

22 March 2019

Stroke Unit Care

Casey Hair – VST site coordinator

Ballarat Health Services



Overview of stroke service

- Stroke Unit opened in 2003, (4 Stroke Unit beds)
- BHS contains 220 beds
- > 200 stroke/TIA admissions per year
- 3 Neurologists
- VST program after hours
- Outpatient stroke clinics
- MDT
- Inpatient rehab unit within BHS
- No stroke co-ordinator



Overview of stroke unit care — Pathways to admission to the SCU

Plan A

- Activate
- Immediate
- Consider
- If for
- If for
- If no
- PFC
- Group
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Plan B...

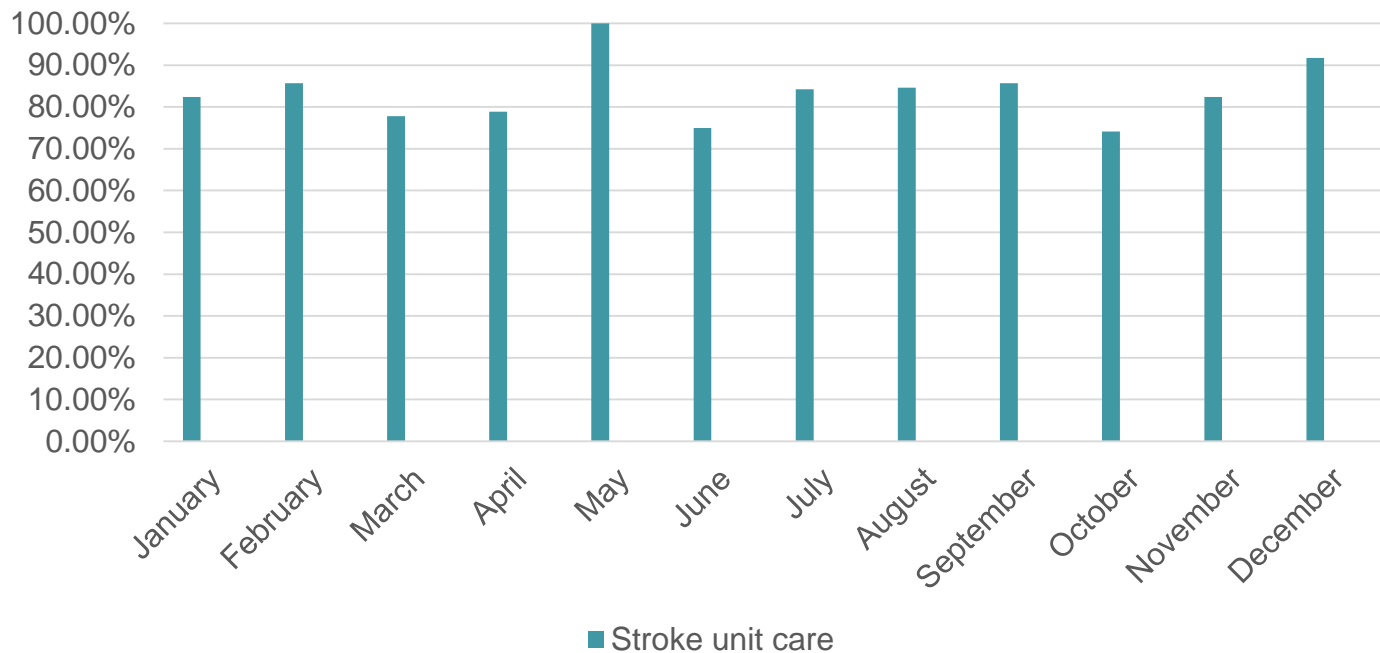
Daily BoSSNET review for outliers

Liaise with bed managers

Pull patients to stroke unit

Stroke unit care data

BHS Stroke Unit Care - 2018



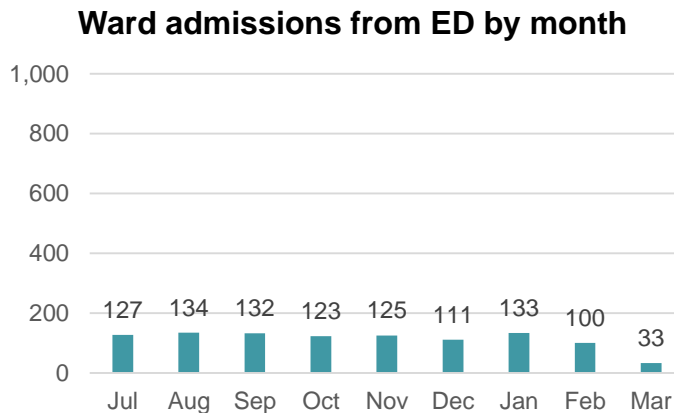
Enablers for stroke unit care

- **Neurologists/formal stroke bed card**
- **Code Stroke**
- **Documentation**
- **Communication**
 - Bed managers
 - Case conference/MDT
 - Collaboration with sub acute team
 - Electronic group page
- **Team work (LOS)**
- **Leadership/stroke champions**
- **Stroke Promotion**
- **‘Do your homework’**



Challenges / barriers to stroke unit care

- No stroke co-ordinator
- High volume regional centre
(Mean ED presentations daily 157)
- “First in, first served”
- Long stayers
- Combined medical/cardio/stroke ward
- Catchment



Improvements

- Inclusion of 'cyber rounds'
 - Promotes good care planning for early/appropriate discharge
 - Identification of outlier patients
 - Update on new patients
 - Multidisciplinary care
 - Reduces LOS (increases access to SCU)
- Group stroke team email

Next steps...

- Stroke co-ordinator role to be funded 0.84 – 1.0 EFT
- Thrombolysis care on the ward
- Fast track model for stroke admissions
- Continue...
 - internal service auditing “Homework”
 - AuSCR
 - Continue Stroke Promotion (momentum)