

Care standards

Hospital clinicians and GP-leads have outlined new core key standards of care for stroke patients as part of on-going work to significantly improve stroke services provided by Maidstone and Tunbridge Wells NHS Trust (MTW) in West Kent and north East Sussex.

These standards are being shared with stroke patients, the public and many other stakeholders to ensure their experience and knowledge continues to determine the shape of these important improvements.

The standards reflect best practice developed by the National Institute of Excellence, Royal College of Physicians and the British Association of Stroke Clinicians and are achieving better clinical outcomes for patients in other hospitals.

Future improvement plans that hospital clinicians and GPs develop to enhance the acute and rehabilitative stages of stroke care at Maidstone and Tunbridge Wells hospitals will now have to meet or exceed these core standards.

The table below sets out the draft key core standards of care as of December 2014. These are subject to on-going work and change in line with comments and views from hospital clinicians, GPs, patients and the public.

Dr Jim Milton, Clinical Lead for Stroke Services at Maidstone and Tunbridge Wells NHS Trust, said: "Stroke care is recognised locally and nationally as a key area for improvement. The quality standards we are developing will help ensure any future improvements to our stroke services provide patients with the highest possible levels of care."

Draft quality standards

Key: MH Maidstone Hospital TWH Tunbridge Wells Hospital

	Standard	Performance Standard	Current MTW and National Performance where applicable
	Pre-alert by ambulance crews to receiving hospital where patient is FAST positive or stroke is suspected	95%	Not available
	Call to door time as soon as possible but certainly <60 minutes	90%	Not available

	Door to needle time for those appropriate for use of IV thrombolysis as soon as possible and certainly < 60 minutes	95%	Thrombolysed within 1hr. TWH 20% MH 66.7% National 56.4%
	Patients/ambulance crew to be met on arrival at hospital by member of the stroke thrombolysis team (according to NICE guidelines) for specialist assessment when a pre-alert is given by the ambulance crew	95%	Not available
	24hrs access to CT scan, including reporting by a Radiologist or Stroke Consultant, to ensure imaging delivery within 1 hour for eligible patients	Yes	Scanned within 1 hr. TWH 50% MH 43% National 44.1%
	Cranial imaging (CT or MRI) performed <12 hrs from admission	95%	Scanned within 12 hrs. TWH 94.3% MH 87.3% National 87.7%
	Carotid imaging performed within 24 hours for patients suitable for rapid access carotid endarterectomy	90%	Not available
	Carotid intervention (endarterectomy) performed within 48 hours of diagnosis for symptomatic carotid artery stenosis, where appropriate for both stroke and TIA	90%	Not available
	Direct admission to a hyper acute stroke unit (HASU) within 4 hours of reaching the hospital door	90%	TWH 31.4% MH 59.5% National 59.8%
	90% of stay to be within a system of organised stroke care	90%	TWH 82.8% MH 90.6% National 84.3%
	Stroke patients should be seen by a consultant stroke specialist within 24 hours of admission	95%	TWH 84.4% MH 67.1% National 76.5%

	Minimum of daily ward round by consultant stroke specialist, 7 days per week	Yes	No
	Swallow screen performed within 4 hours of admission	95%	TWH 82.4% MH 70.6% National 69.2%
	Patients who fail swallow screen are assessed by Speech & Language Therapist within 72 hours of admission	95%	TWH 72% MH 78.8% National 83.6%
	Patients screened for malnutrition and risk of malnutrition <24 hours from admission and at weekly intervals whilst they are an in-patient	95%	Not available
	All applicable patients are assessed by <ul style="list-style-type: none"> • A nurse trained in stroke management within 24 hours • One therapist within 24 hours • All relevant therapists within 72 hours And have rehab goals agreed within 5 days	95%	TWH 43% MH 57.6% National 52.7%
	Early Supported Discharge Team to be in place with ability to see all appropriate patients as soon as required after admission	Yes	Yes for Kent patients No for East Sussex patients
	Six month review offered for stroke survivors	Yes	No
	Patients identified as high risk by any healthcare provider are seen within a fast track TIA clinic within 24 hours of referral made	95%	TWH 68% MH 77%