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Stroke Unit Care

Eastern Health: Tanya Frost

Acute stroke Nurse



Overview of stroke service

- *Eastern Health has 2 stroke units at Box Hill (Primary Stroke Unit) and Maroondah*
- *Transfer protocols for Angliss Hospital and Maroondah Hospital for acute stroke.*
- *BHH: approx 900 stroke & TIA presentations per annum (thrombolysis site) 1253 “code stroke”*
- *MH: approx 390 stroke and TIA presentations per annum*
- *AH: approx 130 stroke and TIA presentations per annum*
- *4 Registrars, Stroke fellow, 4 HMO, 1.7EFT Stroke Nurse*

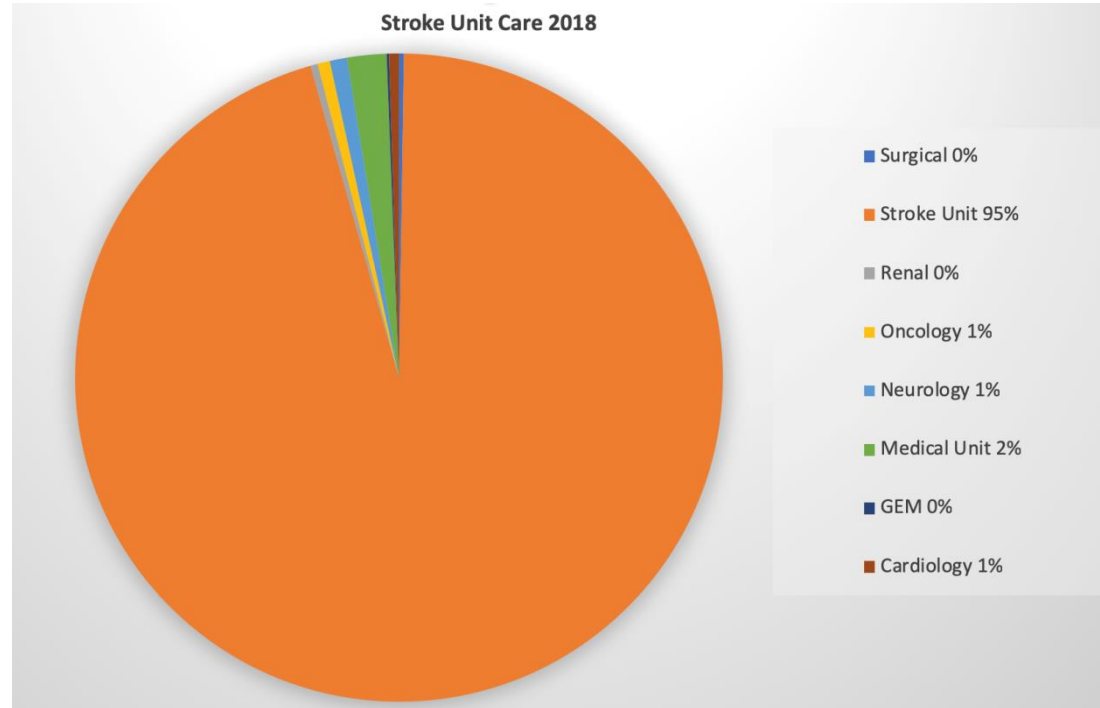
Overview of stroke unit care

- *EH transfer protocol under 12 hrs direct to BHH for review.*
 - *Excluding palliative or high mRS*
- *Including:*
 - *On ward identification of whom can move out of stroke unit*
 - *transfer to BHH – young patients, treatment windows*
- *Thrombolysis patients requiring extra nursing staff on ward*
 - *Current median ED LOS: 4:31*
- *Return post ECR- early referral through stroke coordinators*



Stroke unit care data

- *2017 & 2018 95% reached the stroke unit for 90% of their stay*



(ED, SOU (TIA) and ICU admissions removed)



Challenges / barriers to stroke unit care

- *Bed Block*
- *Patient factors: Renal, Oncology, Surgical.*
- *Transferring patients after hours*
- *Communication to stroke unit NUM/ANUM – unaware of patients*
- *Patient Access Team: ongoing education*
- *Telemetry units*
- *Joint bed card (MH)*
- *Volume of code stroke*



Enablers for stroke unit care

- *Stroke coordinator and team decision to request stroke unit care*
- *Active movement of patients through the health service*
 - *Green Light to Rehab*
- *Monthly review allows immediate reaction to change*
- *Executive investment in the process and understanding the benefits of Stroke Unit Care*
- *Empowering nursing/medical staff to ensure right patient is at the right place at the right time*



Improvements

- *2015-16 Neuro Redesign: 77% of stroke patients receiving stroke unit care*
 - *Reinvigoration of Stroke Unit at MH*
 - *Active review (monthly) of where stroke patients are being admitted*
 - *Transfer protocols*
 - *Comprehensive TIA pathway in ED*
 - *Stroke Data Base for ease of review of monthly data*



Next steps

- *Review of SOU and compliance with standards*
 - *TIA Pathway*
 - *ASSIST in ED/SOU*
 - *Stroke Patients being transferred to private hospitals*
- *Continuum of care across sites*
- *KPI standards of stroke unit care- are we compliant?*
- *Code stroke: what effect is it having on the teams efficiency?*
- *Ongoing monthly analysis to ensure standard maintained*
- *Maintain approachable unit – educate others of our efforts*

