Overall Aim of the Stroke Programme

- National rapid access to best-quality stroke services
- Prevent 1 stroke every day
- Avoid death or dependence in 1 patient every day

Current Picture

Death - Stroke is the third commonest cause of death in Ireland
Disability - Stroke is the single commonest cause of severe adult disability
Incidence - In the course of their lives about one in five Irish people will suffer a stroke. Approx 10,800 new strokes and TIsAs (minor stroke) occur each year – one every hour.
Trends - If current trends continue stroke incidence is likely to increase by 50% in the next 10 years
Cost - In 2007, stroke cost €0.5-0.8 Billion, most in direct healthcare costs.

The Plan

Specific Objectives – Phase 1: May 2010 – Dec 2012

Governance

- Establish robust clinical governance systems for stroke care, including local stroke teams (integrated across each hospital and surrounding community) and regional Stroke Networks.
- Implement guidelines, pathways, patient information material and staff training.
- Provide access to safe and effective stroke thrombolysis in all hospitals admitting acute stroke on a 24/7 basis (facilitated using telemedicine where appropriate).
- Fill gaps in core teams across the 19 acute hospitals which have developed Stroke Units with incomplete teams, to improve patient outcomes, meet international standards, shorten length of stay, and save costs.
- Establish 9 new acute Stroke Units in hospitals admitting significant numbers of stroke patients which currently have no Unit. This combined with the development of existing Stroke Units with incomplete teams, will establish fully-operational Stroke Units in acute hospitals admitting 90% of stroke patients. (It is estimated that these will be of sufficient size to care for at least 50% of stroke patients admitted to these hospitals).
- Provide rapid specialist access for patients with TIA nationally, thus preventing admissions, shortening length of stay, and preventing strokes.
- Complete a gap analysis of existing AF prevalence and anticoagulation services.
- Develop an opportunistic screening programme for detection of individuals with atrial fibrillation and stroke on a 24/7 basis (facilitated using telemedicine where appropriate).
- Complete a gap analysis, identify, and align existing community resources to support development of Early Supported Discharge of Stroke patients.
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Emergency Stroke Care

- National stroke thrombolysis service
- Priority dispatch + FAST
- Transport to Stroke Team
- Rapid ED evaluation + Imaging
- Telemedicine support

Acute Stroke Unit Care

- 90% of hospitals treating 90% of patients to have organised Stroke Units by end 2011
- Multidisciplinary teams
- Protocols and pathways
- Equipment and skills for physiological monitoring
- Quality/audit system in place

Community Stroke Care

Stroke Register

- Developed and implemented with HIPE

Prevention

TIA
- Pathways/protocols to rapid assessment
- Education/training module implemented

Atrial Fibrillation
- Needs assessment
- Define standards
- Standardise model of care
- Improve detection, ICT support, education and training

Carotid surgery
- Rapid assessment, imaging, referral, transfer for carotid endarterectomy

Work to Date

Hospital Emergency Stroke Services Survey (HESS)

Workforce Planning Survey (WFP)

Protocols and Pathways

Local Stroke Groups established

Thrombolysis Training programme commenced

Combined training programme for nurses and AHPs developed

Atrial Fibrillation Working Group established (working cross care programme)

2011 Implementation Plan

- Save at least 230 poor outcomes (death or permanent severe disability), by delivering Stroke Unit care to an extra 2,270 patients and thrombolysis to an extra 444 patients (absolute increase of 6% in thrombolysis rates nationally).
- Prevent 140 strokes in patients with TIsAs
- Reduce average length of stay by 2 days over 3 years - saving 26,000 bed-days in the first 2 years of full operation and 15,000 hospital bed days per year thereafter.
- Reduce stroke admissions to nursing homes by 1.5% per year, and stroke nursing home costs by 7.5% per year.
- Cost saving - €3.million/year from incident cases and eventually up to €16 million/year from reduced nursing home admissions in prevalent cases.

January 2011