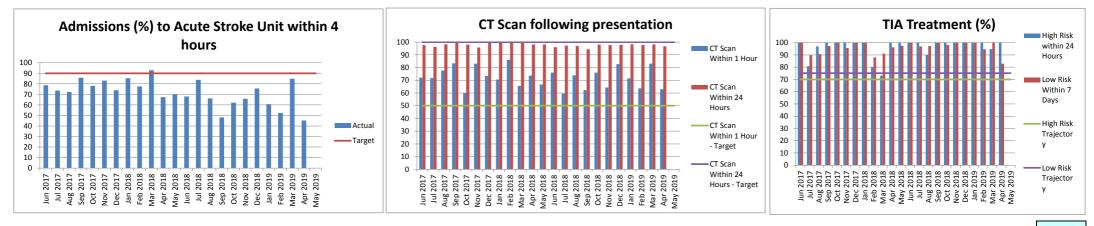
Clinical Effectiveness - Stroke Care & Cardiology

Data	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (Since Dec 2017)	Data	Month	Year To	Trend
Quality				mououro	Year	Month	D J F M A M J J A S O N D J F M A M	Period		Date	
			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0		May 2019	87.9	88.1	m
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0		May 2019	67.3	58.6	\sim
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0		May 2019	66.1	67.5	MmM
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0		May 2019	98.3	98.3	~~~
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0	85.0		May 2019	85.7	80.0	~~
			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0	70.0		May 2019	88.9	94.7	\sum
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0	75.0		May 2019	93.3	84.9	w v
			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0		May 2019	100.0	100.0	Y
			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0		May 2019	85.7	92.9	m
			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0		May 2019	85.7	93.1	$\sim $
\bigcirc			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0		May 2019	100.0	100.0	



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The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge.

National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

Both are valid but designed for slightly different purposes, however they will align overall, especially over a longer period of time (eg annually)