TASC C1 Vignette

Thrombolysis in Acute Stroke Collaborative

Site Name: Hampshire Hospital Foundation Trust

The TASC Principle: Develop a thrombolysis mindset

Our Challenge

Thrombolysis decision making practices vary amongst Stroke Physicians, particularly in regard to those patients with milder symptoms. To ensure all eligible patients benefit from thrombolysis, a challenge of assumptions of the 'milder' cases in a psychologically safe environment was deemed to be necessary.

What we did (the process)

The team explored how they could reduce variation in thrombolysis decisions and foster a more team-based collaborative approach. To do this, it was agreed that a monthly MDT meeting would be set up, with each consultant presenting cases where the decision making was felt to be challenging.

Prioritising a psychologically safe environment during these discussions was felt to be essential in ensuring transparency of decision-making processes. To achieve this, it was decided that the meeting would be chaired by a non-consultant, and ground rules would be agreed from the outset. The meeting was structured so that a case is presented by the consultant involved but the thrombolysis decision is not initially shared. A card-based voting system using Red card - 'No to thrombolysis' and Green card 'Yes to thrombolyse' was introduced to encourage active participation. Each member of the MDT casts a vote. The votes are then counted before the consultant expresses what actually happened and a discussion ensues as to why others agree or disagree with the decision. A member of the therapy MDT also feedback after the voting on the current state of the patient, with details of any potential ongoing deficits, enabling the team to gain a better understanding of the longer term impact of their front door thrombolysis decisions.

Using the voting cards was felt to be psychologically safer for all involved and it has been a fun way of discussing rationales for clinical decisions. The team have adopted this system and now meet monthly to review thrombolysis 'grey' cases. As a result of this work, they have also embraced a buddy "phone a friend" culture whereby any of them can phone another colleague to discuss thrombolysis decisions.

What we achieved (the outcomes/data)

- There has been an increase in the rate of patients thrombolysed.
- All the teams are engaged in the new process and take a turn in presenting cases.
- The team are more confident in thrombolysis decision making in milder cases.
- Variability in clinical decisions has reduced.
- Therapy input to discuss patient outcomes and the longer-term impact of front door decisions has been a vital driver for change

Testimonials from a wide range of staff groups and patients

"Participating in TASC has enabled us to create opportunities for collaborative clinical discussions, in a psychologically safe environment, to challenge deep set beliefs resulting in culture changes in the department, and it has taught us to use data more smartly to drive change"

Zehra Mehdi, Consultant Stroke Physician
Clinical Lead for HHFT Stroke Service

Key system contacts

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