



## Case Study

Acute Stroke Service  
Rapid Improvement Event



“We made changes that would have taken us years if we had tried to do it through our normal meeting processes. We really valued your down to earth approach: going to find out and solving problems quickly.”

**Dr Mark O'Donnell  
Consultant**

Blackpool, Fylde & Wyre  
Hospital NHS Trust



“Your consultants guided the group through the RIE process extremely well and made the event a success.”

**Harry Clarke**

Associate Director  
Performance Improvement  
Blackpool, Fylde & Wyre  
Hospital NHS Trust

## Acute Stroke Service

### Rapid Improvement Event

The benefits of Rapid Improvement Events (RIEs) within hospitals have become widely recognised, and there is a growing body of evidence to suggest that they are effective at reduced lengths of stay, speeding up theatre lists, improving efficiency in testing, and generally reducing the number of process steps in many areas, thus freeing-up staff and cutting down on waste.

#### The Challenge

Blackpool, Fylde & Wyre Hospital NHS Trust had a case load of some 700 strokes per year and an established service under two specialist physicians. However, they were concerned that critical aspects of care were not as good as they could be, and this was borne out in a Sentinel audit. Stroke needs to be diagnosed and treated quickly, on a specialist ward, to achieve the best outcome. The average time for a CT scan was running at over 72 hours from admission, while up to 40% of patients were not seen on the specialist ward.

The Foundation Trust wanted a Rapid Improvement Event (RIE) that focused on getting suspected stroke patients onto the specialist ward and improving the time it takes to diagnose and start treatment.

#### Our Approach

A 'lean diagnostic' revealed which staff should be involved in the RIE and mapped the scope of the event. The week itself involved a multi-disciplinary team analysing the stroke pathway; including doctors, nurses, therapists and support staff. Within three days staff worked out what needed to be done to make an immediate improvement: missing out a loop through the Clinical Decision Unit and a complex booking process for CT scans. A new pathway design was put together and tested with other department leaders, including the heads of radiology and A&E. The RIE participants presented the plan to the Deputy Chief Executive and other directors at the end of the week and briefed other members of the ward team with great enthusiasm.

#### The Result

New protocols were written and accepted across the pathway. Two weeks after the event the first patient arrived directly on the ward from A&E within five hours, already scanned, in the new pattern of flow – to the delight of the doctors. A new ring-fenced bed was created on the ward to receive every new patient. In another outcome from the week, discharge procedures were simplified to free up the next bed and therefore allow better occupancy of specialist beds with stroke patients. Following the changes the Transport Manager produced a set of his own data showing *morning* discharges – previously zero – rising to over 50% of total discharges within the first month of the new pathway being put in place; true empowerment.

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