

22 March 2019

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# Stroke Unit Care



Echuca Regional Health



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## Overview of stroke service

- *ERH services a population of >45,000*
- *Approximately 70 stroke/TIA admissions annually*
- *Victorian Stroke Telemedicine (VST)*
- *Stroke unit care*
- *Inpatient and community rehabilitation*
- *Teleneuropsychology in Stroke Rehabilitation*



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# Acute Stroke Policy

*x* Code Stroke (in progress)

## **Emergency Department KPIs**

- *Door to CT time <15 min*
- *Door to VST contact <15 min*
- *Door to needle (tPA) time <60 min*
- *Commence Stroke Pathway*
- *ASSIST or Speech Path Ax*
- *Stroke Response Alert*

## **Stroke Unit Care**

- *Admitted to HDU or Medical*
- *Stroke Pathway continues*
- *Stroke Team assessment*
- *MDT meeting (0800 Mon-Fri)*
- *Early rehabilitation*
- *Rehab Intake assessment*

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## Overview of stroke unit care

- *Stroke Pathway – includes fever, glucose, swallow*
- *Stroke Team – NS, PT, OT, SW, SP, DT, AHA*
- *Stroke Coordinator (10hrs/week)*
- *Visiting Medical Officer model → No dedicated medical lead*
- *Rehab Intake Assessor → receives Stroke Response Alert*

## Stroke unit care data

- **82%** Stroke Unit Care
- **5 days** ALOS
- **50%** Swallow assessment
- **74%** antihypertensive, **94%** antithrombotic, **74%** lipid lowering
- **42%** d/c care plan
- **41%** Home, **31%** IPR, **2%** Resi Care,  
**7%** transfer to tertiary hospital, **19%** other (12% RIP)



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## Challenges / barriers to stroke unit care

- *Bed blocks & after hours admissions*
- *Staff turnover (Medical)*
- *Locums/Casual staff → delay with stroke response alert &/or commencing pathway*
- *Early discharges (weekend) → no care plan, incomplete team assessment*

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## Enablers for stroke unit care

- *Small but increasing numbers of stroke admissions → “No excuse”*
- *Stroke champions – ED Nurses, ANUMs and AH team*
- *Stroke Response Alert*
- *Size of hospital → communication*
- *Clear policies and protocols*
- *SIM cases*
- *VST*

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## Local improvements

- *Audit and feedback - SF audit results, ED KPI results*
- *Updated pathway → ED KPIs/hyper acute*
- *Education regarding policies → esp. AHM and Bed Manager*
- *Individual case review*



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## Next steps

- *Code stroke*
- *Swallow screen*
- *Stroke Coordinator backfill & succession planning*