Background & Aim
Each year 15,000 people in Scotland experience a stroke making it the leading cause of adult disability. \(^1\) The management of patients with stroke is informed by large scale research studies and there is strong evidence to support the use of organised stroke care. This evidence needs to be consistently implemented in to clinical practice if the benefits are to be realized for individual patients. The national Scottish Stroke Care Audit (SSCA) sets out the standards expected of Health Boards. A component of the audit is the use of the ‘Stroke Bundle’ which aims to improve the processes of care delivery in order to improve patient outcomes. One aspect of the bundle is timely access to swallow screening for patients with suspected stroke.

The aim of the project was to increase the proportion of patients receiving a swallow screen within 4 hours of admission to 100% by June 2016.

Method
- Operational definitions agreed (consistent with SSCA) and updated with revised Health Board targets (from April 2016).
- All patients presenting with suspected stroke included; no sampling
- Routine data collection forms modified to include ‘time of swallow screen’
- Basic data analysis using Microsoft Excel and frequent reporting

Process Change
- Re-introduction of ‘stroke liaison nurse’ team and multiple ‘sweeps’
- Improved profile of stroke medicine at daily RIE site huddle
- Introduction of ‘Stroke? Think pink!’ posters
- Regular meetings & close liaison with ‘front door’ ED/AMU teams
- Continued weekly exception report meetings and team meetings

Achievements
- Re-established stroke nurse liaison team
- Improved profile of stroke medicine within RIE
- Greater awareness of Quality Improvement methodology
- Integration of this project with other QI work in stroke and MOE

Results
- 440 patients included between 1st January and 9th May 2016

Key Reference Materials
   NHS National Services Scotland
   www.strokeaudit.scot.nhs.uk

Next steps
- Revise stroke pathway paperwork with ED team: thrombolysis patients have swallow screens more quickly so build on this for all patients
- Potential for more improvement work for other aspects of ‘Stroke Bundle’
- Involve more multi-professional team members in QI project work
- Establish a medical student QI group and supervise project work

Abbreviations used: SSCA - Scottish Stroke Care Audit, ED - Emergency Department, AMU - Acute Medical Unit, RIE - Royal Infirmary of Edinburgh, QI - Quality Improvement, MOE - Medicine of the Elderly. Special thanks to Trish Elder-Gracie & Mags Morrow, RIE stroke nurses.

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