Stroke prehospital video triage for suspected stroke patients:
Qualitative analysis of implementation and stakeholder experience in four areas of the English NHS

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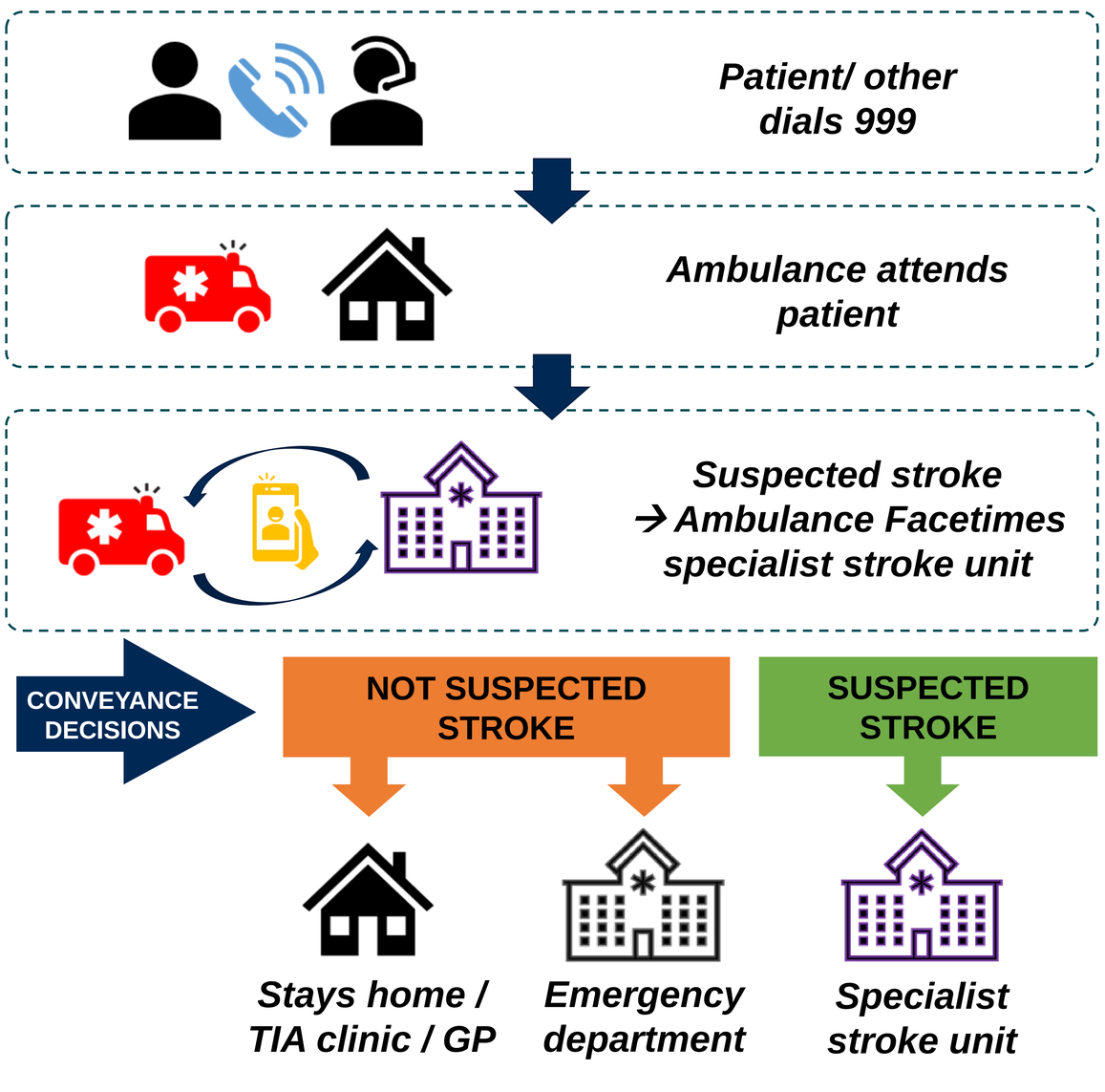
WHY IS THIS STUDY NEEDED?

- In 2020, areas of England introduced stroke prehospital video triage (Stroke PVT) services (see Figure) to triage stroke patients to help them receive timely and appropriate care
- Evidence suggests Stroke PVT may improve care
- But further research is needed on implementation, experience, impact and cost effectiveness.

WHAT ARE STROKE PVT SERVICES?



WHAT WE DID

We aimed to explore:

1. How Stroke PVT services were implemented?
2. Which factors helped or hindered implementation?
3. How do staff, patients and carers view these services?

Data collection is still in progress, but this analysis focuses on data collected so far: :

Findings will be analysed using thematic analysis. Findings will be integrated with cost and effectiveness findings.

WHAT HAVE WE FOUND SO FAR?

Implementation approaches

Implementation varied, including:

- Who conducts Stroke PVT (nurse/ registrar/ consultant)
- When service operates (24/7 or not)
- Threshold for using video triage vs telephone
- Training (formal or informal)

Video > telephone for assessment and decision making

- with telephone specialist cannot see or talk to patient; instead relies on ambulance clinician's verbal descriptions

Role/seniority of assessor: influences decision making

- e.g. less senior staff may be more risk-averse.

Factors influencing implementation include

Clinical champions

- In stroke and ambulance teams
- Key facilitator for driving the service forward and implementing Stroke PVT service

Collaboration

- High collaboration across organisations = facilitator.
- Collaboration/communication challenges = barrier.
- For example, ensuring all relevant organisations communicate regularly and participate in governance processes

Clinical capacity

- Available capacity shapes the type of service that is delivered or example some sites have fewer stroke specialists, with variable hours worked.
- Staff require time to implement prehospital triage services

Staff motivation

- High motivation / buy in = facilitator
- Low motivation / buy in = barrier.
- Motivation shaped by aspects like perceived value of the service.

Staff views

- Mostly supportive of Stroke PVT & see value in service
- Views that service is influencing conveyance and improving quality of care
- Some disagreements re destination and some barriers to be overcome e.g. Wi-Fi issues, capacity
- Some personal benefits, e.g. ambulance staff felt it has a positive impact on their knowledge about stroke

Patient and carer views

- Mostly positive, especially with contacting specialists at home
- Stroke unit patients felt services were well prepared for them
- Some emergency department patients reported long waiting times and stressful experiences
- If left at home, better explanation is needed: some patients felt they missed out on needed care
- Some patient interviewees were not aware of Stroke PVT

EMERGING CONCLUSIONS

- Organisational context shapes service delivery
- Clear communication between staff and patients important to effective Stroke PVT assessment and patient understanding
- Collaboration between clinical services key to effective and efficient Stroke PVT services.

For more information, Scan the QR code to visit our website →
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