

Multidisciplinary approach to improving the patient experience and outcomes at East Lancashire Hospitals NHS Trust (ELHT) July 2017

Stroke Service provision within ELHT is delivered by a multidisciplinary integrated stroke specialist workforce across the whole pathway, which includes a 23 bedded acute stroke unit (ASU), 24 bedded rehabilitation stroke unit, and the East Lancashire community.

Up until the end of 2015, the trust was consistently at level E on SSNAP. During 2016 a multi-disciplinary stroke improvement programme was developed which included:

- Cross divisional bi-monthly operational meetings
- Detailed data analysis to scrutinise performance and reasons for poor results
- Dedicated data inputting support
- Development of a multidisciplinary stroke booklet following the patient's journey from ED, detailing clinical and activity recording guided by SSNAP domains and standards.
- Increased staff awareness of SSNAP
- 0-4 hours stroke pathway

These actions led to a capture of more robust data reporting and a detailed understanding of the quality of service provided. It further identified therapy and nursing workforce issues which impacted on the service delivery and subsequent SSNAP outcomes.

Stroke therapies staffing levels were below recommended levels and a temporary increase in funding was made available. The robustness of the data capture enabled the demonstration of a direct correlation in improvement of therapy scores with the increase in staffing and this improvement was not maintained when staffing returned to core levels. Working with a business analyst, a therapy workforce modelling tool was developed to determine the increase in staffing needed to improve patient care.

Registered nursing skill mix fell below the recommended level as identified in the RCP guidelines (2016) which impacted on the 0-4 hour element of the stroke pathway. A process mapping event was held which demonstrated inconsistencies in practice within A&E and identified the need for senior stroke specialist support. In support of this stroke services initiated a QI approach re patient flow through the pathway. Using PDSA cycles, the 2 wards now manage the throughput within the bed base. The outcomes thus far are positive around bed availability and this will be quantified by data collection using QI methodology.

Crucial to the continued success of the delivery of stroke services the need to demonstrate the requirement for additional staffing resources, as outlined above, was identified and a joint business case was developed which has received executive approval.

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