

Using experience based co-design to improve stroke thrombolysis care at UHD

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Introduction



When stroke happens 'time is brain'. For every minute Ischaemic stroke is left untreated, we lose 1.9 million neurons. Prompt access to clot busting drugs (Stroke thrombolysis) returns blood supply and minimises damage caused by stroke.

In real terms, this means early treatment reduces disability and increases likelihood of returning home after stroke and living independently. Nationally the aspiration is for this treatment to be given within 1 hour of hospital admission.

Aim & Approach

- Our aim was to understand experience of care for people who receive thrombolysis.
- We had explored processes/ efficiency in our pathway.
- Giving experience of care equal parity was important.
- To help us, we applied an experience based co-design approach



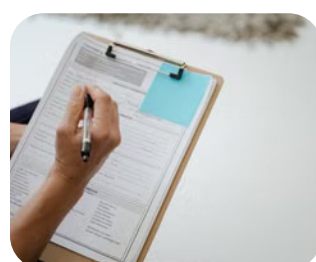
To help get an insight of this pathway please watch this short video.

1

Workforce Survey

Understanding staff experience of working within the acute stroke pathway, we asked

- what works?
- where could we improve?



2

Service User Interviews

- 3 service users volunteered to share their experience of stroke thrombolysis on camera
- Narratives covered from symptom onset to discharge home
- Open discovery conversation with visual pathway prompts



3

Identifying key themes from service user narratives



1: Recognising stroke symptoms & taking action



2: Consent & conversations pre treatment



3: Debriefing conversations after treatment

4

Codesign workshops

- Focused on three key themes from interviews
- Aim: solution focused (quick win changes and longer term solutions) to address identified challenges



5

Codesigned solutions

- Consenting tools/shared decision aids
- Conversational tips
- Workforce training
- Process changes



Find out more & keep in touch:

- Follow our progress in the next phase of this work as we try our co-designed solutions in practice...
- For enquiries contact: antony.smith6@nhs.net

