The Royal Blackburn Hospital, Acute Stroke Unit

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East Lancashire is found in northwest England and has a population of approximately half a million. There you will find our hospital, the Royal Blackburn Hospital, which provides primary stroke care services for the people in their region.

Our hospital's stroke pathway begins with their close working relationships with colleagues at Northwest Ambulance Service. If a patient calls *999* with FAST scale-positive symptoms, the ambulance service pre-alerts the emergency department before arrival allowing our stroke specialist team to be at the emergency department door on patient arrival.

Our program has dedicated stroke physician consultants, a nurse consultant, specialist nurses, and healthcare assistants on the Stroke Team, and collectively, they ensure rapid access to neuroimaging and treatment. The British Royal College of Physicians 2023 stroke guidelines state, "*patients need specialist care on a stroke unit focused initially on preserving life, limiting brain damage and preventing complications*." Therefore, we aim for all stroke patients to be admitted directly to our Acute Stroke Unit from the emergency department within 4 hours of arrival to hospital. Our Acute Stroke Unit admission consists of initial assessments by a registered nurse, a stroke specialist physiotherapist, an occupational therapist, and a speech and language pathologist. Our specialist therapy team works from 0900 to 1700, seven days a week ensuring all newly admitted stroke patients are seen for initial assessment within 24 hours.

Our Acute Stroke Unit has recently upgraded to a 26-bed ward with 16 cardiac monitored beds managed through a central monitoring system. This is a significant improvement in the patient journey as it enables us to monitor cardiac rhythms for the first 24-48 hours of care to identify abnormalities warranting treatment.

Each morning we hold a safety huddle to identify any new patients that have been admitted between 1700 and 0900; this promotes an interprofessional team approach to concerns raised in patients' conditions and any other issues such as care needs that fall within a gap in the published guidelines. We meet again for midday rounds to discuss every patient's diagnosis and care needs in more depth, and to develop and ensure execution of realistic plans and discharge pathways. To ensure available beds for all new stroke admissions, we know we must create personalized discharge plans in a timely manner.

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In Our Stroke Unit

Working collaboratively as an interprofessional team enables us to review systems and methods to make improvements that better patient care and outcomes. For example, our speech and language team have created a care bundle that staff follow to ensure good oral hygiene practices are maintained with the use of chlorhexidine gel and specific mouthcare items to reduce the risk for post-stroke associated pneumonia in our patients; this was implemented with a bright yellow oral hygiene tray so that all staff could quickly identify patients requiring the oral hygiene intervention. We have measured a significant reduction in stroke associated pneumonia following implementation of this protocol. We also have developed and implemented an early mobilization protocol for hemodynamically stable patients to ensure a consistent approach and "mobilization dose" at 24-48 hours after Acute Stroke Unit admission. When it comes time to mobilize our patients, all available interprofessional staff are on hand to make this happen in an efficient and caring fashion.

Our relationship with external hospital services ensures seamless support for our acute stroke patients across the care continuum. We work closely with our local Stroke Association charity which offers stroke survivors and their families support and advice. Our Stroke Association staff come to the Acute Stroke Unit once a week and attends our interprofessional meetings so that they can identify which patients may benefit their support. They also provide follow-up support in the community to address any concerns that may arise once a stroke patient returns home. After discharge, all stroke patients are followed by our Community Stroke Therapy Team. Development and ongoing improvement of this service has expedited hospital discharge, which in turn creates capacity on the Acute Stroke Unit to ensure rapid admission of new patients.

Lastly, we are also supported by a rapid assessment service that allows patients with non-disabling stroke to be quickly assessed and undergo all required neuroimaging. This service sees approximately 60 patients per month preventing 30 admissions to the Acute Stroke Unit, with 30 referrals to our Transient Ischemic Attack (TIA) clinics. Our TIA clinics are run by staff from the Acute Stroke Unit along with stroke physician consultants and is available 7 days a week.

Our Acute Stroke Unit shares best practices with other stroke units regularly, as well as with our wider stroke network. We celebrated World Stroke Day by holding a conference with other stroke units in the area, inviting a variety attendees and presenters from within our interprofessional team; we also had 2 patients that attended to share their experiences on our stroke pathway. We always strive to listen to others and make changes that better both the service and the patient experience.

Having an Acute Stroke Unit means that patients get the right care at the right time provided by highly specialized

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interprofessional teams. Stroke Units that are supported by specialists improve patient outcomes, and we are proud to work on this important unit caring for these vulnerable patients.

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