

Quality and Safety in Practice: Planning to Improve Stroke Care

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Stroke Core Team (May 2010):

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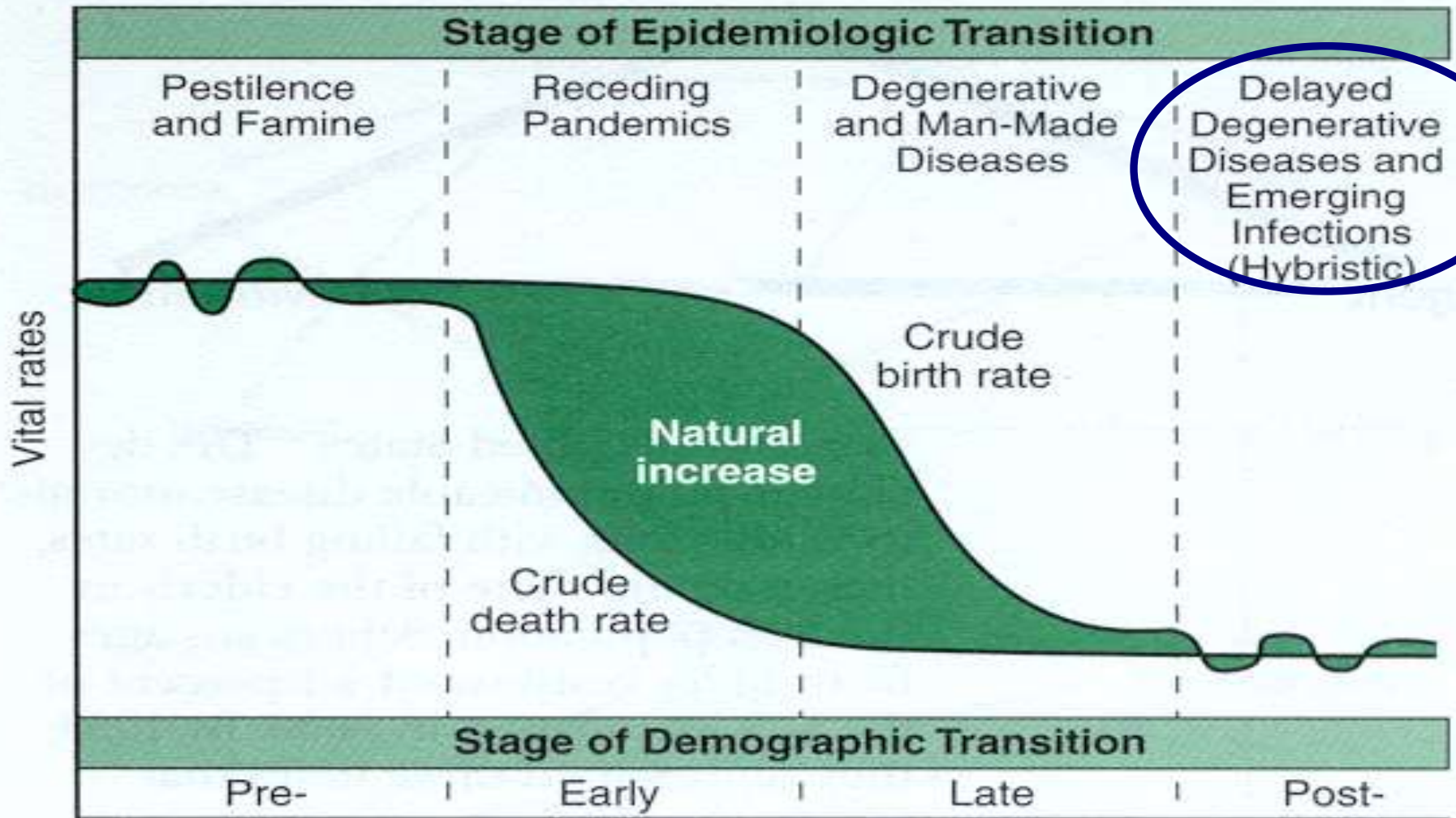
Aim

In relation to patient safety and quality assurance in stroke care:

- To provide **background information** & set service developments in context
- To describe plans for ***Stroke Programme***, one of the chronic disease programmes in Directorate of Quality and Clinical Care

Main drivers for focus on
chronic diseases and on
quality

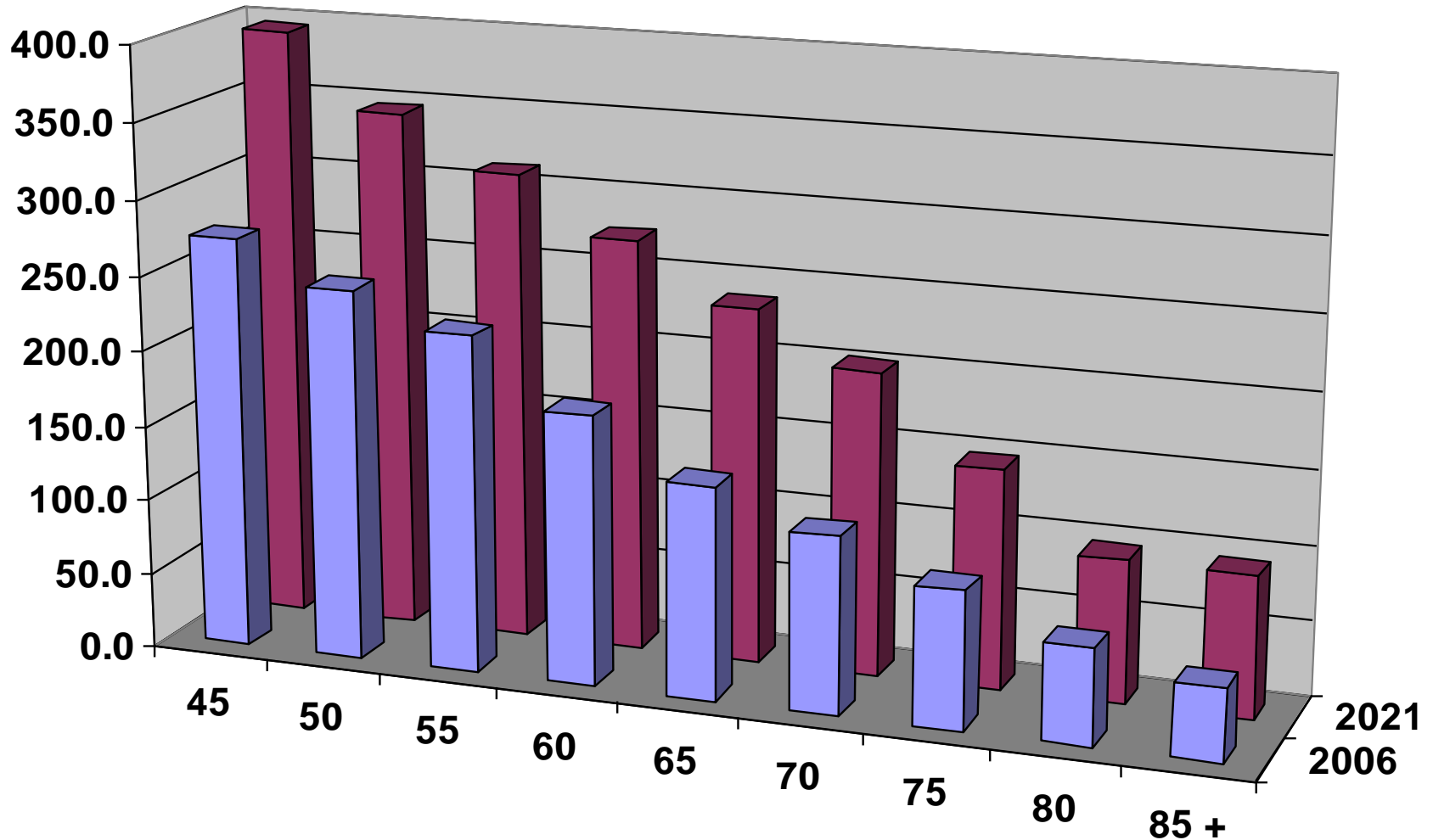
1. Epidemiologic Transition



Source: Ian R.H. Rockett. Population and Health: An Introduction to Epidemiology. Second edition. [Population Reference Bureau](#) 54(4); 1999: 9

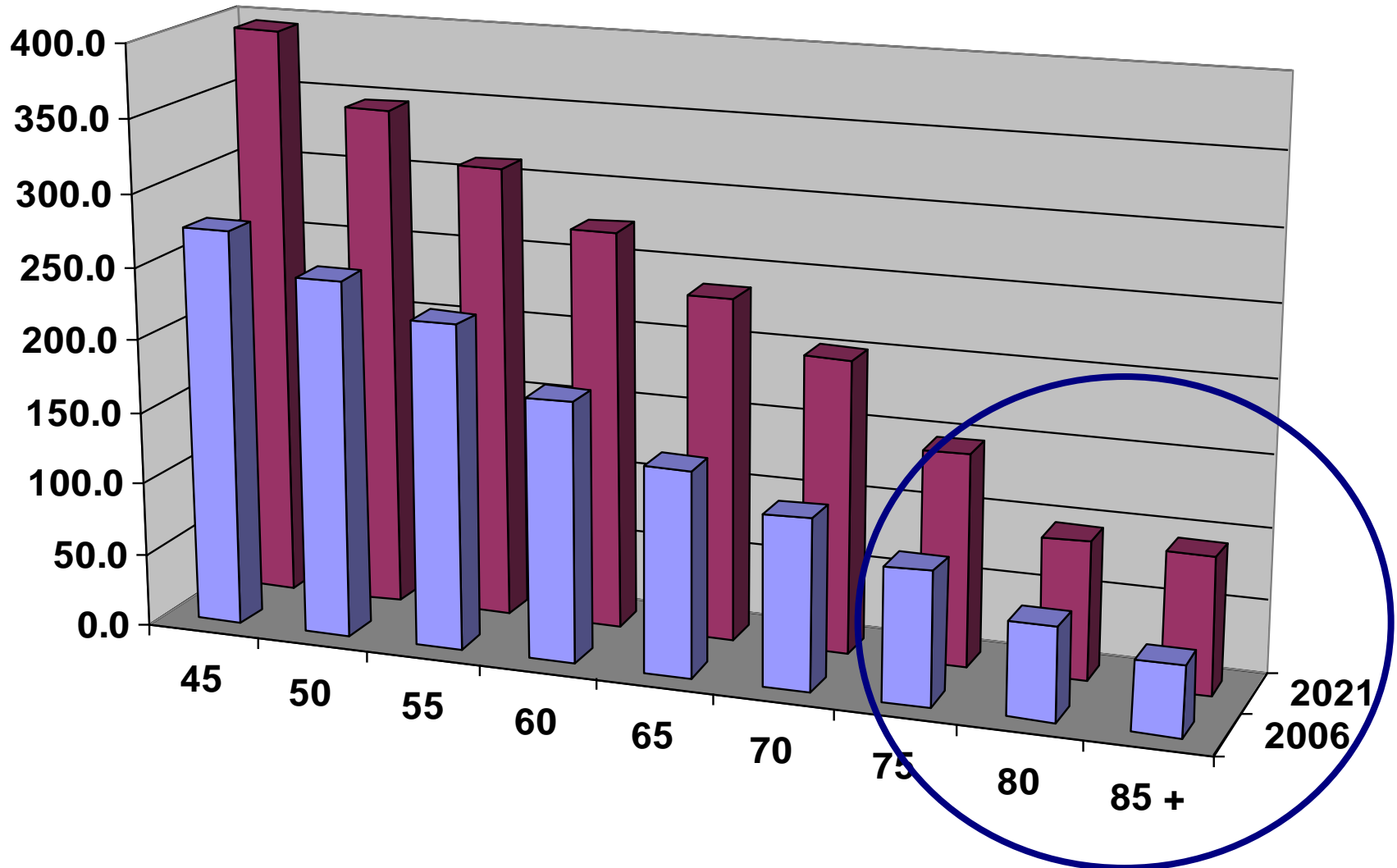
2. The Demographic Transition

Population projection Ireland 2021 aged 45 and older
(thousands, M1F1 migration and fertility rates)



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Population projection Ireland 2021 aged 45 and older
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3. **Evidence** of variation in **access** to services, **risks** to patients and insufficient **quality assurance: INASC**



Irish Heart Foundation
National Audit of Stroke Care

www.irishheart.ie

Response



Building a Culture of Patient Safety



Tackling Chronic Disease

A Policy Framework for the Management of Chronic Diseases

Building Healthier Hearts



**Changing Cardiovascular Health:
National Cardiovascular Health Policy
2010 – 2019**

Rehabilitation policy in preparation

Response



Performance Report
December 2009

11th February 2010



Health Service Executive
Code of Practice for
Integrated Discharge Plans



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Service
planning

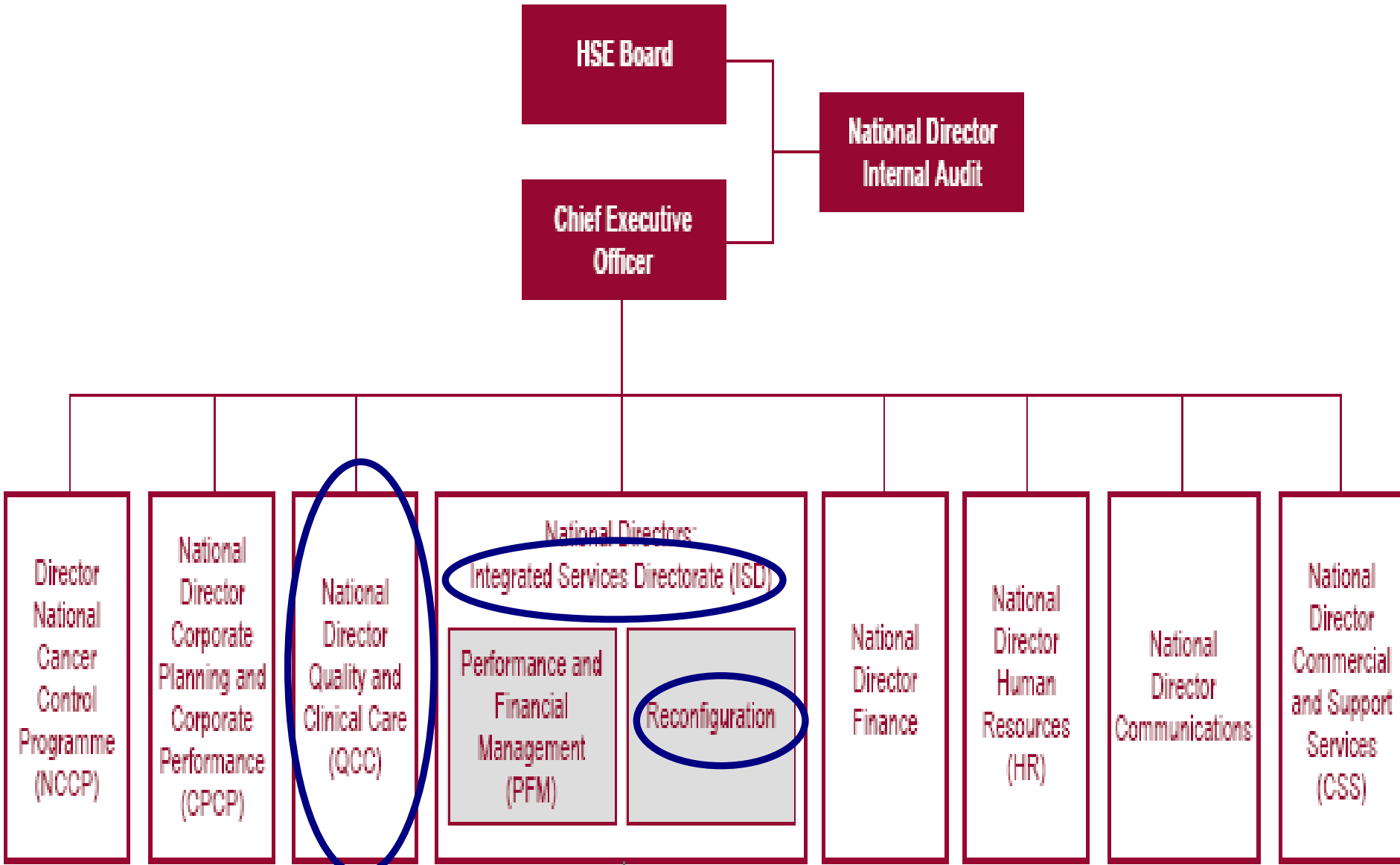
Performance
monitoring

Codes of
practice

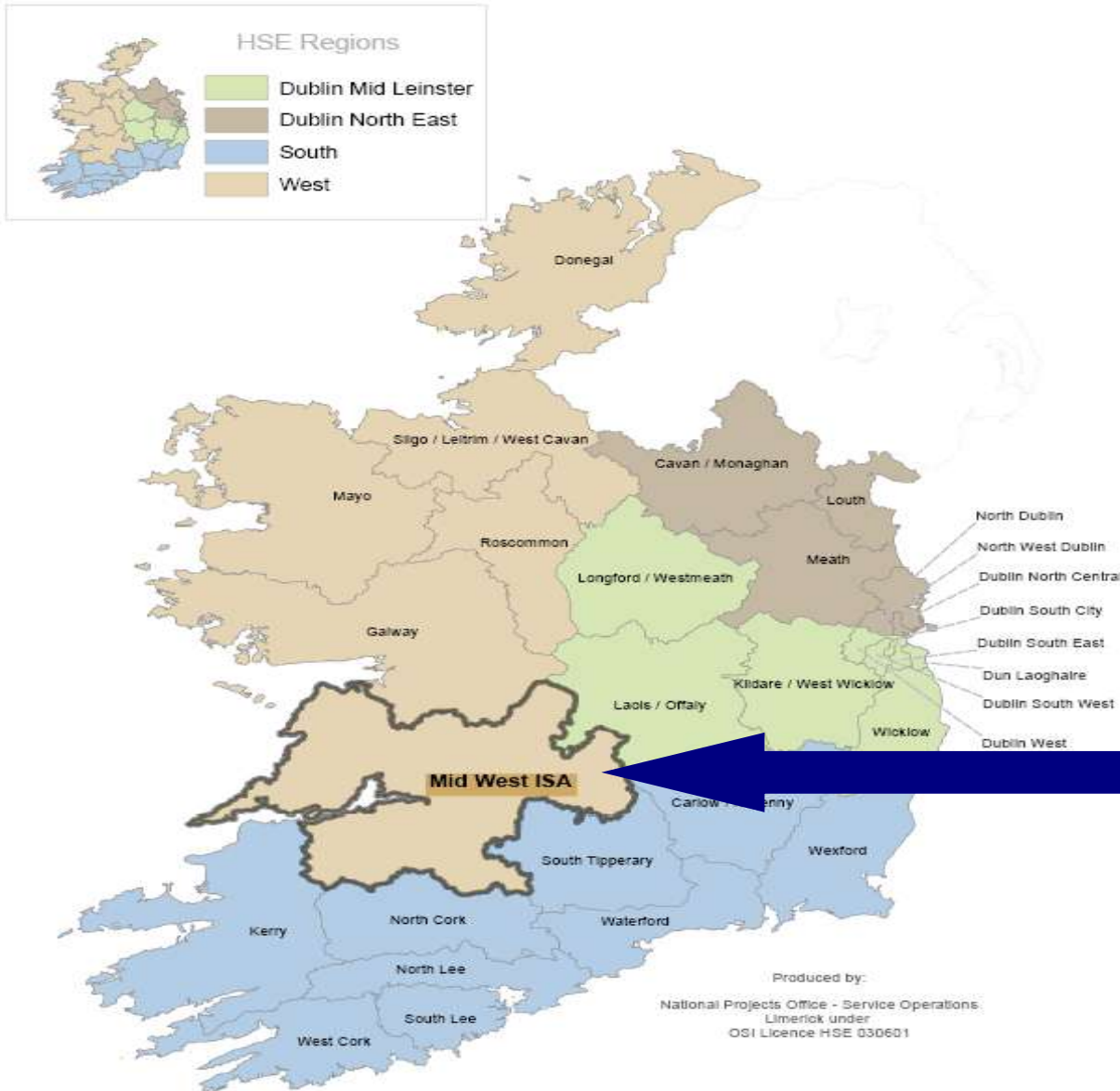
Quality & Risk Management Standard

Restructuring – Service Plan 2010

Fig.1 Organisational Structure of the Health Service Executive



Location of HSE's Four Regions, ISA Mid West and Current Local Health Offices



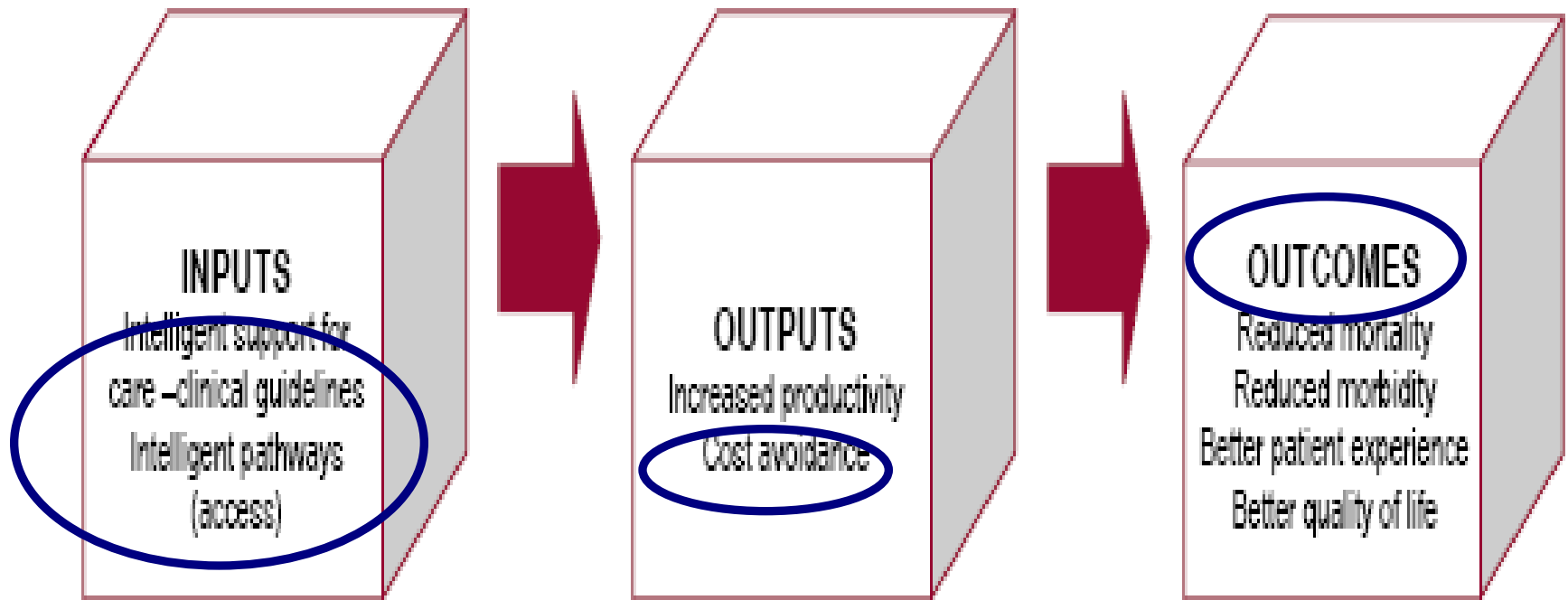
Restructuring (March 2010)

4 Regions
4 Regional
Directors of
Operations

Integrated
Service
Areas

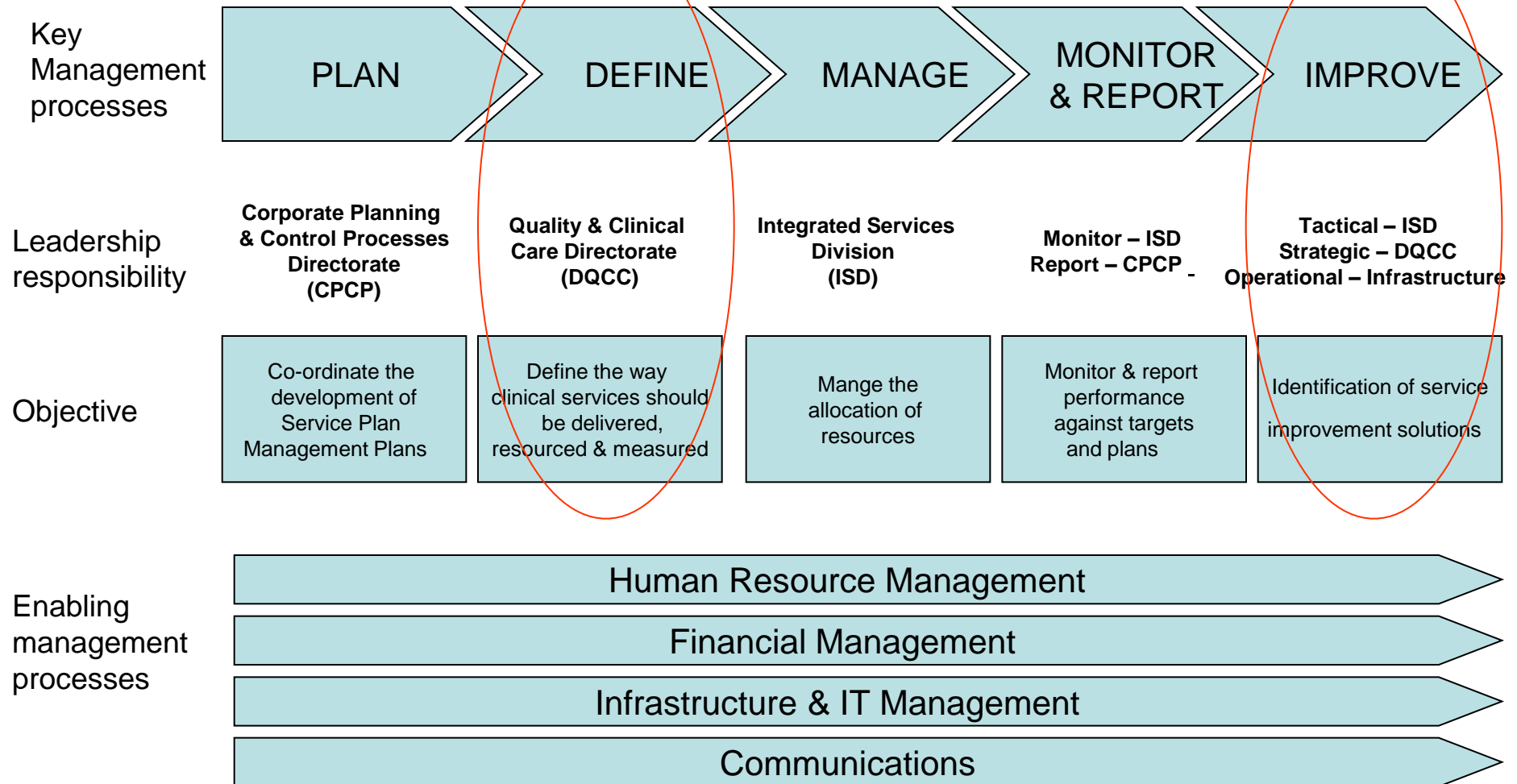
Quality and Clinical Care

Programmatic Framework



1.1 How does the Directorate link to other HSE Management functions?

The Directorate of Quality and clinical care is one of a number of integrated HSE management teams design to deliver an efficient and effective patient centric Health Service



3. What are the clinical programs & initiatives?

1. Chronic disease management programs

- Stroke
- Acute coronary syndrome
- Heart failure
- Asthma/COPD
- Diabetes
- Epilepsy
- Mental health

• 2. Outpatient management programs

- Dermatology
- Neurology
- Rheumatology
- Orthopaedics

3. Emergency function related programs

- Acute Medicine
- Elective surgery
- Diagnostic Imaging
- Care of the elderly

4. Key Quality Safety and Risk initiatives

- Governance
- Underperforming clinician process
- Patient safety bundles
- Incident reporting
- Audit

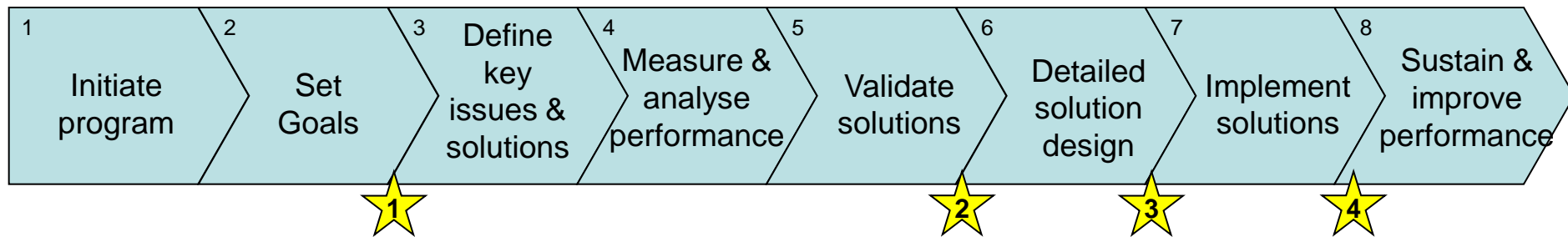
5. Other Clinical program areas

- Obstetrics
- Paediatrics
- ICU
- HCAI
- Primary care
- Neurorehab

6. Enabling programmes

- Development of a resource allocation model
- Pharma strategy
- Implementation of Clinical Directorates
- Defining a standard approach to delivering change

6. What are the stages of the standardised approach to managing change?



★ Checkpoints with the Program Advisory Group, the Director of Quality & Clinical Care and Steering Group

***Stroke Programme* – finalising and agreeing First Stage of Plan**

- Aim and objectives
- Members and roles of
 - Project Team
 - Working Group (to include patient reps)
 - Advisory Group (RCPI)
- Identifying stakeholders

Stroke Programme Plan (2)

Outline – what will be implemented?

- Prevention – BP + atrial fibrillation – shared care
- Prevention – TIA
- Emergency & acute care
 - stroke units and thrombolysis

Stroke Programme Plan (2)

Outline – how will change occur?

Reconfiguration – location of care

Communication

Care pathways

Guidelines and protocols

Training and support for implementation

Information and audit

Stroke Programme Plan (3)

- Recognition of overlap with other programmes and functions
- Some *stroke programme* components likely to be implemented with other programmes e.g. health promotion, primary prevention

Other Service Developments are Relevant to Stroke

- **Example: Standard hospital chart** being rolled out to all acute hospitals.
- Versions of stroke-specific chart in a number of hospitals ('care pathway'); sets out care to be provided by each professional group at specific points in cycle of care

Guidelines, Research, Advocacy



**Irish Heart Foundation:
Council for Stroke**

**National Clinical Guidelines and
Recommendations for the Care of
People with Stroke and Transient
Ischaemic Attack**

Multidisciplinary IHF
Stroke Council

Guidelines updated Mar
2010; used to draft
standards of care and
data standards acute
stroke (Dr. C. Lynch)

IHF funded scoping of
stroke register; study of
costs of stroke;

IHF advocacy and
communications
campaign

MANIFESTO POINT 3
WE CALL ON THE
GOVERNMENT TO
ENSURE THAT EVERY
HOSPITAL ADMITTING
PATIENTS WITH ACUTE
STROKE HAS A PROPERLY
STAFFED AND FULLY
RESOURCED STROKE
UNIT.

STROKE MANIFESTO

**Extracts from
Stroke
Manifesto**

MANIFESTO POINT 8
WE CALL ON THE
GOVERNMENT TO PROVIDE
CONSULTANT-LED RAPID
ACCESS TIA CLINICS ON
A REGIONAL BASIS THAT
ARE OPEN SEVEN DAYS
A WEEK.



FACE
HAS THEIR FACE FALLEN ON ONE SIDE?
CAN THEY SMILE?



A RMS
CAN THEY RAISE BOTH ARMS AND
KEEP THEM THERE?



S PEECH
IS THEIR SPEECH SLURRED?



TIME TO CALL **999**
IF YOU SEE ANY SINGLE
ONE OF THESE SIGNS

WHEN STROKE STRIKES, ACT F.A.S.T.

www.stroke.ie

Conclusions (1)

Major challenges due to increase in population and in prevalence of chronic diseases; evidence of deficits in access and in quality of care

Substantial work in recent years to improve quality of care – DoHC, HiQA, Commission on Patient Safety & QA, establishment & restructuring of HSE

DQCC taking structured approach to reduce risk and improve quality of care for chronic diseases with highest prevalence

Conclusions (2)

The ***Stroke Programme*** is building on:
policy
guidelines
service developments since INASC
evidence of buy-in by management and
professionals
raised awareness of stroke

Optimistic re collaboration to address the many
challenges to reduce risk and improve quality of
care for patients with stroke

Thank you!