

Case study: Royal Berkshire Hospital Acute Stroke Unit

Winners of the Gold Award for outstanding achievement regarding audit work on stroke treatment at HQIP's Clinical Audit Awards 2010

Overview: The Stroke Service of the Royal Berkshire NHS Foundation Trust was opened at Battle Hospital in 2001 as an eight-bed unit. The ward-based service transferred to the Royal Berkshire Hospital in 2005 and is now a 28-bed ward providing combined acute and rehabilitative care. The Stroke Service has been participating in the National Sentinel Stroke Audit since 2001, using the reports to improve services and monitor performance against indicators.

1. Organisation name – Acute Stroke Unit – Royal Berkshire Hospital

2. Title

National Sentinel Stroke Audit – Changing practice, changing attitude

3. Context

The Stroke Service is run jointly by the hospital's Elderly Care and Neurology departments. The team comprises:

- Consultant stroke physician
- Consultant neurologist
- Ward sister
- Stroke service clinical nurse specialist (CNS) and trainee
- Four trainee doctors (including neurology and specialist registrar)
- 11 WTE nurses
- 12 health care assistants

There are designated therapists for the service from the Occupational Therapy, Dietetics, Psychology, Physiotherapy and Speech and Language Therapy departments, who have particular interest and experience in helping stroke patients.

The Stroke Service audit team has responsibility for completing the data collection for the audit and responding to national reports. This includes writing action plans which are then agreed and reviewed through the Clinical Governance process. The team includes the stroke physician, consultant neurologist, stroke unit sister, CNS for stroke, operations manager and divisional clinical audit facilitator. From the initial scores in 2001, the hospital has since regularly scored in the upper quartile for most indicators and has what it describes as 'a constant aspiration to continue to improve our service'.

4. Background

The National Sentinel Audit of Stroke Services has been running since 1998 under the guidance of the Royal College of Physicians. It reviews all aspects of service provision and clinical care. The Stroke Service of the Royal Berkshire NHS Foundation Trust was opened at Battle Hospital in 2001 as an eight-bed unit. The ward-based service transferred to the Royal Berkshire Hospital in 2005 and is now a 28-bed ward providing combined acute and rehabilitative care. It has a hyper-acute stroke service delivering thrombolysis and rapid access clinic for transient ischaemic attack patients.

5. Aims

The aim of the audit is to provoke a steady cycle of measurement and improvement in the provision of stroke service across the country. This is achieved through assessing the organisational robustness and critically examining the care individual patients received.

6. Objectives

The aim of the Stroke Service audit team is to use the audit as both an incentive for improvement and a springboard for growth. The annual process of intensive data collection is used to give the team a birds-eye view of growing trends and impending challenges. Responding to the reports allows year-on-year evaluation of performance and stimulates problem-solving as well as business cases.

7. Approach

The audit comprises a comprehensive organisational audit covering staff, services, education and capacity, and clinical review of 60 patients.

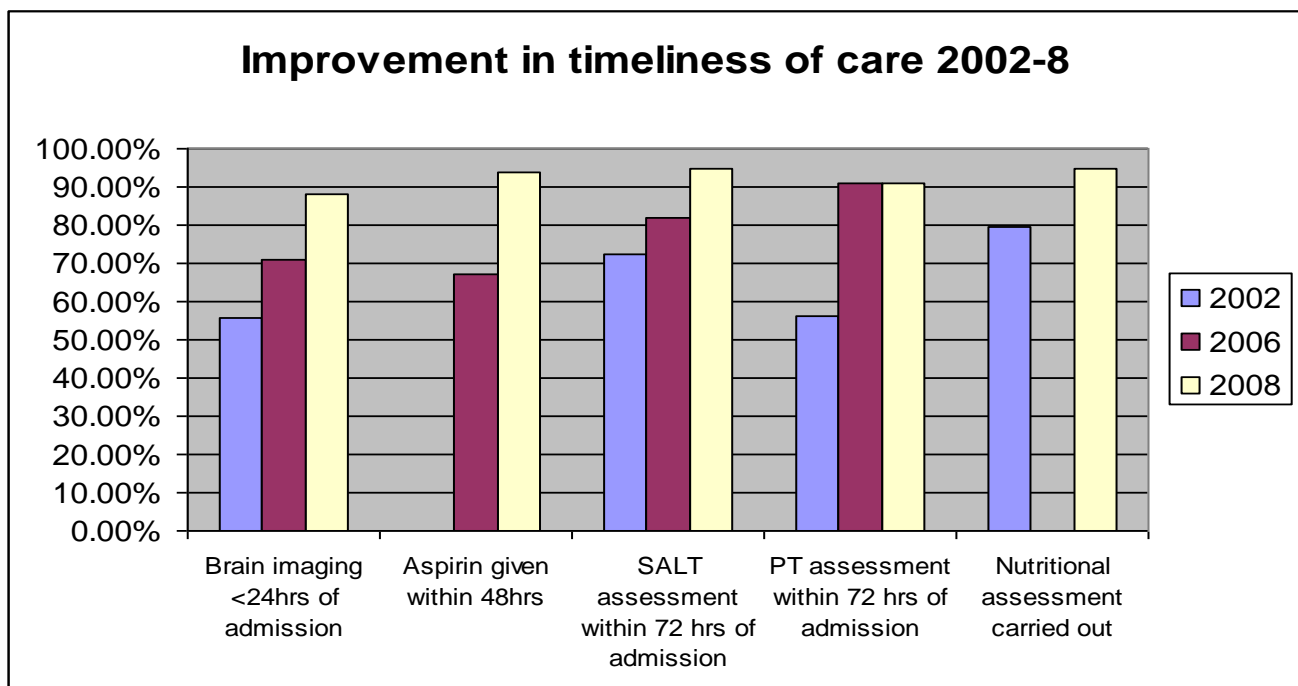
The organisational audit is completed by the clinical audit facilitator and stroke CNS and approved by the Executive team. The clinical audit is completed retrospectively by clinicians. Local reports comparing performance against national average are discussed by the Stroke Service audit team. Any standards scoring below national averages require an action or reasonable explanation. An action plan is drafted and presented to local clinical governance meetings for discussion. Agreed action plans are reported to the Trust's Clinical Governance Board within six months of publication.

8. Standards measured against

Clinical standards are taken from the National Clinical Guidelines for Stroke (2008), NICE CG68 Management of stroke and TIA (2008) and the National Stroke Strategy (2008). Service standards were taken from the National Service Framework for Older People (2001).

9. Outcomes

The unit has shown steady improvement through the clinical audits since 2002-3, particularly in the timeliness of care and interventions.



The total length of stay for stroke patients dropped from 41 days in 2002-3 to 21 days in 2008 – saving an estimated £2700 per patient (estimated £135/patient/day direct & indirect costs – for 650 patients per year this represents up to £1.75m annual savings). Of their stay, the length of time spent on a stroke unit stayed constant, so the percentage of stay spent on a stroke unit has effectively risen from 35% to 68% in 2008 and was expected to rise again in the 2010 clinical audit.

In 2008, the hospital had no thrombolysis service (42% of trusts audited did) – it has since introduced this service which operates weekdays 08:00-18:00 offering potentially life-saving intervention.

Improved clinical governance support has relieved clinicians of administrative audit work. Clinicians can concentrate on developing positive actions in response to findings.

A catheter care bundle (launched November 2009) was designed to reduce urinary tract infection rates.

Business cases for increased therapy services and clinical psychology have been approved.

Newly-introduced Early Supported Discharge (recommended by the Stroke Strategy) allows patients to leave hospital sooner and receive follow up in the community, saving around £176,000 p.a. inpatient nursing costs (average LoS reduced by 2 days overall for approx 650 patients p.a. at £135/patient day).

Stroke Unit nurses are trained to perform swallow assessments (screening patients for swallowing difficulties), releasing SALT team for patients who need specialist input.

The Stroke audit team discussions feed back into the Regional Stroke Collaborative, promoting creation of relevant national and PCT targets, encouraging ongoing engagement and mutual trust between clinicians and managers.

10. Summary

The hospital feels that changing perception of audit from 'stick' to carrot' has improved clinicians' relationship with Sentinel Stroke, allowing the benefits of participating in national audit to be realised across the board.

- Reassurance on what we know we do well and reminders of weak spots in practice or organisation
- The sense of pride in teamwork or wards and when discussing findings
- Evidence for business cases, PCT contract reports and Clinical Governance assurance report
- Practical reassurance for patients

By involving clinicians and managers, the action plan draws on the combined expertise of the group, strengthening relationships and creating an achievable and mutually acceptable vision for the service.

Contact details:

Name – Vivienne McGlashan. Clinical Audit & Effectiveness Facilitator

Organisation – Royal Berkshire NHS Foundation Trust

Email address – Vivienne.McGlashan@royalberkshire.nhs.uk

Telephone number – 0118 322 8335