

Emerging Good Practice- Stroke Thrombolysis Co-design

Why this? Why now?



University Hospitals Dorset
NHS Foundation Trust



- Stroke is a leading cause of death and disability
- Access to acute treatment has been proven to improve outcomes, and save lives.
- However treatment needs an urgent response. Time is brain.
- In the pursuit of speed it can be easy to forget what those moments feel like

<https://youtu.be/0-PrwJxCeNQ>

Project background:

- In the last 2 years UHD Stroke team has looked at pathway efficiency (pre-hospital video calls with paramedics, new drugs and introduced new types of imaging).
- Whilst process is important, we felt it was equally necessary to also focus on experience of care during this very rapid treatment pathway to understand what it feels like to receive thrombolysis treatment at UHD.
- We have applied experience based co-design methods to support this work.





Project timeline:



Staff Survey



Open discovery
interviews



Analysis of
themes



Co-design
workshop



Design of
solutions



What have we learnt?



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Recognising Stroke Symptoms and calling 999



01

*"It didn't cross my mind that
I was having a stroke"*

Consent - pre treatment conversations



02

*"I just wanted the experts to
tell me what was best"*

Debriefing conversations on the ward post treatment



03

*"I felt scared and I couldn't
think fast enough"*

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

Co-designed Solutions:

+ 01

What matters most in the conversation?

- Keep Explanation simple and concise
- Explain risks in practical terms rather than percentages
- Focus on the potential benefits as well as risks
- Tailor the conversations to the individuals needs

+ 03

How should we communicate?

- Use clear, jargon-free language
- Avoid overloading patients with information
- Visual prompts may help some patients
- Confidence and reassurance from staff are important
- Adapt communication for aphasia and other communication difficulties

+ 05

What helps patients most?

- Trust in the stroke team
- Feeling the pathway is organised and efficient
- Knowing why treatment is recommended
- Understanding what happens next

You said...

+ 02

Who should be involved?

- Involve relatives wherever possible
- Use relatives to support understanding when appropriate
- Avoid making relatives feel responsible for the decision
- Stroke specialists should lead treatment discussions

+ 04

When should information be provided?

- Start conversations as early as possible if feasible
- Consider providing information for relatives whilst scans are underway
- Accept that patients may retain very little during the acute phase
- Revisit the discussion once the immediate crisis has passed



Thrombolysis Conversation Checklist

6 key steps for a clear, shared decision

Right patient. Right treatment. Brighter futures.

1	What is happening? (Ask 3 Questions)		"You are having a stroke. A blood clot is blocking blood flow to part of your brain."	☐ • Explain in simple terms • Confirm understanding • Involve family/relative
2	Why might thrombolysis help? (BRAN – Benefits)		"It can dissolve the clot, restore blood flow and improve the chance of recovery."	☐ • Explain potential benefits • Be clear about uncertainty • Use plain language
3	What could go wrong? (BRAN – Risks)		"The main risk is bleeding in the brain (about 1 in 20 people). This can be serious."	☐ • Mention key risks (e.g. sICH) • Check understanding
4	What else could we do? (BRAN – Alternatives and Nothing)		"Main alternative is not giving thrombolysis. Without it, the stroke may cause more brain damage."	☐ • Briefly discuss alternatives (usually none suitable) • Explain what happens if we do nothing
5	What matters most to you right now? (Your values)		"Is there anything that is especially important to you?"	☐ • Explore values/concerns • Involve family/relative • Offer recommendation if desired
6	We will come back and explain again (Ongoing support)		"We will explain what happened and answer any further questions after treatment."	☐ • Reassure • Document discussion • Plan for follow-up/debrief

Key points

- Keep it brief and clear.
- Use plain language.
- Involve family/relatives.
- Adapt to the individual situation.
- Document the discussion.

"A clear conversation takes a moment. Understanding lasts much longer."



Time is brain. People matter.

Shared decisions. Better care.

Stroke Team – here to support you.

Being transparent:

[Home](#) • [Services](#) • [Stroke Services](#) • [About our service](#) • [Stroke quality improvement and audit](#) • [Experience Based Co-design - Thrombolysis pathway](#)

Stroke Services

- About our service
- Stroke Outreach Service
- The Stroke Unit
- RANV/SDEC Clinic
- Early Supported Discharge Team (ESD)
- Hi-REPS group
- Hi-STEPS group
- Inpatient therapy
- Stroke quality improvement and audit
- Stroke research
- Information and support following TIA and stroke
- Stroke Handbook
- Making healthy lifestyle choices
- Blood pressure management
- Driving guidance

Experience Based Co-design – Thrombolysis pathway



About this project:

As part of our involvement with the Thrombolysis in Acute Stroke Collaboration (TASC) initiative, we've started an experience-based co-design project. We are looking to optimise our thrombolysis pathway and improve door-to-needle times for stroke patients.

The Stroke team at University Hospitals Dorset would like to understand the experience of people who are given clot-busting drugs (thrombolysis) as treatment for stroke. We will be exploring both staff experience of supporting this pathway and the experiences of people with stroke and their families. This insight will be vital in helping us identify what's working well and where improvements can be made.

Contact details for the project team:

tanya.davies22@nhs.net Stroke Quality & Performance Manager

antony.smith6@nhs.net Stroke Nurse Consultant.

Project Time line

STROKE FORUM

Hosted by

Stroke
Association



British & Irish Association
of Stroke Physicians
Advancing stroke medicine



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Caring together:



University Hospitals Dorset
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(1) Picker movie end - YouTube

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Thank you!



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Please keep in touch:



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