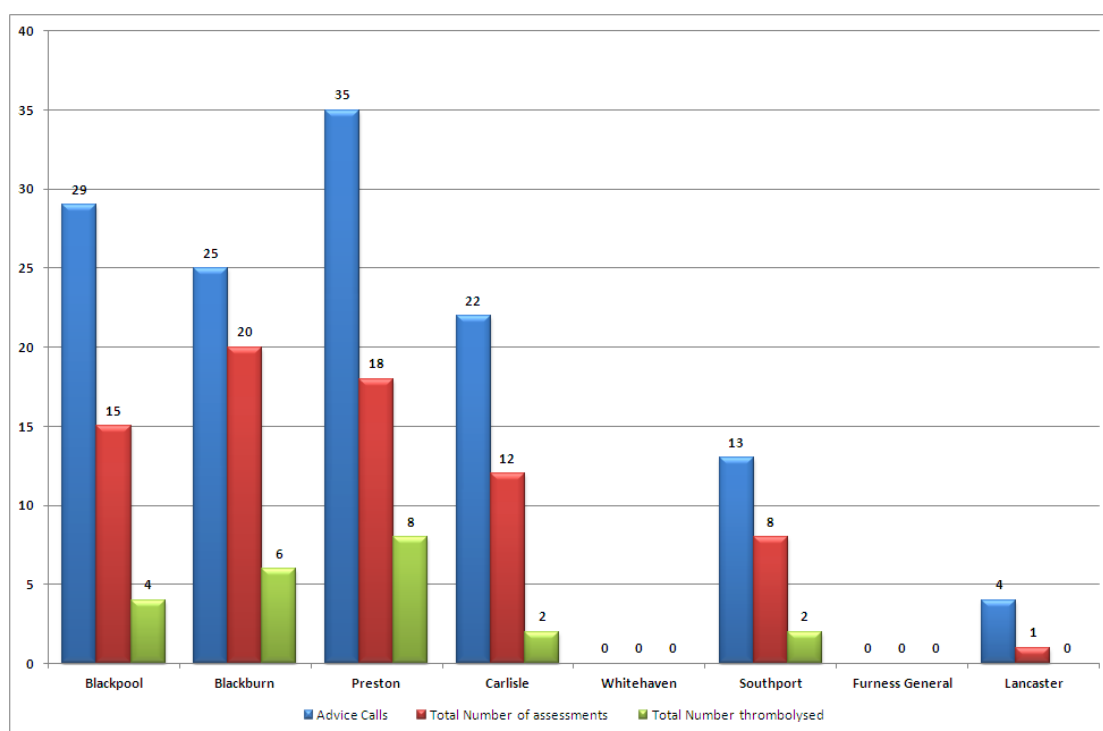




Telestroke Service Update 1st October 2011 – 31st December 2011

Please note all this information in this has been collated from the Joint Decision Making Tool and On-call Episode Form, comparison and triangulation with SINAP will occur in the next report

Individual site Activity



No use of service in Whitehaven – the joint decision making data will need to be triangulated to SINAP, to ensure all patients arriving after 9pm are offered a Telestroke assessment if appropriate.

Action: Site managers informed, investigation showed 2 patient’s thrombolysed out of hours by the A/E consultants who work till 9pm and at weekends. Dr O is aware of this situation and he understands this is due to late presentation to the A/E dept.

Action: Development of a communication plan for Whitehaven community and GP’s and other service users.

Reduced use of service in Lancaster and Furness

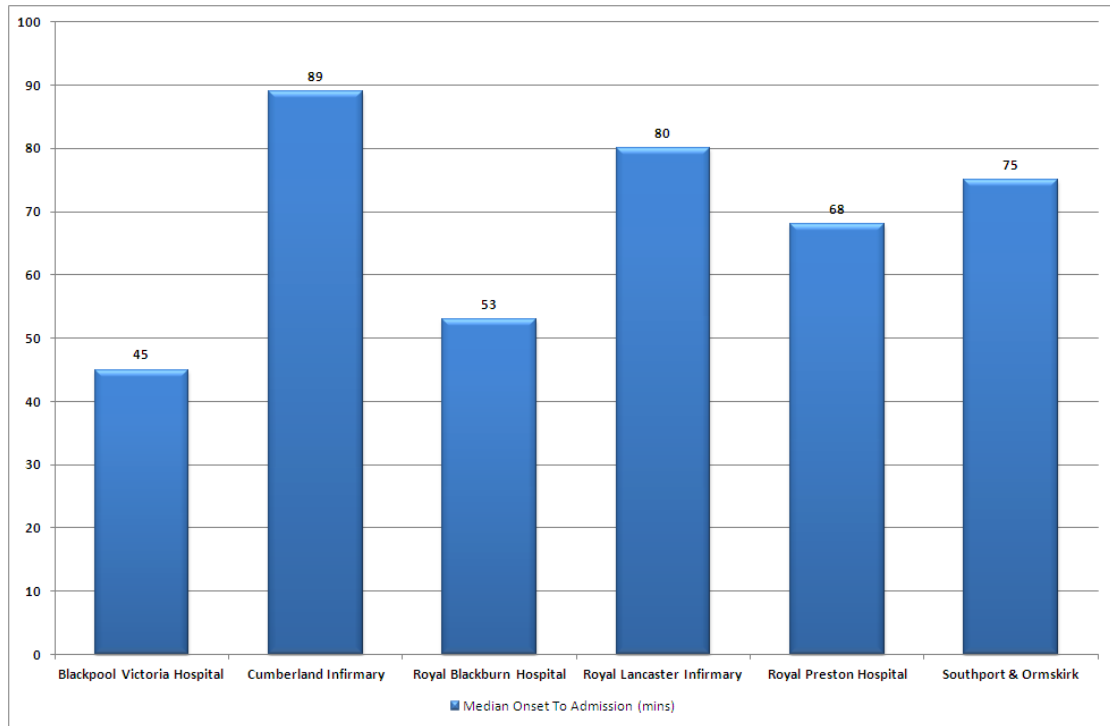
Action: Site managers informed of reduced use of service, site to investigate reasons.

Action: Case note review of patients covering a 6 month period being commenced this week at Lancaster.

Action: Focus on stroke meeting at Furness, stipulating all strokes go through A/E missing out MAU. GP leaflet being developed.

More information will be available in the individual site reports.

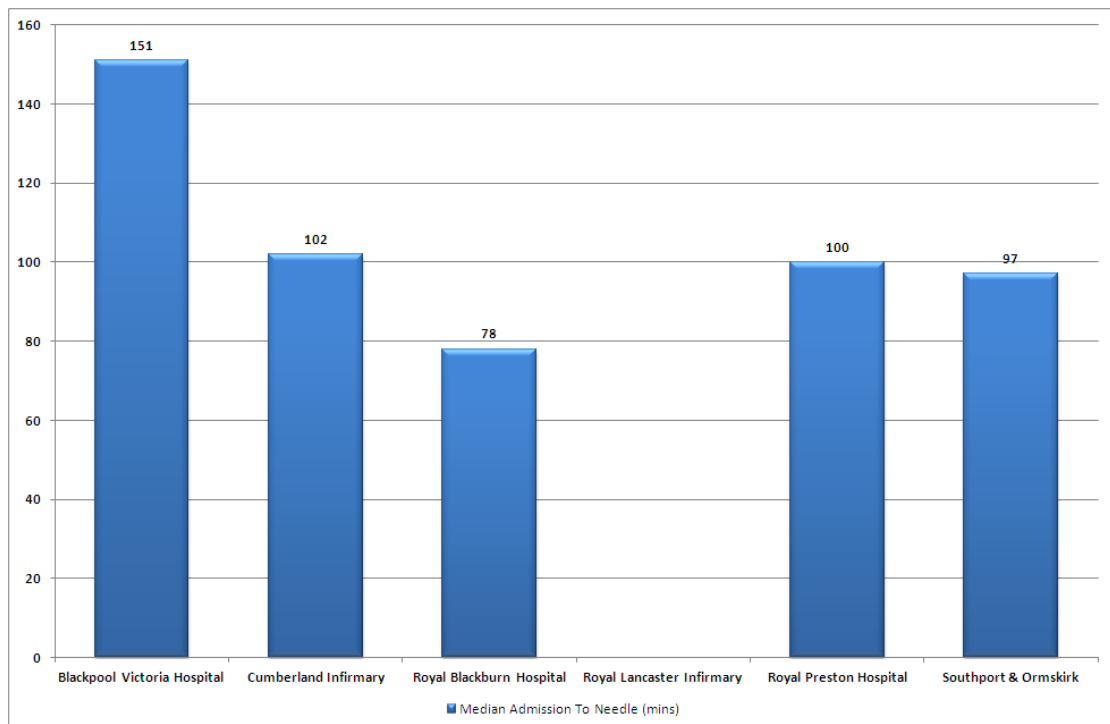
From Onset of stroke symptoms to arrival time in A/E (Median) of all patients assessed:



- Median time from onset to arrival is around 1hr 15mins

There is no data for Furness or Whitehaven in this quarter as no patients were assessed using the service. Individual site reports will be more detailed.

Arrival to needle time (Median):



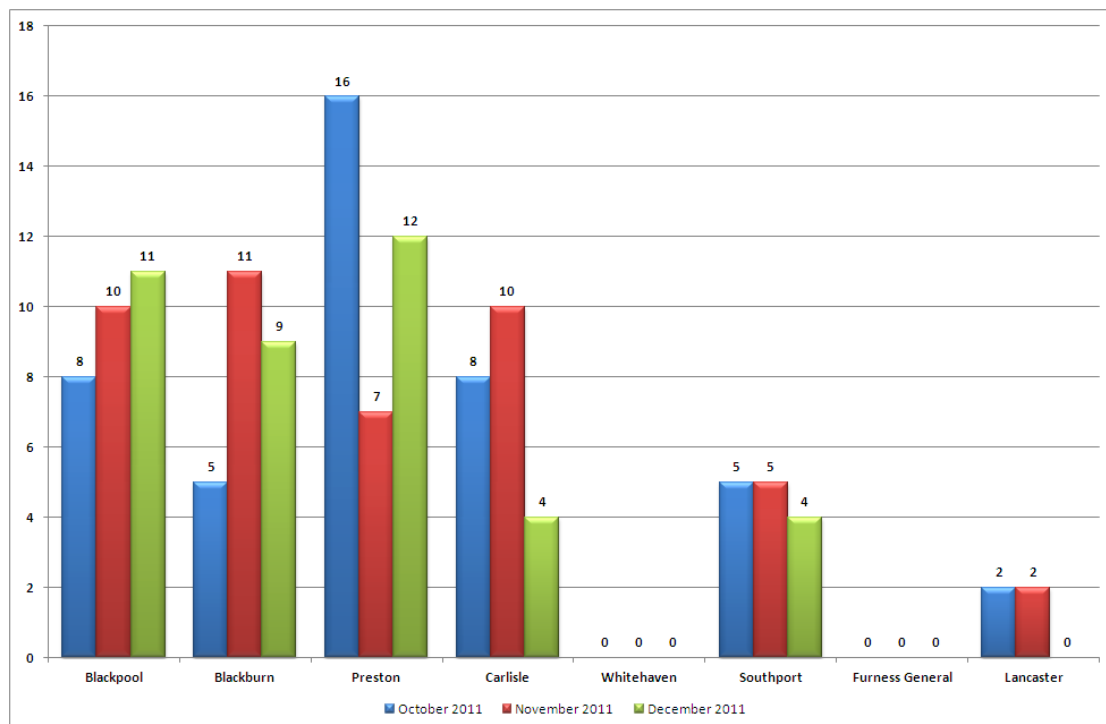
* Arrival to thrombolysis time ranges from 1hr 10mins – 3hrs 6mins.

There is no data for Morecambe Bay Trusts or Whitehaven in this quarter as no patients assessed in this time frame. Individual site reports will be more detailed.

Individual Consultant Activity

Consultant	Advice Calls	Conversion ratio of assessments to thrombolysis
Dr *	2	0%
Dr	8	44%
Dr	8	33%
Dr	7	43%
Dr	4	0%
Dr	5	0%
Dr *	10	0%
Dr	6	0%
Dr	9	0%
Dr *	8	75%
Dr	12	50%
Dr *	16	29%
Dr *	2	100%
Dr	18	38%
Dr	7	25%
Dr	7	20%

Advice Call Breakdown

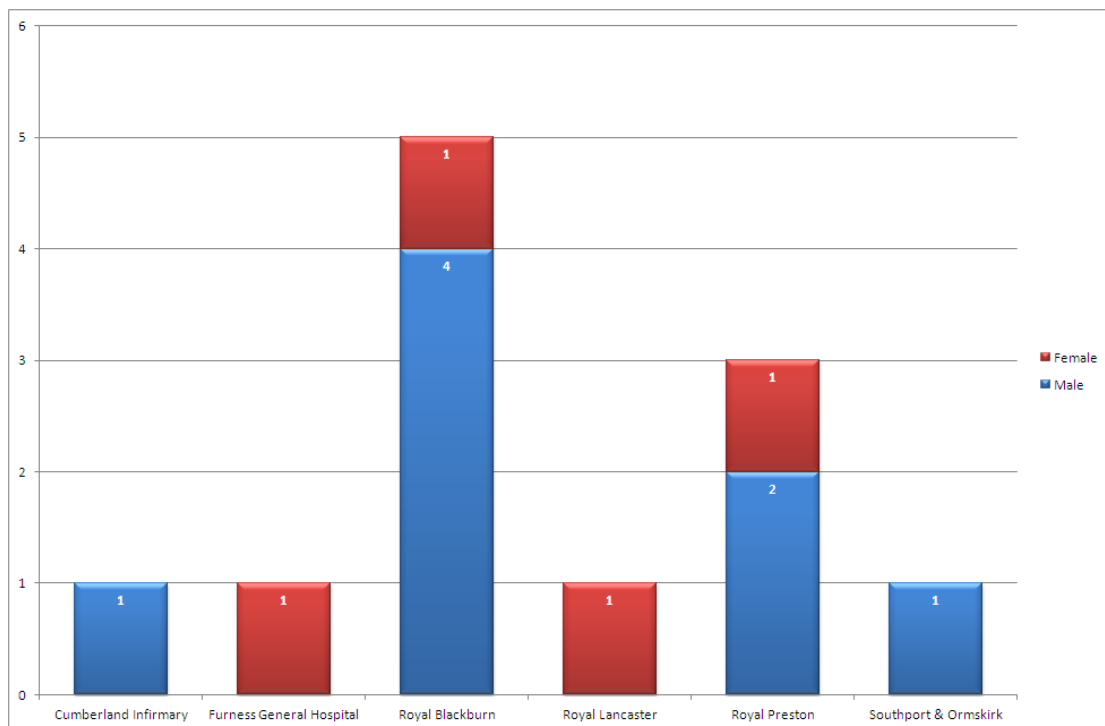


Compensatory Rest

Number of advice calls after 11pm	Number of Assessments after 11pm	Total Number
17	17	34

Please note that of the 92 days from 1st Oct 2011 – 31st Dec 2011, 20 days had no activity at all.

Mortality of patients thrombolysed using the Telestroke service



Total Number since the start of the service is **12** deaths.

There are other factors that may have contributed to this mortality rate, but they have yet to be determined.

Reasons for delay around this information:

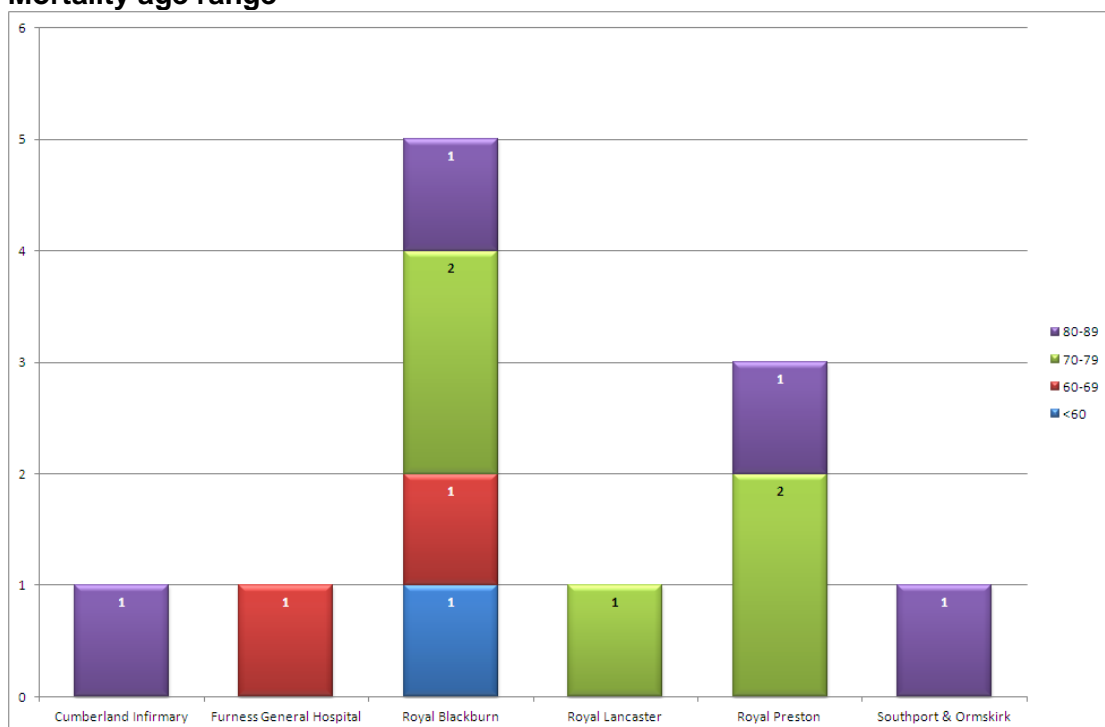
- Delay in Administrator receiving permission rights for Smart card
- Outcome data has not yet been fully collated
- SINAP data at Blackburn and Southport not transferred to CBS on time

Action: Chase Blackburn and Southport SINAP data, both sets of data now received, but too late to collate and analyse.

Action: Outcome measures to be clarified at Exec meeting. Modified Ranking Score to be utilised, to be scored at 90 days post stroke ? method of collection

Action: Clinical leads to send out request to all sites for the deceased patients notes, to be audited by sites lead clinician and operational manager for further clarification of outcome

Mortality age range



Summary of Patient feedback

Number of forms sent out	Number of forms returned	Number completed by Patient	Number completed by carer	Incomplete Returns	% of returns
55	21	13	7	3	38%
50 % of patients answered Yes/ok to the 6 questions	100 % of patients had no difficulty hearing or seeing the consultant	77% of patients had enough time to ask questions	80% of patients Could remember the consultation		

Please note: the uncompleted forms are from patients who cannot remember the consultation

Access to Smart card gives Telestroke Administrator access to patient's home address. This information ensures a more streamlined distribution of questionnaires, saves time in ringing round for the information and provides some clarity of the suitability of who/where to send the forms to e.g., death, still hospitalised etc.

Access to Radiologist

There has been 9 occasions since the start of the service where a Radiologist has had to be contacted, see sites and reasons below.

Sites	BFTHT	S&FGH	RBH	RPH	CIC
Times	3	2	2	1	1

Reasons for call

Reasons why Radiologist contacted	Burnbank not working due to technical error:	Second opinion required	Local team contacted Radiologist prior to Telestroke consultation
Number of Times	3	4	2

Please note: there has been 4 incidences where the stroke physician has had extended waits to view the scans as the radiographer at the local sites have not uploaded scan to Burnbank.

Sites	BFTHT	RLI	CIC
Times	2	1	1

This is a training issue for the individual sites.

Recommendations:

- Telestroke Administrator to send out a reminder to all Radiology departments to send all potential stroke thrombolysis patients CT scans to Burnbank as a routine and for those sites that use external reporting to send to both Burnbank and the external reporter.
- Radiology managers to ensure all staff trained in the use of Burnbank node
- Telestroke Administrator to inform Burnbank of any issues arising from the on-call episode forms
- Telestroke Administrator to inform the local sites of any issues arising from the on-call episode forms such as CT not pushed to Burnbank
- All this information is fed back to the sites via Collaborative Steering group

Burnbank Issues

There have been 7 Burnbank reported issues

Burnbank Issue	Number of reported issues	Action	Outcome
Burnbank not accessible	2	Unable to access scans, on one weekend, Network issue	Burnbank investigating
Scan not sent to Burnbank	4	Each site radiology lead individually contacted and informed.	Telestroke Administrator to inform relevant sites
User Error (password locked out)	1	Burnbank helpdesk open 8am to 8pm out of those hours, the helpdesk have been given access to change the password	Issue resolved

There has been a significant reduction in technical issues for Burnbank in the last quarter (19 issues last quarter)

4 Consultants will be piloting the new diagnostic Image Viewer, each site has been given the IP address for firewall configuration purposes, Morecambe Bay and Southport need to confirm they have completed this task.

Technical Reports

There has been 3 serious untoward incident report generated, at the present time there is no mechanism in place to capture this Network wide.

Recommendation and Action: HK, Head of Governance for NCUHT, to set up mechanism for reporting of all Telestroke incidences. HK to contact Governance leads from each site to ask for a quarterly feedback report on any Telestroke serious incident reports, which she will then report on, to the Executive Board.

Serious Incident Reports	Site	Action	Outcomes
Consultant on-call not reachable x 2 episodes	CIC generated reports	Investigation as to why occurred. Fast response from switchboards	Switchboards went onto to use contingency plan successfully, next day consultant performed assessments, with no detriment to patients. Telestroke Administrator sends out a text message to the consultant on call on the morning of his duty
Cart down at CIC	CIC	Dr M performed Telephone assessment in collaboration with the bedside Medic	Local IT Network being worked upon, Switch got changed in the ceiling disabling the Network points on Elm A

Cart Summary

Number of Proactive calls from Helpdesk	Key Themes	Action	Outcome
25	Cart off line	Investigation into why. Left unplugged after use	Issues resolved
1	Cart down CIC	Local Network issue	Issue resolved

Site	Number of Reactive calls to the Helpdesk	Key Themes	Action	Outcome
All	1	All Consultants off line	Loss of service due to an outage which originated at the Enfield BT exchange	Service restored after 1 hour
All	1	All Consultants off line	Loss of connectivity due to a nationwide DSL outage	Service restored after 1 hour
All	1	All Consultants off line	Service was restored after CMA was restarted. Service down 8 hours	Awaiting root cause analysis by Polycom.

Laptop Summary

Number of Proactive calls from Helpdesk	Key Themes	Outcome
2	IPVPN down	Issues resolved
Number of Reactive calls to Helpdesk	Key Themes	Outcome
2	Password locked out	Issue resolved
1	Dr requires Access to Burnbank and NHS mail from his office to cross cover local site during daytime hours	Issue resolved
All	Burnbank access through Jubilee House an issue	Outstanding but contingency in place until resolved

4 notifications of scheduled downtime for Network issues have been received from Blackpool and Morecambe Bay sites.

Preston notified of scheduled PAC's maintenance downtime

Action: All sites that are undergoing routine scheduled work on either PACS or IT systems that is going to affect the Telestroke Service, need to inform the Telestroke Administrator, so she can inform the Consultant on call.