



Acute Stroke Unit Patient and Family Centred Care Programme

University Hospital of 
North Staffordshire
NHS Trust



Every year, around 150,000 people in the UK have a stroke

That's one person every five minutes

Stroke is the third most common cause of death in the UK



Who Are We?

- ❖ 32 bedded Hyperacute Stroke Unit
- ❖ Serving a population of approximately 1.5 million
- ❖ Caring for 1,000 stroke patients each year
- ❖ 60 plus multidisciplinary team with integrated therapists
- ❖ Average LOS 6 days
- ❖ National leading centre, performing well against Acute Stroke Indicators (86.3 points, top quartile)
- ❖ Lower than the national average mortality (10%)

Project Benefits and Outcomes

To improve the patients experience by ensuring specialist stroke care is provided from the point of admission through to discharge

To ensure patient has diagnosis confirmed rapidly and accesses timely treatment 24/7

To ensure patient cared for in appropriate environment by specialist staff who are engaged and motivated to deliver high quality care

To provide excellence in Stroke Care, by placing the patient at the centre of the Stroke pathway

What did we do?



- ❖ Attempted to understand our patients, their families and staff experiences of the Stroke pathway:
- ❖ Patient stories/ observations of care.
- ❖ Reviewed complaints trends.
- ❖ Reviewed discharge evaluation feedback.
- ❖ Planned a Team Away Evening.

Care and Compassion



- ❖ To ensure patients receive the right care, in the right environment with dignity and respect:
- ❖ Introduced open visiting for families.
- ❖ Introduced patient and family email
- ❖ Ward information booklet devised.
- ❖ Introduced "This is Me" documentation for patients with memory difficulties/ dementia.
- ❖ Introduced a memory box for patients with memory difficulties/ dementia
- ❖ Started fund raising to improve patient facilities and environment.

Competence



- ❖ Pathway and process changes to deliver effective evidence based care:
- ❖ Introduced pre-alert pager system for patients who are FAST positive.
- ❖ Trained Staff on undertaking level 1 swallowing assessment.
- ❖ Introduced a visual display board to measure our door to needle time – thrombolysis
- ❖ Piloting Stroke Early Assessment Team 24/7 – in-reach into A&E

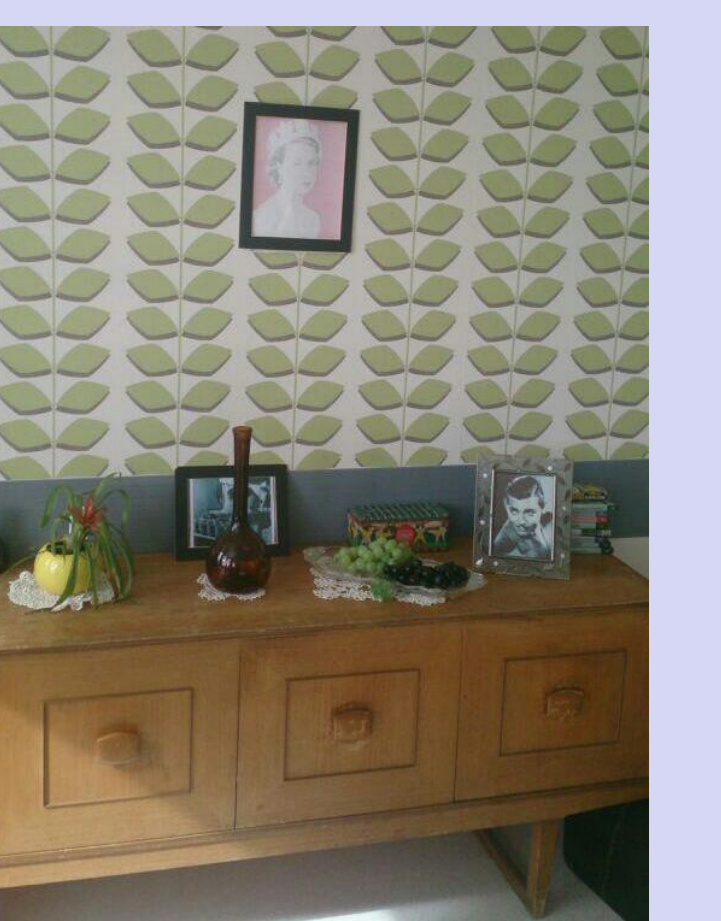
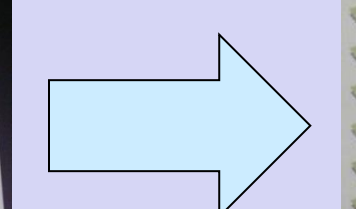
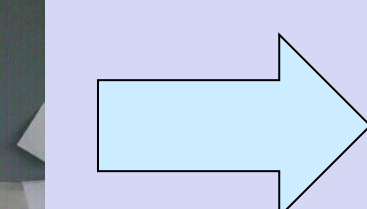
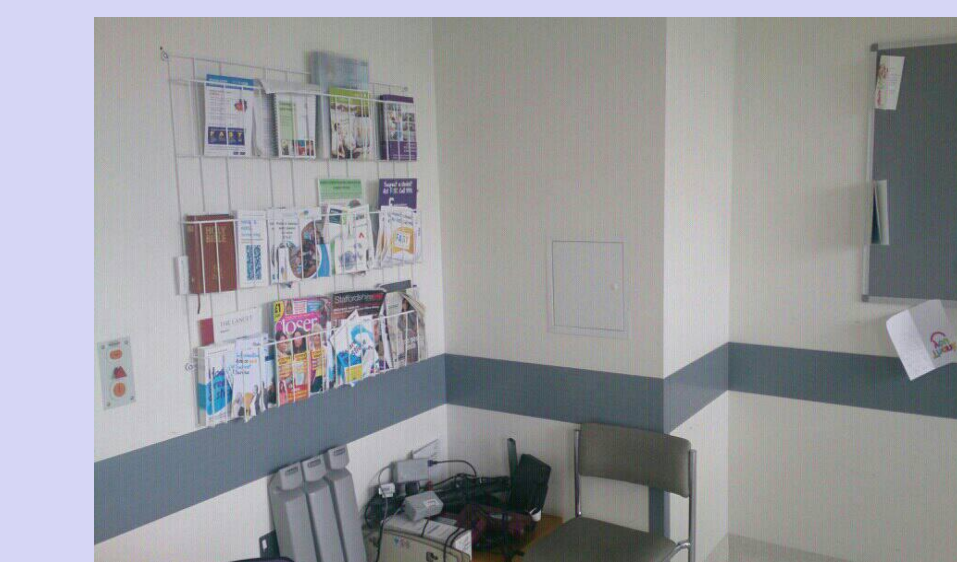
Communication and Commitment



- ❖ Effective team working as a cornerstone to delivering excellence in Stroke care:
- ❖ Introduced Board Round followed by morning Ward Round
- ❖ Compiled expectations of nurse in charge role.
- ❖ Staff Suggestion box
- ❖ Undertook ATPI team inventory with Aston University to understand team dynamics

Next steps

Patient Environment



- ❖ Review measures to include door to needle time and informal complaints reduction
- ❖ Action Research Group established, patient focus groups planned October 2013
- ❖ Evaluate Stroke Early Assessment Team 24/7.
- ❖ Test patient diaries
- ❖ Introduce ROSIER scoring in A&E to ensure timely pathway management

