now also regional staff attend to discuss who were and were not thrombolysed.

The team realised early on that a proforma was needed in order to capture the timings and focus attention on the stroke pathway, A new proforma was created and It supported refocusing on blood pressure targets, anti coagulation and other aspects and this proforma helped in refreshing and refocusing the attention of all members of the team and has supported the team to think differently. The proforma once completed is used to support SIM training of staff.

During the year the culture of the team did not alter but the work was streamlined and refocused on the important aspects which further decreased timing between each part of the pathway and data capture and as the year progressed the vision has been clear with the team all working to the same goal Improvements were seen incrementally with a rate thrombolysis **8.5% (July – Sept 23) to 13.6% (Jan – March 24)**.

During the year a second visit with NHS England and a visit with the ISDN also took place. In preparing for each visit the team worked more closely together and the agenda of the Trust Governance meetings assures that thrombolysis remain front and centre in the Trust plans.

What we achieved (the outcomes/data)

- Thrombolysis rates increased to 13.6% by March 2024 and then to 20.7% by dec 2024
- We learnt that we could make improvements that were sustainable
- Weekly Thrombolysis eligibility reviews helped to support decision making and education of all staff.
- Weekly review of all patients & non thrombolysed patients reviewed against SAMuel data to see what top 25 Hospital would do- This has created a change in understanding and despite having continuing issues with substantive posts the current staff have increased month by month in thrombolysis increases, now more likely to take patients through with low NIHSS or mild stroke than previously.
- The Anti-Coagulation pathway has been developed, and patient education videos are now available 24/7. The Pharmacology improvements are being seen by NHS England as excellent examples and the Team are engaged with NHS pharmacological team to spread the work.

The following tests of change were developed and completed:

- Unknown Symptom Onset Time (SOT) review- This led to a recognition of where data input changes were needed and once implemented there are now no unknown stroke onset times.
- Imaging time to Thrombolysis data review (80% variation – 11 min improvement over time)
- Implementation and sharing / education of new thrombolysis ISDN proforma (updated guidelines 2023)
Simulation training on thrombolysis for IMT 's / Registrars on both hospital sites.
- Front door pathway is good and the Trust now consistently meets domain A&B in Stroke audits.

- **Weekly Eligibility for Thrombolysis Validation Meetings** discuss patients who were not thrombolysed and address questions staff have regarding the decisions made, where staff feel safe to challenge each other and discuss what top-performing organisations would do in similar circumstances. It serves to support decision making, sharing of knowledge, education and collaborative working. This has now led to a Thrombolysing rate of above 20%
- Pharmacy engagement has led to an outstanding oral anticoagulation pathway in which patient training and understanding is supported by videos and presentations available 24 hours a day. The work undertaken by Iwona has led to NHS England interest to share the resources with others. The Pharmacy support has now led to her securing a Trust wide anticoagulation lead role with an additional Band 6 resource to support training and evaluation.

Testimonials from a wide range of staff groups and patients

"Thinking about when we first asked by the ISDN last October/November to submit a proposal, we looked at the application form and went for it. It was one of the best things we did as an organisation being in cohort 1 was really special. We really hadn't thought about QI in the way that NHS Elect got us to do and we set up regular weekly team meetings and the face to face events with the others was special as we saw things from a different perspective. In belonging to the network, it elevated our stroke work to another level and our Trust recognised us and looked at us in a different way than they had previously."

We started to look at and report the data in different ways and using SPC charts we were able to show improvements and that has been really good.

It was interesting meeting other Trusts and having time out as a team at the events. We started to focus on each week and how we were doing.

Upon completion, the email from Deb Thompson to our executives was really helpful in raising the profile in the organisation and the fact that we have managed to make improvements and kept the interventions going, and we can all see longer change"

Lesley Houston- General manager, cardiology

Gemma said of their success :

"Everyone needs a Lesley Houston as a general manager as her leadership support has been amazing. She is a fantastic communicator and has always shared our SSNAP and stroke data with all members of the MDT and shared the vision of what we were trying to achieve. She has led by example and enabled the team to gain expertise. She has led an open forum that could not have been achieved without her leadership. Staff have consistently come together under her leadership in monthly and weekly meetings. We now feel we have accuracy in our validation which we check daily and in the new year we hope despite her retirement to continue with her legacy and focus to achieve further successes"

Key system contacts

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