



coordinate

mv care

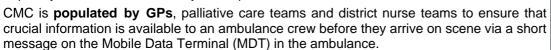
"The London Ambulance Service (LAS) believes it is important to keep in touch with GPs. We hope you enjoy this month's newsletter and we welcome your feedback."

Coordinate My Care

Palliative care patients and Coordinate My Care

Coordinate My Care (CMC) is an electronic register which enables the LAS to access palliative and end of life care (EoLC) patients' records at the point of 999 call.

There are now some **8,500 patients** on the register, but hopefully in the near future every EoLC patient will be on it.



The Service places a 'flag' on a **patient's address** once they are entered on to CMC. If an emergency call is made from this address, the 'flag' is alerted to control room staff. Even if a 'flag' is not displayed on the MDT and staff are with a palliative care/EoLC patient, then they are encouraged to check with the clinical hub to see if a CMC record exists for that patient. Staff at the LAS 111 South East London site also have access to CMC.

Feedback from staff has been positive and CMC is accessed on average six times a day by the clinical hub **assisting crews on scene** with EoLC patients.

The introduction of CMC is a significant advance towards **greater integration** between the Service and other organisations that provide definitive EoLC. It is expected to reduce unnecessary conveyance to EDs and help present distressing resuscitation attempts.

Password Reminder: A common reason for GPs not populating CMC is because they have forgotten their password. Please note that user guides and password assistance can be found at: www.coordinatemycare.co.uk

CMC password helpline:

Mon to Fri 9AM - 5PM 020 7811 8513 | Mon to Fri 5PM - 9AM & weekends: 020 8401 3643

Stroke Recognition



Improving stroke recognition by ambulance services (ISRAS)

Currently all UK ambulance services use the 'face arm speech test' (FAST) to assess suspected stroke patients. The ISRAS study investigated whether the use of the ROSIER (recognition of stroke in the emergency room) tool could improve stoke recognition by ambulance clinicians compared to the FAST.

Crews from Tower Hamlets, City & Hackney and Newham complexes participated in the study. They used the ROSIER instead of the FAST to **assess patients** with suspected stroke.

Ambulance clinicians' provisional diagnoses were compared with stroke consultants' final diagnoses. We found that there was no difference in the proportion of strokes identified by crews using the ROSIER or FAST, with both tools detecting a high number of stroke patients. However, both techniques were very poor at correctly identifying **non-stroke patients**.

A final diagnosis of stroke was significantly predicted by facial weakness, arm weakness and absence of seizure activity.

Further details on the study can be found on the London Ambulance Service website in our latest Clinical Update (December 2013) http://tinyurl.com/pzywf9g

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Caring for Londoners ~ New Year's Eve ~

As thousands of revellers across the capital welcomed in the New Year, LAS had an exceptionally busy night taking 600+ emergency calls an hour at its peak.

Control room staff answered a total of 2,588 emergency calls between midnight and 5am when normally they would respond to around 180 an hour.

