Improving patient flow at Whiston Hospital

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As part of our Trust's quality improvement and monitoring process, we undertake monthly validation meetings to check and review our data. During this process we check both the accuracy of our data, but also where patients have not met one or more Key Performance Indicators, we want to understand why.

Unfortunately, even with a well-designed service and adequate resources, it is not possible to meet every key performance indicator every time. Some of these problems will be due to failures within the team to work as designed: for example, a member of staff may fail to identify the suspected stroke (the signs may be very subtle or atypical). Some may be due to system problems: for example if a CT scanner breaks, or all scanners are in use to other patients requiring the scanner as priority this will cause a rare but unavoidable delay in scanning. Others will be due to clinical events or circumstances which mean that other things might take clinical priority: for example a patient with an unstable airway would not be safe to go to CT scanning without intubation; or a patient might require surgery to address injuries caused by a fall at the time of stroke before coming to the stroke unit.

For each measure, during data input or at the review process, we check the records for each patient who did not achieve the measure. We then categorise each measure according to common reasons for failure. For example, delays admitting to the HASU can be divided into:

- Delays in identifying the stroke
- Delays in referral to our team
- Delays in scanning
- Delays in assessment by our team
- Difficult diagnoses (eg. concomitant sepsis or pre-existing neurology making identification difficult).
- Lack of available bed.
- Lack of appropriate gender bed.
- Clinically too unwell to transfer to HASU.

We can therefore report the themes behind each measure. We also report qualitatively on what the delays were: for example it is important to understand if there were no beds what attempts had been made to manage HASU capacity to assess whether this was an issue of capacity or a failure of process.

This feedback helps to adjust the team's responses to difficult or unusual circumstances. This may mean having plans to use other CT scanners if the primary scanner is occupied; it may stimulate learning about difficult stroke cases, or reinforce HASU bed capacity planning. Some cases will remain clinically appropriate or unavoidable decisions – this methodology provides assurances to those unfamiliar with stroke care that the right decisions were made to deliver best care wherever possible.