



CASE STUDY DARTFORD AND GRAVESHAM NHS TRUST

CaptureStroke has been instrumental in helping Dartford and Gravesham NHS Trust to improve its Stroke Ratings and elevate the Trust to a HASU Status. The system has enabled the Trust to improve the quality of Stroke treatment with better patient outcomes while optimising Trust resources.



Why did the Trust choose CaptureStroke?

Each year about 600 of suspected stroke patients are treated at Dartford and Gravesham NHS Trust. The Trust was previously recording its stroke data and patient information manually using spreadsheets. Claire Payne joined as Deputy Director of Operations - MCEC after the Trust was identified as the site for North Kent HASU Stroke Services. The team put into place an action plan to achieve HASU status and identified CaptureStroke as the digital system to integrate into their stroke care pathway and support this plan. The CaptureStroke system enables the Trust's teams to streamline their organisation and reporting, ensuring that all data is accurately captured.

Summary Outcomes

Dartford and Gravesham NHS Trust's plan to take the Trust's Stroke services through to a HASU standard significantly relied upon the CaptureStroke system delivering the detail and insight to understand and deliver against HASU requirements.

Since the implementation of CaptureStroke, the Trust has improved its SSNAP ratings from D to B and this during a period of unprecedented demand on emergency service. The Trust has sustained this improved rating for four quarters whilst being elevated to a HASU status as planned.

Real Time reporting by CaptureStroke leads to actionable insight and sharpened decision making which enables the Trust to implement changes to improve patient outcome maximise resources.

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CaptureStroke has definitely supported us in making crucial decisions to elevate our service and enhance patient care

CLAIRE PAYNE
DEPUTY DIRECTOR OF
OPERATIONS – MCEC

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Deployment of CaptureStroke

Dartford and Gravesham NHS Trust appointed an administrator to lead the implementation of CaptureStroke. Initial reservations to using a new software have been replaced by enthusiasm, with the teams witnessing the accuracy of the data, the improved status of the patients and the clinical and administrative time saved as a result. Additionally, iPads were distributed to improve efficiency

The CaptureStroke system enables the stroke team at the Trust to make early identification of mimics and thereby speed up the diagnostics. All suspected stroke patients on arrival at the hospital are recorded in the system. The systems early mimic identification enables a accurate diagnosis within the 72 hour window. Previously, suspected stroke patients were recorded manually in spreadsheets with a heightened risk of human error alongside being more time consuming.

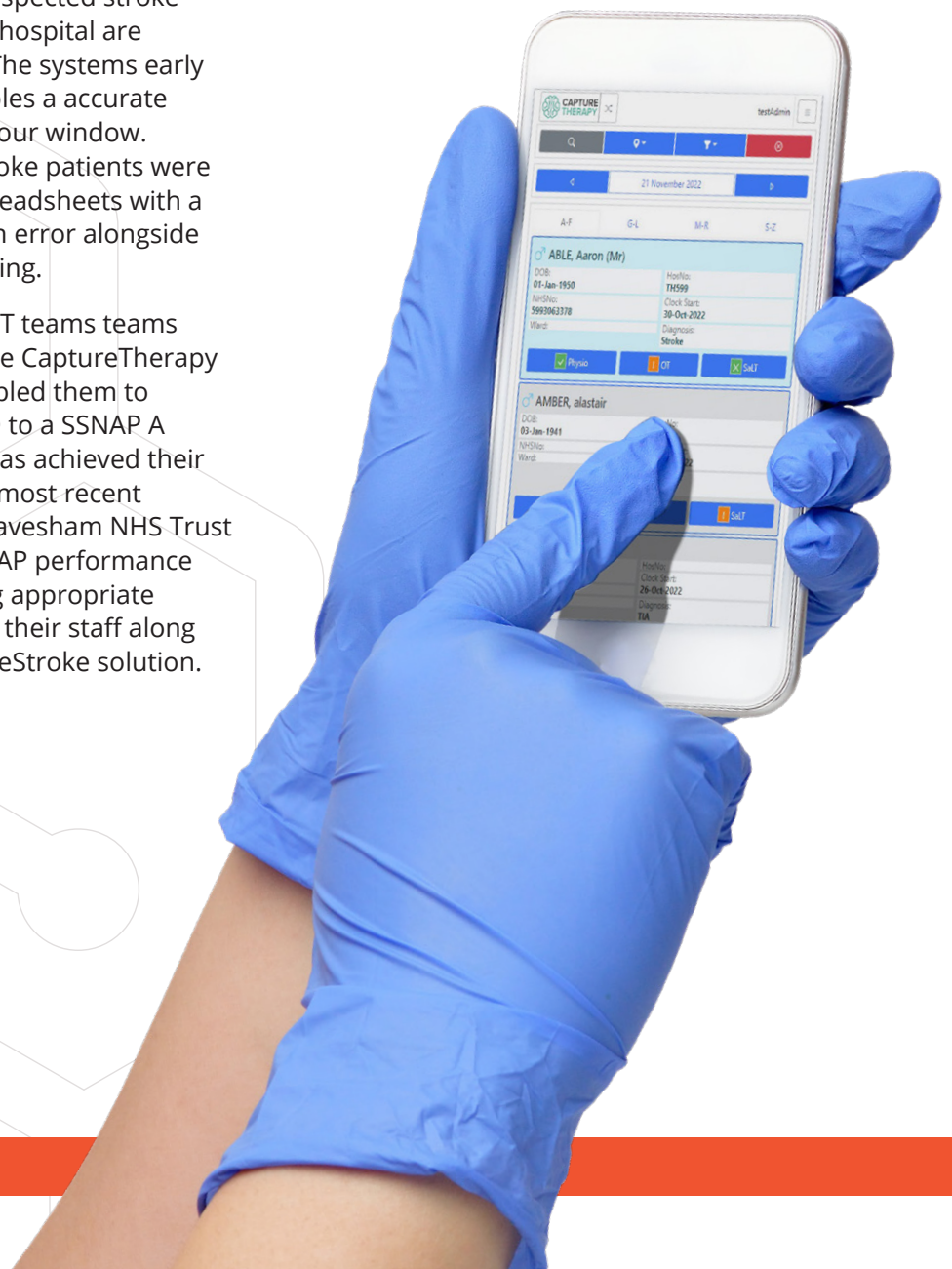
The Physiotherapy and OT teams were early adopters of the CaptureTherapy module and this has enabled them to progress from a SSNAP D to a SSNAP A rating. The stroke team has achieved their highest score during the most recent quarter. Dartford and Gravesham NHS Trust have achieved these SSNAP performance improvements by making appropriate investments into training their staff along with adopting the CaptureStroke solution.

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By using the CaptureStroke dashboard I can ensure the quality of the data and identify what is missing

DR AGHORAM
STROKE CONSULTANT AND
CLINICAL LEAD FOR THE SERVICE

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Clinical Benefits of CaptureStroke

Once a patient has been identified the patient information is transferred from the Trust's Patient Administration System (PAS) into the CaptureStroke system.

The patient journey through the golden hour where speed is of paramount importance is where the stroke proforma in patient notes enables the recording of additional information which annotates this journey.

HASUs enable patients to have rapid access to the right skills and equipment and to be treated 24/7 on a dedicated stroke unit, staffed by specialist teams. Following a stroke, a patient will be taken directly to a HASU where they will receive dedicated expert care, including immediate assessment, access to a CT scan and clot-busting drugs (if appropriate) within 30 minutes of arrival at the hospital.

ASUs are for subsequent (after 72 hours) hospital care. These units offer ongoing specialist care with 7-day therapies services (physiotherapy, occupational therapy, speech and language therapy and dietetics input) and an effective multi-disciplinary team (MDT) working to improve patient outcomes.

All stroke patients are visible on the CaptureStroke system, enabling early location of the patient and transfer to a stroke ward, where 90% of the patient stay will be for treatment by the MDT up to discharge to the community.

This early visibility enables the Dartford and Gravesham Trust to avoid the risk of a patient remaining on an outlier ward.

CaptureStroke informs and enables resources to be redistributed, for instance stroke nurses to work in the ED which can save critical minutes in diagnostics.

Since the implementation of CaptureStroke, the average length of stay for patients has

reduced and with significantly improved outcomes. The data supports the sharing of this information to improve the patient pathways and therefore the patient experience.

The information captured enables the team to analyse, for example, how many more MRI slots are needed and at what time of day. The alerts will improve live insights and manage the patient journey in real time.

ADMINISTRATIVE BENEFITS

The stroke team can be confident the data is being uploaded to SSNAP in a timely manner and is of the required quality. Prior to implementing CaptureStroke, there was a significant amount of data missing. By checking the Dashboard regularly, there is visibility of the patient journey and timeliness of the service. Further benefits include:

- NIHSS score (stroke severity) – easy to analyse and keep an eye on, informing and educating teams while monitoring exceptions.
- Reporting facilities and immediate performance information that allow data to be shown in a way which can lead to timely actionable insight. This hard data is particularly relevant in 'deep dive' meetings with clinicians and other team members to improve delivery.
- The data captured can reveal the quality of performance, either immediately or up to 6 months previously. Recent data is vital when trying to effect change – CaptureStroke enables this.
- The implementation of CaptureStroke has released clinical team members to deliver patient care rather than spending valuable time filling out spreadsheets and other admin functions; this is a key benefit.
- CaptureStroke not only identifies the patient journey revealing any gaps but can also monitor the journey. This enables highlights of where the Trust's investments have been made and their impact.
- The data has also been instrumental in supporting the case for investment, revealing the areas requiring more resource to influence the patient journey.

SSNAP Reporting

CaptureStroke records all the data for all strokes, not just a subset of strokes, and this data is uploaded to SSNAP, allowing analysis and reporting to shape activities better. It enables targeted management conversations around key issues to influence activities and ensure timely changes are put in place.

CaptureStroke continuously updates any changes introduced by SSNAP. In this way it manages the risk of the demands of any audit reporting changes. For example:

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Having the CaptureStroke team behind me makes me feel a lot more comfortable

DR AGHORAM
STROKE CONSULTANT AND CLINICAL LEAD FOR THE SERVICE

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- We received a request from CCG to show monthly, not just quarterly progress, demonstrating the improvements, which we were able to provide.
- Stroke mimic data – we were immediately able to pull this data, saving us time and effort.
- An additional flash audit was required in 2021 that required extra resource. CaptureStroke stepped in and made adjustments, enabling the data to be ready for submission with speed and accuracy.
- Opt-out data can be delivered via CaptureStroke.

By using CaptureStroke, Dartford and Gravesham NHS Trust have been able to avoid audit compliance scores being deducted which had previously occurred. This can sometimes mean the difference between a SSNAP C and a SSNAP B rating. Therefore clinicians have the assurance that improved patient care leads to higher ratings.

2022 FIGURES

- Strokes 600
- MimiCaptureStroke 25-35%
- TIAs 10-15%

Location	Readiness	Overview	Arrival	Thrombolysis	Assessments	Therapy	MDT	By Discharge	Discharge	Scores
Sex	Patient Name Date of Birth (Age)	H: Hospital Number N: NHS Number	Clock Start	Diagnosis	Completion	Thrombolysed	Time to SU			
Female	LEE, bobby 25-May-1950 (72)	H: N:	04-Nov-2022 09:27	Stroke	20%	!	00h 01m			
Male	KREISHER, Bert 01-Jan-1950 (72)	H: TH000 N:	03-Nov-2022 09:28	Stroke	27%	✓	Unknown			
	ACTAVISH, John Jan-1950 (72)	H: N:	28-Oct-2022 11:34	Undiagnosed	0%	!	Un			
	RRICK, Kyle Jan-1950 (72)	H: N:	28-Oct-2022 11:34	Stroke	40%	!	00			
	BLE, Aaron (Mr) Jan-1950 (72)	H: TH599 N: 5993063378	28-Oct-2022 09:26	Stroke	35%	!	1d 01			
	ST, tommy (Mr) Jan-1950 (72)	H: TH837 N: 8377930420	28-Oct-2022 08:44	Stroke	45%	!	00h			
	LE, patricia (Mrs) 1950 (72)	H: TH652 N: 6528194947	27-Oct-2022 15:57	Stroke	85%	✗	7d			



To work with our
experienced and
expert clinical and
implementation
team contact us on...

✉ info@capturestroke.com
☎ +44 (0) 191 269 6960