

Performance Monitoring for Commissioners: Out-of-hours Telestroke Service

Introduction

The detailed specification for the Cumbria and Lancashire out of hours Telestroke project was to provide *“a consultant led out of hours Telemedicine service for the assessment of patients presenting with acute stroke who may be eligible to receive stroke thrombolysis within Lancashire and Cumbria.”*

This document has been developed following discussions with the Cardiac and Stroke network, NHS Central Lancashire (lead PCT) and North Cumbria University Hospitals (lead Provider) on the core information requirements required to measure the service.

A. Evaluation of the service

In order to evaluate the service there are five areas which need to be monitored across the network as a whole and by individual Provider site (where the patient presents). Detailed information for the measures is shown in appendix A.

1. Numbers of patients presenting with a primary diagnosis of stroke out of hours (OOH) (between 5pm and 8am and weekends / Mon – Thurs 17:01 to 07:59 and from Fri 17.01 to Mon 07.59 including bank holidays) (Measure 3).
2. Numbers of out-of-hours patients assessed by Telestroke (Measure 4).
3. Numbers of OOH patients thrombolysed and conversion rate (Measure 5).
4. Number of OOH admissions with a primary diagnosis of stroke NOT thrombolysed. Including reasons for not thrombolysing – as well as clinical reasons, there may be issues that need to be addressed elsewhere in the system to improve the patient outcomes. For example system availability or resource logistics (Measure 6).
5. Patient satisfaction – this will form part of the monitoring process using the questionnaire data collated by the lead Provider (Measure 7).

B. Data submission

Both the information collected from the Joint Decision Making Checklist (JDMC) completed for each Telestroke patient and SINAP will be used as primary sources of data for measures 1-6. Each Trust has access to its own data on the SINAP system. It has been agreed that the lead provider will ensure that appropriate data sharing agreements are in place for all Trusts participating in the Telestroke project to facilitate the receipt of the data by Cumbria & Lancashire Commissioning Business Service (C&LCBS).

Each Trust will be responsible for submitting a full extract of SINAP data to C&LCBS monthly on the 10th working day (commencing September 2011) using secure file transfer protocol (SFTP). C&LCBS will be responsible for the data collation, processing, validation and analysis.

C. Reporting

Timescales

Service evaluation measures 1 - 6 will be monitored on a monthly basis using the JDMC and SINAP data submitted by the Providers. The reports will be distributed by C&LCBS. It should be noted that the definition for these reports is yet to be agreed.

Service evaluation measure 7 – A questionnaire is currently being developed and the host provider will take responsibility to agree the details with the other providers. These data will be submitted to C&LCBS when available.

Due to relatively small numbers the audit of Telestroke patient satisfaction will be reported annually to Commissioners by C&LCBS. The definition of this report is yet to be agreed.

It is assumed that the Report Recipients will independently distribute any reports provided by C&LCBS to relevant agencies using their own communication channels.

The table 1 below summarises the activity, anticipated timescales and responsibilities to ensure flow of information. The specific dates are provided in appendix B.

Table1

Activity	Timescale	Responsibility
Collection of data in JDMC & SINAP	Daily	Providers
JDMC Data submission to C&LCBS	No later than 3 rd Tuesday of every month	Telestroke Administrator
SINAP Data submission to C&LCBS	*No later than 3 rd Tuesday of every month	Providers
Data processing	3 working days after 3 rd Tuesday of every month	C&LCBS
Report production	6 working days after 3 rd Tuesday of every month	C&LCBS
Report distribution	8 working days after 3 rd Tuesday of every month	C&LCBS

* This is a day after the SINAP lock down date of the RCP schedule.

Report Recipients

Network CVD Commissioning Leads – reports to be distributed to Associate Commissioners and CCG.

Host Provider (North Cumbria University Acute NHS Trust).

Reports to be distributed to the Telestroke Collaborative Steering Group and MDT.

CSNLC –

NHSNW – (Innovate Now)

NHSNW – (SIS)

Other studies being undertaken

UCLAN is undertaking a study called ASTUTE. The aim of the study is to assess the patient acceptability/satisfaction around the use of technology for remote assessment. This is not an evaluation of the live Telestroke service but involves research into the use of teleconferencing equipment for stroke assessment by some of the sites involved in this project. This project has limited influence on the outputs from the ASTUTE study, although it will provide valuable information to all Providers and Commissioners.

Appendix A: Telestroke Performance Management Indicators

The following table identifies the proposed measures required to calculate the Performance Management indicators specifically for the Telestroke service. These measures will be assessed for a period of 6 months prior to performance targets being agreed.

	Measure	Reason	Data source	Collection frequency at source	Data recipient	Frequency of reporting
1	Onset-to-arrival (onset to arrival at hospital)	To identify whether a delay in getting to hospital prevents patients from qualifying for thrombolysis.	JDMC SINAP	Daily Daily	Telestroke Administrator C&LCBS	Monthly
2	Arrival -to-needle time	To evaluate the timeliness of assessment and intervention	JDMC SINAP	Daily Daily	Telestroke Administrator C&LCBS	Monthly
3	Numbers of patients presenting OOH with a primary diagnosis of stroke	The eligible target group. Total number of patients presenting with stroke. Identifies the baseline activity.	SINAP	Daily	C&LCBS	Monthly
4	Number and Percentage of OOH admissions with a primary diagnosis of stroke assessed via Telestroke	All OOH patients with a primary diagnosis of stroke should be assessed via telestroke (unless the on-call clinician is on site at the hospital of admission). Identifies total number of patients potentially eligible OOH for thrombolysis.	JDMC SINAP	Daily Daily	Telestroke Administrator C&LCBS	Monthly
5	Number OOH admissions with a primary diagnosis of stroke thrombolysed	To derive thrombolysis conversion rate for OOH admissions.	JDMC SINAP	Daily Daily	Telestroke Administrator C&LCBS	Monthly
6	Number of OOH admissions with a primary diagnosis of stroke NOT thrombolysed	Drill down into reasons for not thrombolysing to identify any technical issues, training issues, etc.	JDMC SINAP	Daily Daily	Telestroke Administrator C&LCBS	Monthly
7	Patient Experience	To assess patient satisfaction in particular acceptability of the remote video consultation	Patient Experience Questionnaire		Telestroke Administrator C&LCBS	Annually

JDMC – summarised data **SINAP** – patient level data

Appendix B: Dates of specific activities and responsibilities

Activity	Responsibility	Sept	Oct	Nov	Dec	Jan	Feb	Mar
JDMC data submission to C&LCBS	Telestroke administrator	20/09/2011	18/10/2011	15/11/2011	20/12/2011	17/01/2012	21/02/2012	20/03/2012
SINAP data submission to C&LCBS	Providers	20/09/2011	18/10/2011	15/11/2011	20/12/2011	17/01/2012	21/02/2012	20/03/2012
Data processing	C&LCBS	23/09/2011	21/10/2011	18/11/2011	23/12/2011	27/01/2012	24/02/2012	23/03/2012
Report production	C&LCBS	28/09/2011	26/10/2011	23/11/2011	30/12/2011	25/01/2012	29/02/2012	28/03/2012
Report distribution	C&LCBS	30/09/2011	28/10/2011	25/11/2011	04/01/2012	27/01/2012	02/03/2012	30/03/2012