TASC Vignette

Thrombolysis in Acute Stroke Collaborative

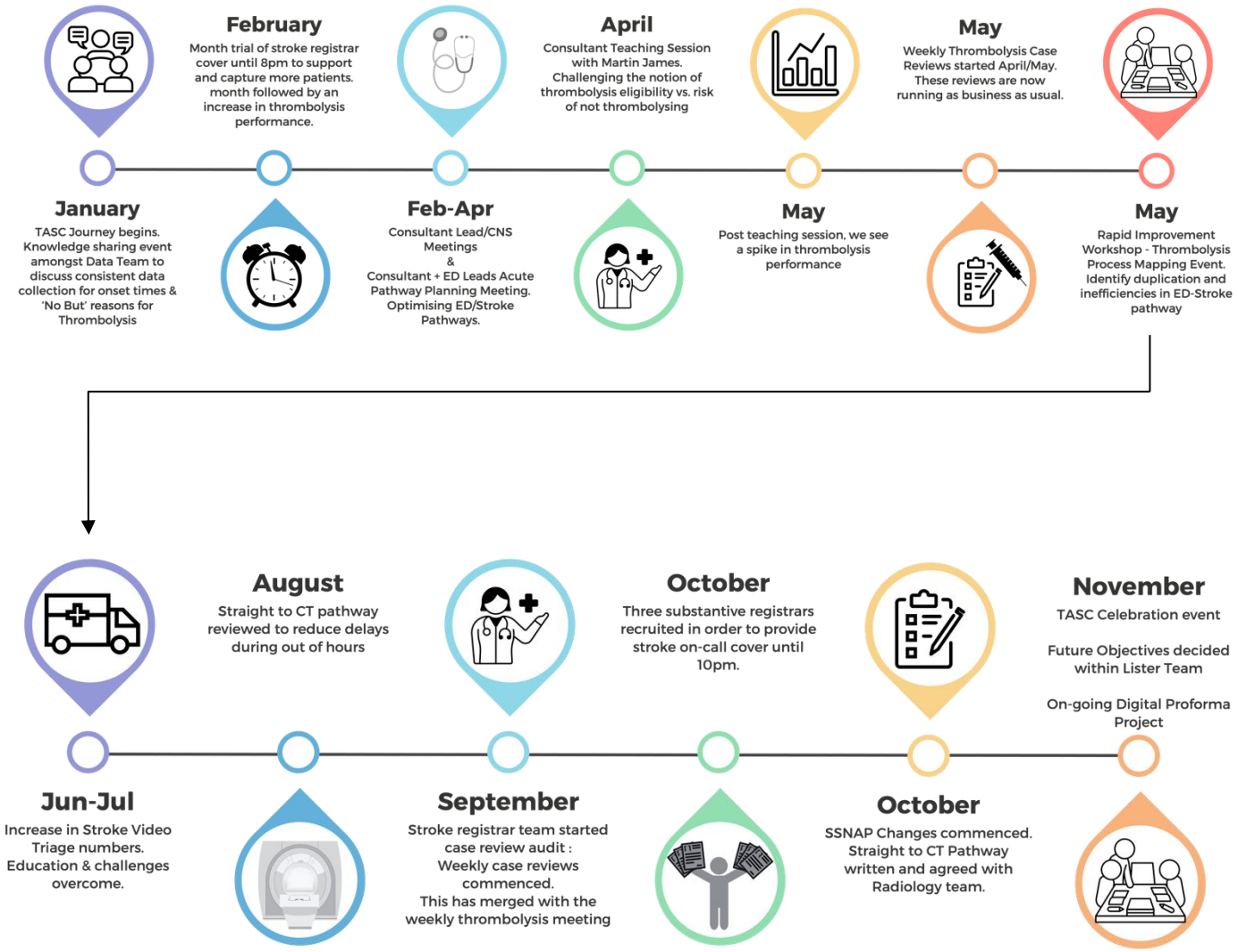
Site Name: East & North Herts NHS Trust – Lister Hospital

The TASC Principle: 3 & 6

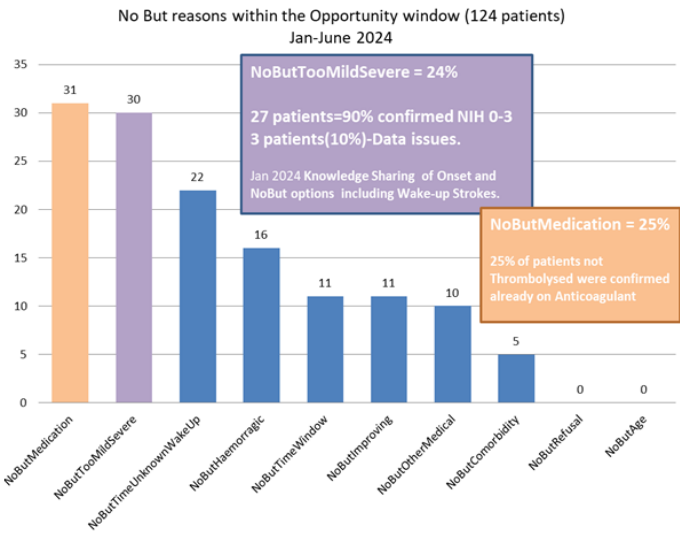
Our Challenge

Multiple small delays in the stoke pathway were compounding to delay access to thrombolysis. Also, where the decision to thrombolyse was being considered there was variation in approaches to managing the risk/benefit between clinicians. These challenges were situated in the context of a pathway that required Emergency Department clinicians to manage stroke patients and thrombolysis out of hours, introducing yet further variation in an already stretched team. We also made our improvements during a period of managerial restructure and the requirement to move our Stroke Ward for estates reasons.

What we did (the process)



We engaged closely with our ED colleagues throughout the programme as the process in the department and especially out of hours was highly dependant on this being a good relationship and a codesigned approach that worked for both teams. This work culminated in a very productive pathway mapping exercise which identified opportunities to streamline assessments, documentation and the possibility of pre-alerts from the ambulance service.

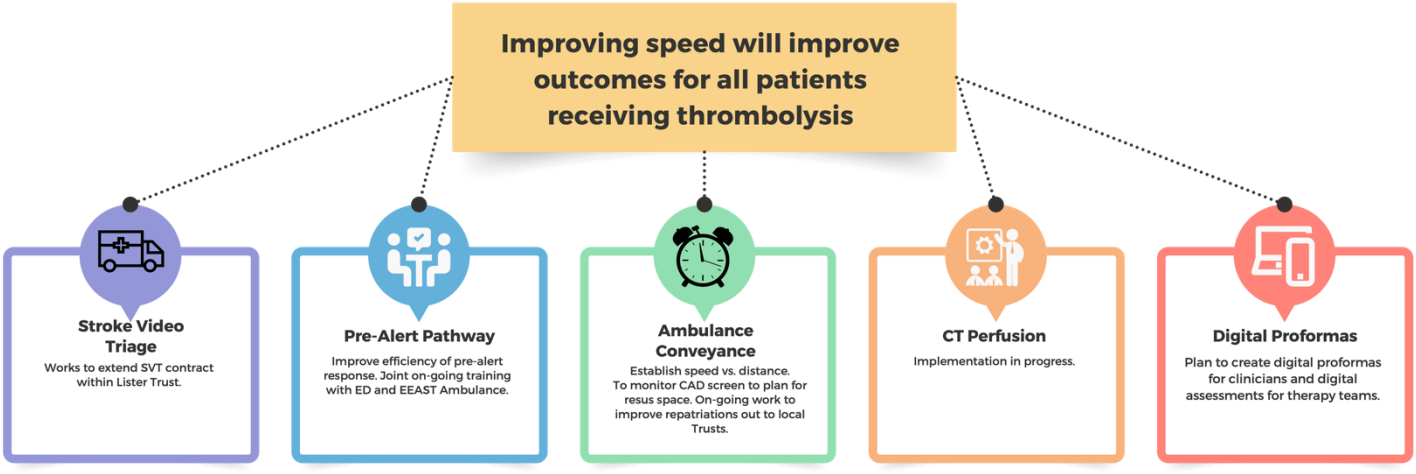


From the decision-making perspective we used the expertise of the TASC faculty to attend a number of clinical workshops which were instrumental in changing mindset from 'why should I thrombolyse this patient?' to 'why would I not thrombolyse this patient?'. There is still further work to do in this respect and we are using ongoing weekly review meetings to discuss thrombolysis decisions in order to maintain and build on improvements as well as reduce unwarranted variation. We have been bringing both individual cases and data to these meetings, in particular our 'No, but' reasons for non-thrombolysis. This has given us the opportunity to challenge perceptions around risk/benefit in mild stroke and in patients on anticoagulation.

What we achieved (the outcomes/data)

Despite multiple disruptions in our managerial structure, we managed to maintain momentum and saw an increase in our thrombolysis rate from 9% at the beginning of programme to 13% at the end. We do still have significant variation but hope to see further improvement by using our weekly meetings to address this.

Further work



Key system contacts

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