

60-year-old George lives alone, in Wincanton. Thankfully, his friend Iris was popping round to visit him and have Friday evening dinner. Whilst rushing around in the kitchen, George became very unbalanced, Iris suggested he take the weight off and sit down for a minute or two. When sitting down he tried to take a sip of water and struggled lifting his left arm. Iris calls an ambulance at 6pm.

What happens now?	Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital	Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital
<p>The ambulance arrives and the crew do a FAST assessment. They take George to Yeovil District Hospital Emergency Department (ED) as they think he is having a stroke.</p> <p>The ambulance crew ring through to the ED to pre-alert them that they have a suspected stroke coming in.</p>	<p>The ambulance arrives and the crew do a FAST assessment. They take George to Musgrove Park Hospital Emergency Department (ED) as they think he is having a stroke.</p> <p>The ambulance crew ring through to the ED to pre-alert that they have a suspected stroke coming in.</p>	
<p>George arrives and goes straight to the ED and is taken off the ambulance trolley. As it is out of hours, George is seen by the on-call medical registrar who after assessment orders a CT scan.</p> <p>George goes for a CT scan and once done the senior ED doctor calls the on-call regional stroke network consultant and asks them to review the scan. Once the scan is reviewed the network stroke doctor decides on treatment and lets the on-call registrar know. George has had a stroke that requires clot busting treatment so the medical registrar orders and starts treatment.</p> <p>George is then transferred to a hyper acute bed in the Coronary Care Unit where he is monitored for three days by the specialist skilled nursing staff. George is informed about his diagnosis and treatment by the doctor and nursing staff. George's relatives are also contacted.</p>	<p>When George arrives he would be taken straight to the CT scanner on the ambulance trolley with a stroke specialist nurse. Once on the scanner table the ambulance crew leave.</p> <ul style="list-style-type: none"> • The stroke consultant would then review the scan and see that George has had a stroke that requires clot busting treatment. • George would be taken straight to the hyper acute stroke unit and the clot busting treatment would be started by the specialist stroke team. • George would be informed about his diagnosis and treatment by the doctor and nursing staff. George's relatives would be contacted if they hadn't already been. 	



<p>What happens now?</p>	<p>Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital</p>	<p>Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital</p>
<p>George stays at Yeovil District Hospital and is transferred into an acute stroke unit bed following three days in the hyper acute bed. As it's Friday evening George is not seen by a stroke consultant until Monday morning, he is seen by other specialist stroke staff.</p>	<p>George would stay in the hyper acute stroke unit at Musgrove Park Hospital for up to three days and would be seen twice daily by the stroke specialist consultant.</p>	
<p>George's rehabilitation goes well and he stays on the acute stroke unit for five days.</p> <p>George's family also live in Wincanton and travel to Yeovil to visit him.</p>	<p>After three days George would be transferred from the hyper acute stroke unit at Musgrove Park Hospital to the acute stroke unit at Yeovil District Hospital, as this is closer to his home. He would receive specialist stroke rehabilitation on the acute care stroke unit.</p> <p>He would be seen daily by the stroke consultant during the week. At weekends the specialist nurse would see George and there would be a set virtual ward round with the stroke consultant at Musgrove Park Hospital who would support with any medical issues that George may have.</p> <p>George's family would need to travel from Wincanton to visit him in Yeovil.</p>	<p>After three days George would be transferred from the hyper acute stroke unit to an acute stroke unit bed at Musgrove Park Hospital. He would receive specialist stroke rehabilitation on the acute care stroke unit.</p> <p>George's family would need to travel from Wincanton to Musgrove Park Hospital in Taunton to visit him.</p>



Stroke consultation - Patient story examples. George's story:

What happens now?

Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital

Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital

Once George has completed his acute stroke care rehabilitation he would either:

- Be discharged home if he is well enough.
- Be discharged home with early supported discharge for up to six weeks by a specialist stroke team.
- Be transferred to a stroke rehabilitation bed for ongoing rehabilitation.

Current impact:

- George would go straight into the ED and not wait outside in an ambulance.
- There may be a delay in the response from the stroke network doctor in reviewing the scan and treatment being started.
- He would not be seen by a stroke specialist consultant until Monday morning.
- George would have his acute stroke care closer to home.

Impacts of option A:

- George would go straight into ED and on to the scanner without having to go through the ED.
- The stroke consultant would quickly review the scan and decide on the diagnosis and treatment.
- George would start his treatment earlier and on the most appropriate unit.
- George would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- George would have his acute stroke care closer to home.
- George's family would have to travel to visit him during his hyper acute care.

Impacts of option B:

- George would go straight into ED and on to the scanner without having to go through the ED.
- The stroke consultant would quickly review the scan and decide on the diagnosis and treatment.
- George would start his treatment earlier and on the most appropriate unit.
- George would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- There would be better continuity of care for George as George's hyper acute and acute care take place in the same hospital.
- George's family would have to travel to visit him during his hyper acute and acute stroke care.



45-year-old Arun was in Yeovil doing a late-night grocery shop with his wife on Tuesday. Arun picked up a pint of milk and dropped it, he had lost the feeling in his arm and felt very unwell. Instead of calling an ambulance Arun's wife drives him to Yeovil District Hospital Emergency Department (ED).

What happens now?

Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital

Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital

Arun and his wife arrive at Yeovil District Hospital and check into reception in ED.

Arun is triaged by the ED nurse who suspects a stroke. As it is out of hours, Arun is seen by the on-call medical registrar who after assessment orders a CT scan.

Arun goes for a CT scan and once done the on-call medical registrar doctor calls the on-call regional stroke network consultant and asks them to review the scan.

Once the scan is reviewed the network stroke doctor decides on treatment and lets the on-call registrar know.

Arun has had a stroke that requires clot busting treatment so the medical registrar orders and starts treatment.

Arun and his wife are kept informed about his diagnosis and treatment by the doctor and nursing staff.

Arun would be triaged by the ED nurse who suspects a stroke.

As it is out of hours, he would be seen by the on-call medical registrar who after assessment would order a CT scan and contact the stroke specialist consultant at Musgrove Park Hospital who would be ready to review the scan remotely.

Once the scan is reviewed the stroke consultant at Musgrove Park Hospital would discuss the treatment Arun needs with the medical registrar at Yeovil District Hospital and thrombolysis (the clot busting treatment) would be started in Yeovil ED.

The ambulance service would be called to transfer Arun to Musgrove Park Hospital for his hyper acute stroke care.

Arun and his wife would be informed about his diagnosis and treatment by the doctor and nursing staff.



Stroke consultation - Patient story examples. Arun's story:

<p>What happens now?</p>	<p>Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital</p>	<p>Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital</p>
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Arun and his wife arrive at Yeovil District Hospital and check into reception in ED.

Arun is then transferred to a hyper acute bed in the Coronary Care Unit where he is monitored for three days by the specialist skilled nursing staff.

Arun is seen the next morning by the stroke consultant on the hyper acute unit and reviewed daily.

Following the clot busting treatment, Arun would be transferred by ambulance to Musgrove Park Hospital in Taunton where he would receive his hyper acute stroke care for up to three days.

He would be reviewed twice daily by the stroke consultant during that time.

Following the clot busting treatment, Arun would be transferred by ambulance to Musgrove Park Hospital in Taunton where he would receive his hyper acute stroke care for up to three days.

He would be reviewed twice daily by the stroke consultant during that time.

Arun is transferred into an acute stroke unit bed following three days in the hyper acute bed.

His rehabilitation goes well and Arun spends six days on the acute unit.

Arun's wife visits him daily as she in Yeovil.

After three days, Arun would be transferred back to the acute stroke unit at Yeovil District Hospital where he would receive specialist acute stroke care. He would be seen daily by the stroke consultant during the week.

Arun's wife would be able to visit daily as she lives in Yeovil.

After three days, Arun would be moved from the hyper acute stroke unit to the acute stroke unit and continue his acute rehabilitation at Musgrove Park Hospital for around five days, depending on how his recovery is going.

Arun's wife would need to travel from where she lives in Yeovil to Musgrove Park Hospital in Taunton to visit him.



Stroke consultation - Patient story examples. Arun's story:

<p>What happens now?</p>	<p>Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital</p>	<p>Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital</p>
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Once Arun has completed his acute stroke care rehabilitation he would either:

- Be discharged home if he is well enough.
- Be discharged home with early supported discharge for up to six weeks by a specialist stroke team.
- Be transferred to a stroke rehabilitation bed for ongoing rehabilitation.

Current impact:

- Arun could have to wait in the waiting room if ED is busy.
- There may be a delay in the response from the stroke network doctor in reviewing the scan and treatment being started.
- Arun would not be seen by a specialist stroke consultant until the next morning.
- Arun would have his acute stroke care near to his home.

Impacts of option A:

- The review of Arun's scan and decision on treatment would be done quicker by the stroke consultant at Musgrove Park Hospital than the network consultant.
- Arun would have to travel to Musgrove Park Hospital and there may be a delay in the ambulance arriving to transfer him.
- Arun would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- Arun would have his acute stroke care nearer to home.
- Arun's family would have to travel to visit him during his hyper acute care.

Impacts of option B:

- The review of Arun's scan and decision on treatment would be done quicker by the stroke consultant at Musgrove Park Hospital than the network consultant.
- Arun would have to travel to Musgrove Park Hospital and there may be a delay in the ambulance arriving to transfer him.
- Arun would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- There would be better continuity of care for Arun as his hyper acute and acute stroke care take place in the same hospital.
- Arun's family would have to travel to visit him during his hyper acute care and his acute stroke care.



Stroke consultation - Patient story examples. Lena's story:

78-year-old Lena is in Yeovil District Hospital following a hip replacement operation a few days ago. Whilst on the Orthopaedic ward she has a stroke during the day.

What happens now?	Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital	Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital
A stroke call goes out to the team, and they attend the ward and assess Lena.	A stroke call goes out to the team, and they attend the ward and assess Lena.	Contact would be made with the stroke consultant in Taunton to alert them that there is a suspected stroke and to await the scan.
Lena is taken for a scan which is reviewed by the stroke team. Lena has had a stroke and needs thrombolysis. She is taken to the hyper acute stroke unit in the hospital where she has thrombolysis.	Lena would be taken for a scan. Once the scan is reviewed the stroke consultant at Musgrove Park Hospital would discuss the treatment Lena needs with the medical registrar and thrombolysis would be started in Yeovil ED.	The ambulance service would be called to transfer Lena to Musgrove Park Hospital for her hyper acute stroke care.
Lena is monitored for two days by the specialist staff in the hyper acute stroke unit. Lena is seen the next morning by the stroke consultant on the hyper acute stroke unit and reviewed daily.	Lena would be monitored two days on the hyper acute stroke unit at Musgrove Park Hospital. She would be reviewed twice daily by the stroke consultant during that time.	Lena's family would need to travel to Taunton to visit her.
Following a review of her needs, it's decided that Lena's stroke care needs are a priority over her orthopaedic needs.		



Stroke consultation - Patient story examples. Lena's story:

What happens now?	Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital	Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital
<p>Lena is moved to the acute stroke unit for further rehabilitation.</p> <p>Lena's stroke rehabilitation goes well and she spends four days on the acute stroke unit.</p> <p>During her stay she has regular visits from the orthopaedic service for her hip replacement.</p> <p>Lena's family visit daily as they live near Yeovil.</p>	<p>Lena would be transferred to the acute stroke unit at Yeovil District Hospital for further rehabilitation.</p> <p>Lena's stroke rehabilitation goes well and she spends four days on the acute stroke unit.</p> <p>During her stay she would have regular visits from the orthopaedic service for her hip replacement.</p> <p>Lena's family would be able to visit daily as they live near Yeovil.</p>	<p>Lena would be transferred from the hyper acute unit to an acute stroke unit bed at Musgrove Park Hospital.</p> <p>Lena's stroke rehabilitation goes well and she spends four days on the acute stroke unit.</p> <p>During her stay she has regular visits from the orthopaedic service for her hip replacement.</p> <p>Lena's family would need to travel to Taunton to visit her.</p>

Once Lena has completed her acute stroke care rehabilitation he would either:

- Be discharged home if she is well enough.
- Be discharged home with early supported discharge for up to six weeks by a specialist stroke team.
- Be transferred to a stroke rehabilitation bed for ongoing rehabilitation.



Stroke consultation - Patient story examples. Lena's story:

What happens now?	Option A: a single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital	Option B: a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital
<p>Current impact:</p> <ul style="list-style-type: none"> Lena would not be seen by a stroke specialist consultant until the next morning. Lena would have her hyper acute care and acute rehabilitation near to her home. 	<p>Impact of option A:</p> <ul style="list-style-type: none"> The review of Lena's scan and decision on treatment would be done quicker by the stroke consultant at Musgrove Park Hospital. Lena would have to travel to Musgrove Park Hospital and there may be a delay in the ambulance arriving to transfer her. Lena would be seen twice daily on the hyper acute unit by the stroke specialist consultant. Lena would have her acute stroke care nearer to home. Lena's family would have to travel to visit her during her hyper acute care. 	<p>Impact of option B:</p> <ul style="list-style-type: none"> The review of Lena's scan and decision on treatment would be done quicker by the stroke consultant at Musgrove Park Hospital. Lena would have to travel to Musgrove Park Hospital and there may be a delay in the ambulance arriving to transfer her. Lena would be seen twice daily on the hyper acute unit by the stroke specialist consultant. There would be better continuity of care for Lena as her hyper acute and acute stroke care take place in the same hospital. Lena's family would have to travel to visit her during her hyper acute care and her acute stroke care.

