

Worcestershire Royal Hospital Ring-fencing of Hyper Acute Stroke Unit (HASU) & Acute Stroke beds (ASU)

Operational Policy

Department / Service:	Hyper Acute Stroke Unit (HASU)
Originator:	Dr Girish Muddegowda Stuart Guy – Operational Manager Chantelle Chadwick – Lead Stroke AHP Claire James - Matron
Accountable Director:	Jasper Trevelyan Medical Director
Approved by:	Divisional Management Board
Date of approval:	12 th September 2023
First Revision Due:	12 th September 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Acute Stroke Unit
Target staff categories	Stroke Team

Policy Overview:

Operational policy for Hyper Acute Stroke unit and Acute Stroke unit at Worcester Royal Hospital. All beds to be ring-fenced.

Key amendments to this Document:

Date	Amendment	By:
12 th Sept 23	New document approved	DMB/Dr Trevelyan

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1. Introduction

The Hyper Acute Stroke Unit

The Hyper Acute Stroke unit (HASU) is situated on the Acute Stroke Unit (ASU) on Level 2 of the Worcester Royal Hospital. HASU shares its location and staffing with the Acute Stroke Unit. The HASU consist of 8 mixed sex beds, nursed in 2 separate bays providing level 2 monitored care, which aims to deliver high quality, safe and effective medical and nursing care to stroke patients in their hyper acute phase. The ASU will receive admissions for acute stroke and Neurology patients only.

HASU beds are designated for patients that have received thrombolysis treatment and any patients that are acutely unwell after a Stroke or as a result of their Neurological presentation. The plan being that patients remain in HASU for up to 72 hours, unless clinically indicated. The purpose of ring-fencing beds is to ensure beds are kept free at all times to facilitate the direct admission of stroke patients onto the Stroke unit as per national guidelines. This would include admission of:

- Patients who are candidates for intravenous thrombolysis treatment and will also require post thrombolysis monitoring.
- Stroke patients who require admissions for further medical and therapy management.

All stroke patients should be admitted directly to a specialised stroke unit within 4 hours of arrival at hospital to meet the targets as set out in the National Stroke Guidelines. These guidelines are underpinned by the latest clinical guidelines for Stroke to ensure gold standards of care and recognised best practice.

There will be a daily review of all Stroke beds to ensure that patients no longer requiring the stroke pathway are moved promptly to other medical wards in liaison with site/bed manager, thereby providing capacity on the stroke unit for appropriate admissions avoiding delays in the admission of stroke patients.

1.1 Operation of HASU / ASU

- Operational period from Monday to Sunday, 24 hours.
- HASU beds are designated for all acute stroke patients in their hyper-acute phase of care.
- HASU beds can be used to manage deteriorating Stroke or Neurology patients that are acutely unwell.
- Ratio of 2:4 registered nurses that must have proven stroke competencies and experience in stroke care. This can include the CNS with relevant stroke skills.
- The Stroke ward nurses will be responsible for the care of the patients admitted into each bed.
- Stroke Consultant review once daily between the hours of 9am-5pm 7 days a week., for patients within HASU. Daily Consultant review for all patients on ASU weekdays between the hours of 9am-5pm.
- Multidisciplinary assessment/treatment as tolerated or required by the patients
- Patients that meet the criteria and are accepted by the on-call Stroke Consultant can be admitted to HASU/ASU.
- Patients who are diagnosed with stroke following assessment and require in-patient care will be admitted to the Acute Stroke Unit directly. CNS should liaise at earliest opportunity with the nurse in charge on Stroke unit who will help facilitate this movement

- Should a patient's diagnosis change after investigations, and is found not to have had a Stroke, the patient will be discharged from hospital unless they require on-going medical input. These patients will be transferred to a more suitable ward by liaising with the bed management team.
- Bed capacity and decision making with regards to admissions, will be the responsibility of the ASU senior nurse on duty/ co-ordinator and Stroke CNS who will liaise with the clinical site lead and capacity managers.
- Once a senior stroke clinician review has happened and HASU care deemed no longer appropriate, patients will be transferred to the ASU for their on-going care and therapy or discharged if appropriate.
- Once patients are deemed medically stable to transfer out of HASU, patients must be transferred to a same sex bay within 6 hours in accordance with Trust policy, the HASU has mixed sex patients.
- Patients and their relatives are included within the discussions regarding treatment and care if appropriate.
- The National early warning score (NEWS) will be used to facilitate appropriate escalation.
- Continual close monitoring systems available to monitor patient observations on a continuous basis if appropriate, within HASU.
- Allocated Pharmacy and technician cover for medicine management and review as appropriate.

Ward rounds are undertaken in an efficient yet safe manner to facilitate early decision making, ensuring effective management and flow of patients through the Stroke pathway.

1.2 Inclusion to HASU

All patients who have been diagnosed with an acute stroke will be reviewed by a senior stroke clinician to decide if on-going HASU care is required or if the patient is suitable to be stepped down to ASU.

Admission routes include via the Emergency Departments at Worcester Royal Hospital and Alexandra Hospital after being accepted by the on-call Stroke Consultant on the Acute Stroke unit. In the case of an in-patient stroke within the Trust, a discussion will be required with the on-call Stroke Consultant on the Acute Stroke unit to decide what on-going input and care is required and whether admission to the Stroke unit is appropriate.

1.3 Exclusions to HASU / ASU

HASU cannot facilitate certain patients, these being:-

- **Non stroke patients or patients without any neurological dysfunction**
- Medical/surgical patients that require level 3 treatment (including stroke related)
- Patients that require CPAP for new onset respiratory support.
- Patients that require Non-invasive Positive Pressure Ventilation (NIPPV)
- Patients requiring high flow oxygen
- Patients with an arterial line or central venous line (assessed on an individual basis)
- Patients that have a tracheostomy

1 Responsibility and Duties

1.4 Nursing responsibility and accountability

- Delivery of safe evidence based care in line with National Stroke Guidelines (RCP, 2016).
- All nurses responsible to practice within the NMC Code of Conduct, performance and ethics for nurses and midwives.
- Full nursing assessments to be undertaken and re-evaluated as specified and clearly documented as per Trust guidelines.
- Escalation to appropriate multidisciplinary team, i.e. medical doctors, stroke specialist nurse, therapists, night nurse practitioners and critical care outreach.
- Assessments and monitoring of patients' physical, emotional and psychological needs.
- Establish patient centred goals in collaboration with patient and carer participation, including provision of information, advice and support.
- Appropriate referrals to specialist teams with plan of transfer of patient care to their specialist ward if required.
- Timely coordinated discharge planning incorporating patients, family and carers.
- Maintain a supportive learning environment for all. Continued Professional development (CPD), training plan this includes the completion of the Stroke competency booklet for all staff.
- Collaborative working with physiotherapist, occupational therapist, speech and language therapist, dieticians and other MDT members.
- Nurse to inform capacity team at time of decision to step patients off the Stroke pathway as soon as possible if non-stroke, or if an in-patient Stroke rehabilitation bed is required within the Stroke pathway.

FAST positive patients and patients suspected of having an acute Stroke

Stroke CNS (Bleep Holder 597) available 24/7

- Review all referrals (via bleep/phone) and assess patient suitability and capacity as soon as possible.
- Perform a full set of observations and neurological observations in A&E.
- NHISS to be completed
- Contact the on-call clinician responsible for the assessment as per the rota.
- Perform an ECG and take blood.
- Perform swallow screen if appropriate and complete documentation either way.
- Take patient history and complete appropriate sections of stroke clerking pro-forma.
- Request tests i.e. CT Brain, Angio, Carotid Doppler USS if required.
- Prescribe or facilitate the prescription of treatment if required.
- Liaise with ED co-ordinator for transfer of patients to Stroke Unit when appropriate.
- To inform Bed Manager/Matron/Operational Manager when stroke beds are filled so as action can be taken to facilitate getting another unoccupied bed for use by stroke patients.

- To notify the site on-call manager out of hours if the beds are filled so as action can be taken to facilitate getting another unoccupied bed for use by stroke patients, if there is a patient that can step off the stroke pathway.

1.5 The Responsibility of the Medical Team

HASU

- Prompt assessment, diagnosis, investigations and treatment of patients from competent skilled medical staff.
- Stroke Consultant review once daily between the hours of 9am-5pm, 7 days a week. On-call cover after 5pm week days and at weekends from the in-house Stroke Consultants with the support of the Medical Registrar and Stroke CNS out of hours.
- **Stroke Thrombolysis patients / pre-alert / Acute Stroke patients**
- Review FAST-positive patients within 30 minutes of arrival and non-urgent Stroke patients within 4 hours of arrival.
- Make clinical decision as to whether or not the patient has had a stroke.
- Decide whether the patient can be discharged home or requires in-patient care on the Acute Stroke Unit or refer back to ED for assessment /admission to a non-stroke bed.
- Discuss what tests are required and plan further management.
- Hand the patient back ED or refer to Acute Medical team if patient requires a medical review and does not require any further stroke input.
- Review daily and patients that are known or suspected stroke that are outlying on other wards.

1.6 The responsibility of the Therapy Teams

Speech and Language Therapy

Patients who are admitted to a HASU should have their swallow screened using a validated screening tool by a trained healthcare professional within 4 hours of arrival at hospital and before being given any food, fluid or medication.

Patients with communication difficulties (aphasia, dysarthria and/or apraxia) after stroke will be assessed within 72 hours of admission and information, advice and support offered to both the patient and their carers. Advice regarding alternative and augmentative communication will be provided and discussed with the nurse in charge of patient and the co-ordinator.

Patients will be offered up to at least 45 minutes of SLT each day for 6 days of the week, if appropriate, and if they are willing and capable of participating and show measureable benefit from treatment. This input may be delivered by an SLT support worker under the direction of a qualified SLT.

Physiotherapy and Occupational Therapy

Within 24 hours of the patient's admission to HASU, a physical, functional and cognitive assessment of the patient is completed by OT and Physio, 7 days a week as appropriate to do so

This includes mobility, positioning, functional assessment which provides information to all staff regarding the patients' manual handling and therapeutic needs. All OT/PT staff to complete the HASU competency booklet and Immediate Life Support for senior therapy staff.

OT/PT is available on the wards 7 days a week with each patient being seen daily for on-going goal focussed treatment as appropriate. For the first 2 weeks treatment provided will be in short, frequent sessions, targeting mobility, transfers and daily living activities, aiming up to 45 minutes per patient per day, as is able to tolerate.

OT/PT discharge planning starts from admission to ward including referrals to on-going in-patient rehabilitation beds and /or Stroke specific rehabilitation within the community.

Establish patient centred MDT goals in collaboration with patient and carer participation, including provision of information, advice and support.

Maintain a supportive learning environment for all.

Collaborative working with doctors, nursing, speech and language therapists, OCT and other MDT members.

2 Implementation

2.4 Plan for implementation

The implementation of this policy will be through the cooperation of

- Executive team
- Director of Operations.
- Divisional Medical Director
- Divisional Director of Nursing
- Directorate Manager.
- Clinical Lead.
- Matrons.
- Ward Managers.
- Bed Manager and Site Lead.
- Stroke Medical and Nursing team
- Stroke therapy team

2.5 Training and awareness

- Adherence with Trusts mandatory training programme.
- Training plan for appropriate skills to be completed in house.
- External courses to enhance nursing skills in order to further develop work force.

3 Monitoring and compliance

Through the use of:-

- Clinical Governance
- Key performance indicators.
- Stroke Sentinel National Audit Programme (SSNAP)
- Stroke Dashboard

- Stroke Strategy Group
- Risk register
- Quality audits
- Act on complaints and incidents.
- NET promoter & Friends and Family patient feedback
- CPD

4 Policy Review

By Stroke Team annually

5 References

Code:

National Clinical Guideline for Stroke, 2016, Royal College of Physicians, fifth edition.	
HASU competency framework for Nurses	
NMC Code of Professional Conduct 2016	

6 Consultation

- Matron for Stroke Services
- Stroke Unit ward manager
- Consultants for Stroke Services
- Lead Stroke Specialist Nurse
- Directorate Manager for Stroke & Director of Operations.
- Divisional Medical Director
- Divisional Director of Nursing

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Jo Kenyon- Divisional Director of Operations
Stuart Guy- Directorate Manager
Dr G Muddegowda- Clinical lead Stroke Services
Chantelle Chadwick – Lead Stroke CNS/AHP
Claire James- Matron
Kate Harris – Physio and Orthotics Manager
Charlotte Jack – OT Manager
Morag Inglis – SALT Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Stroke Directorate Meeting
Divisional Governance Committee
Divisional Management Board

8.1 Approval process

This section should describe the internal process for the approval and ratification of this policy.

8.2 Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

8.3 Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Juliet Hawkesford-Barnes
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Juliet Hawkesford-Barnes	Deputy Director of Nursing Speciality Medicine	Juliet.hawkesford-barnes@nhs.net
	Jackie Humphriss	Ward Manager	Jackie.humphriss@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy review		
What is the aim, purpose and/or intended outcomes of this Activity?			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____ <input type="checkbox"/>	

Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	current demographic including staff. complaints
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Changes to old SOP does not impact anyone with protected characteristics.
Summary of relevant findings	Only minor changes to SOP.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		√		
Disability		√		
Gender Reassignment		√		
Marriage & Civil Partnerships		√		
Pregnancy & Maternity		√		
Race including Traveling Communities		√		
Religion & Belief		√		
Sex		√		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		√		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		√		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		√		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected

characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Juliet Hawkesford-Barnes
Date signed	14.9.23
Comments:	
Signature of person the Leader Person for this activity	Juliet Hawkesford-Barnes
Date signed	14.9.23
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval