

Walkabout xxxxxxxxx Infirmary 21st October 2010

Text in blue needs to be actioned

	ACTION POINT	ACTION	BY WHOM	DATE
1	NWAS-Pre alert in place	<p>Paramedic crew phone nurses desk and estimated time of arrival recorded on record sheet (this has improved but still needs embedding)</p> <p>NWAS crew handover FAST +ve patients to nurses</p>	RP and RM	TBA
2	A/E Reception	<p>7 A/E Receptionists trained in FAST (outstanding staff to be trained and any refreshers required)</p> <p>Walk in patients report to receptionists, who in turn clerk in and send to triage nurse if one available (nursing numbers dependant for dedicated nurse).</p>	RP	TBA
3	A/E Assessment	<p>No pathway documentation available (nursing staff not aware of any documentation) ED to send out NCUH thrombolysis documentation to RM, EF and RR.</p>	ED	Completed
		<p>No weighing scales available in A/E, would need for thrombolysis drug requirement – scales from acute stroke unit to be transferred to A/E so weight of patient available for drug prescription (training to be provided by the Network)</p>	CW ASU RP	TBA
		<p>At present A/E staff not performing ROSIER, as currently acute stroke unit staff are informed and outreach the patient and carry out assessment in A/E – A/E nursing staff will require ROSIER assessment training for out of hours as assessment will be done by A/E staff within the dept. Middle Grade Staff A/E and Medical Reg currently not trained in NIHSS and stroke patients will require this during pre and post thrombolysis.</p>	RP RR PD HW EF CW	TBA

		<p>STAT training to be arranged by PD and CW. Training to be arranged by Network and in house by stroke physicians, A/E consultants.</p> <p>Network to email links to on-line NIHSS and Masterclass training to RR, HW and EF.</p>	RP	Completed
4	Assessment Alerts	<p>ROSIER +ve and refer to imaging guideline to call in Radiology if indicated, inform Telestroke consultant, inform bed manager to allow for smooth transition into ring fenced bed.</p>	MS PD	ASAP
5	Assessment Area	<p>Assessment bay identified in the rescues area, each bay has an IP point and power supply and phone access is central to the room.</p> <p>High spec Wireless LAN to upgraded by December, across all parts of the Stroke Pathway.</p>	DQ DQ	Completed December
6	Equipment Storage	<p>Room ***** was identified for storage of Kart and Secca Scales, this room has power supply and can receive wireless LAN - room needs clearing.</p>	RM	ASAP
7	Maintenance of equipment	<p>Daily check and cleaning of equipment to be added to the daily job list – checking that the Kart is plugged in charging and left in stand by mode for remote maintenance purposes.</p>	RM	When Kart received.
8	Acute Stroke Ward	<p>Side room identified on ASU for Thrombolysis patient. IP point to be installed for contingency plan, power supply available, need to confirm that there is a walk round phone. Ring Fence Bed to be available.</p>	DQ CW MS	ASAP
9	Ward patients	<p>Any patient identified on any of the other wards in the hospital to be transferred to the ASU. If Thrombolysis required Stroke ward will send for Kart and scales.</p> <p>Awareness training needs to disseminated to all wards.</p>	PD MS PD CW	ASAP ASAP

Recommendations:

- Decision on location of thrombolysis administration to be clarified, general consensus was A&E more staff, patient safety increased.
- Training of middle grade staff in A&E and medical cover.
- Training of nursing staff ROSIER
- Moving Secca Scales from ward to A&E
- Awareness training to be organised for wards.
- Telephonists and Bed managers need to be made aware of the forth coming changes.