**April 26th 2018**

STROKE CARE IN THE LAS

DRAFT 1

Attendance: Dr Neil Thompson, Courtney Grant, Emma, Mike, Malcolm Alexander

1. The meeting was convened by Dr Thompson to discuss how the LAS could learn from Courtney’s experience of his partner’s stroke diagnosis and treatment.
2. Courtney has a great deal of knowledge in the diagnosis and treatment of stroke gained following his partner’s stroke, which she suffered in April 2014. She was diagnosed by the LAS and then taken to the Kings College Hospital’s stroke unit.
3. Neil explained that there is now a very good opportunity for developing stroke training for front-line staff as part of CSR. He said that the training would be though e-learning, that e-training sessions last for 30 minutes and would be developed for use in August 2018. He said that LAS pathways are linked to the London Stroke Network and that the stroke system in London is more effectively connected and accessible than that in many other areas of the UK. Using thrombectomy to remove clots is also a key and growing feature of some A&E/HASU departments, i.e. St Georges, Charing Cross, Royal London and UCL.

 **HASU – Hospital Acute Stroke Unit which were created in 2010.**

1. **Key Issues: Diagnosis**
2. Royal College of Physicians – The fifth edition of the National Clinical Guideline for Stroke was published in October 2016
3. FAST Test – the evidence base is being further developed to assess how adequate it is for the wide range of presentations of stroke
4. Age is a key factor that needs to be included in stroke assessment – many young people suffer from strokes and the diagnosis can be missed in young cohorts.
5. Other conditions such as sickle cell disorders, clotting and vascular abnormalities need to be taken into consideration during stroke diagnosis
6. Assessment of speech disorders is fundamental to stroke diagnosis but consideration needs to include absence of speech and prior speech patterns
7. Ethnicity is an important factor, e.g. black and Asian people have higher incidence of stroke
8. Effective diagnosis requires consideration of all of these factors as well as family history and avoiding pre-conceptions. Parents, relatives and friends can recognise behaviours that deviate from the norm.
9. **Key Issues: Training**
10. Human factors are a key issue in training.
11. Courtney is a Human Factors engineer and agreed to participate in development of a training video.
12. Issues to be included could include the following:
* Asphasia – absence of speech and slurred speech
* Listening to the concerns of people who know the patient
* Assumptions about hyperventilation
* Challenging assumptions about stroke diagnosis and using reflective practice to learn from errors
* Being able to challenge senior colleagues
* Importance of co-morbidities
* Awareness of pre-disposing factors than can confuse stroke diagnosis
* Unconscious incompetence - not knowing what you do not know. Lacking knowledge and skills in the area in question and are unaware of this lack.
1. Courtney will work with Emma and Mike in preparation of CSR training video.

End