



London Ambulance Service **NHS**
NHS Trust

Stroke Care Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure that people suffering a stroke will receive assessment and management by the Trust in accordance with national best practice guidance

Sponsor Department: Medical Directorate

Author/Reviewer: Assistant Medical Director. To be reviewed by September 2012.

Document Status: Draft

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
03/08/2011	1.1	Assistant Medical Director	Minor Amendments to Section 4 following ADG - delete ECP
16/01/2011	1.0	Assistant Medical Director	Submitted to CQSEC and ADG for approval
18/11/2010	0.4	Assistant Medical Director	Further amendments to Section 7 – development of networks and pathways
15/10/2010	0.3	Assistant Medical Director	Minor amendments to Section 7 – Development of Networks and Pathways
27/09/2010	0.2	Governance and Compliance Manager	Committees updated and general reformat in line with Trust format
29/07/2010	0.1	Assistant Medical Director	New Policy

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
CQSEC	18 / 01 / 2011	1.0
ADG	26 / 01 / 2011	1.0
Agreed by Trust Board (If appropriate):		
*****	XX/XX/XX	

Published on:	Date	By	Dept
The Pulse	25/08/2011	Governance Administrator	GCT
LAS Website	25/08/2011	Governance Administrator	GCT
Announced on:	Date	By	Dept
The RIB	30/08/11	IG Manager	GCT

EqIA completed on	By
25/08/10	Medical Directorate & NHS London
Staffside reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP056	Core Training Policy (inc. TNA)	
OP014	Managing the Conveyance of Patients Policy and Procedure.	
JRCALC Guidance	Clinical Practice Guidelines for Use in UK Ambulance Services	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in Policy and Procedure File remains the controlled master copy. Any printed copies are neither controlled nor substantive.

1. Introduction

- 1.1. The London Ambulance Service NHS Trust (the 'Trust') supports the guidance for the assessment and care of patients believed to be suffering a stroke as detailed in the Clinical Practice Guidelines for Use in UK Ambulance Services, (JRCALC guidelines)
- 1.2. The Trust also recognises that special arrangements are needed to ensure that these patients are taken to the most appropriate facility for their condition.
- 1.3. The Trust will work closely with, and support the Pan London Stroke Board and its local groups to ensure the best possible care for these patients.

2. Scope

This Policy outlines the Trust's position on the response to, assessment, diagnosis and treatment of suspected cases of stroke.

3. Objectives

- 3.1. Ensure that the London Ambulance Service NHS Trust staff are able to identify and respond to patients with suspected stroke in a timely manner, perform an adequate assessment of their condition and convey them to an appropriate facility.
- 3.2. The Trust acknowledges the guidance provided in the JRCALC Guidelines

4. Responsibilities

- 4.1. **The Medical Director** has overall responsibility for the implementation of this policy in accordance with the JRCALC guidelines and for ensuring that all staff deliver care in accordance with this policy.
- 4.2. **The Assistant Directors of Operations & Ambulance Operations Managers** have responsibility for the day to day delivery of staff and vehicles to allow the treatment and conveyance, (or discharge) of stroke patients to an appropriate care facility.

- 4.3. **The Assistant Director of Operations (Control Services)** is responsible for ensuring that handling of 999 calls relating to , and mobilisation of resources to patients suspected of suffering a stroke is in accordance with current guidelines and policies.
- 4.4. **All Clinical Staff** have a responsibility to ensure that they maintain their assessment, diagnostic and treatment skills (as appropriate) in line with their training. This includes (but is not limited to) Duty Station Officers (DSOs), Team Leaders (A&E and PTS), Paramedics, Student Paramedics, Emergency Medical Technicians, Urgent Care Staff, Patient Transport Service (PTS) and Control Services staff.

5. Definitions

- 5.1. **FAST Positive**
A patient with one or more positive findings on the Face Arms Speech Test
- 5.2. **HASU**
Hyperacute Stroke Unit
- 5.3. **ROSIER Test**
The 'Recognition of Stroke in the Emergency Room' diagnostic tool aimed at identifying patients who do have a stroke (particularly involving the posterior cerebral circulation) despite having a negative FAST

6. General Policy

- 6.1. The Trust works to the guidance provided in the JRCALC Guidelines and all staff will be made aware when there are updates and changes to this information.
- 6.2. Over and above providing basic and advanced clinical care in line with approved clinical guidelines and Trust policies ambulance crews will deliver appropriate clinical care to patients believed to have suffered a stroke.
- 6.3. Patients will be conveyed to the most appropriate centre for their condition in accordance with OP014 Managing the Conveyance of Patients Policy and Procedure.

7. Stroke Networks and Pathways

The Trust will support a coordinated approach to Stroke care in London and work closely with pan-London and local networks.

7.1. Development of care pathways for appropriate referral to specialist facilities

- 7.1.1 The Trust will work closely with local and pan-London Stroke networks to develop appropriate pathways for patients believed to be suffering a stroke. The LAS is represented on the Pan-London Stroke and Cardiac Network Board, (Deputy Director of Strategic Development) and the Stroke Clinical Advisory Group (Medical Directorate), which both meet on a regular basis. The LAS also attends local and sector meetings on an as-and-when-required basis.
- 7.1.2 Patients will be transported to the most appropriate centre for their clinical condition.
- 7.1.3 All Patient Report Forms where crews indicate that the patient has suffered a stroke are subject to clinical audit by the Trust's Clinical Audit and Research Unit (CARU). A report is prepared on a monthly basis, detailing clinical care, call and journey times and destination choice. The results of this audit are fed back to operational managers to allow them to monitor individual complex performance and encourage appropriate care.
- 7.1.4 The stroke network clinical directors are encouraged to contact the Medical Directorate to enquire about the prehospital care given, including patient destination choice and to report on patient outcomes.

7.2. Participation in Stroke Network(s) within the Healthcare Community

- 7.2.1 The Trust will support and work with the networks and specialist units to monitor capacity and assist in balancing workload across all units.
- 7.2.2 The Trust will provide for the transfer of critically ill patients, and those in need of life-saving interventions from local emergency departments to specialist units.
- 7.2.3 The Trust will support the stroke networks in raising awareness about stroke in the medical and general community.

8. Education

- 8.1. Training in the recognition and management of stroke will be delivered in accordance with the Trust's Training Needs Analysis ((TNA) see TP056 Core Training Policy)
- 8.2. Emergency Operations Centre Staff will be trained to identify patients believed to be suffering from a stroke using approved decision support

software, and to mobilise appropriate resources in an appropriate time frame.

- 8.3. Clinical Staff of all levels will be trained to recognise patients believed to be suffering from a stroke using clinically accepted tools such as FAST and ROSIER.
- 8.4. Staff will be made aware of, and be advised how to access the most appropriate care pathway for their patients.
- 8.5. All Stroke care training is in line with the current clinical practice guidelines issued by JRCALC. Whenever there is a major change in an associated clinical guideline this will be communicated via update training for all relevant staff.
- 8.6. Periodically, JRCALC may review their guidance and following any updates will provide a gap analysis, highlighting any significant changes to practice. This is documented in every copy which is distributed to staff, with a lead in period stated which allows for queries or extra educational needs required. The Medical Director will ensure that all relevant clinical staff are aware of these changes to practice via the Medical Director Bulletin process.
- 8.7. Update training requirement for all operational staff responding to general accident and emergency calls involving stroke emergencies will be carried out as indicated in the TNA. Staff should indicate during the PDR process whether they require update training in stroke care and will also be reminded of any changes to clinical practice as outlined above.
- 8.8. Non-attendance against the stroke care training, as per the TNA, will be monitored and reported via Promis/ Learning Management System to the Training Services Group. Such information will then be forwarded to the relevant Assistant Directors of Operations for subsequent action, as outlined in the Core Training Policy.
- 8.9. Records of all training and education will be kept in the Trust's Education and Development Department

IMPLEMENTATION PLAN	
Intended Audience	All Clinical and EOC staff
Dissemination	Available on The Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	Induction, Annual CPD updates and team briefing
Monitoring	<p>This Policy will be monitored for its effectiveness by the Clinical Quality Safety and Effectiveness Committee.</p> <p>An annual review of the Trust's Training Needs Analysis will be undertaken by the Medical Director, Head of Clinical Audit and Research in conjunction with the Trust Clinical Education & Training Manager to ensure that staff training requirements remain appropriate, and continue to reflect national guidelines regarding minimum standards. Implementation of the essential training matrix will be monitored on a bi-annual basis by reports to the Clinical Quality Safety and Effectiveness Committee..</p> <p>All staff recruited to a position in the Trust, which requires assessing, diagnosing and treating patients with stroke will have qualifications which fulfil the minimum standards required.</p> <p>The PDR will also monitor the continuous professional development of staff with regard to stroke care.</p> <p>The monitoring of the assessment, diagnosis and treatment regimes will be monitored through regular audit by the Trust's Clinical Audit and Research Unit and reported to the Clinical Quality Safety and Effectiveness Committee. Other auditing, including Clinical Performance Indicator measure of documentation standards will also form part of the overall monitoring system.</p>