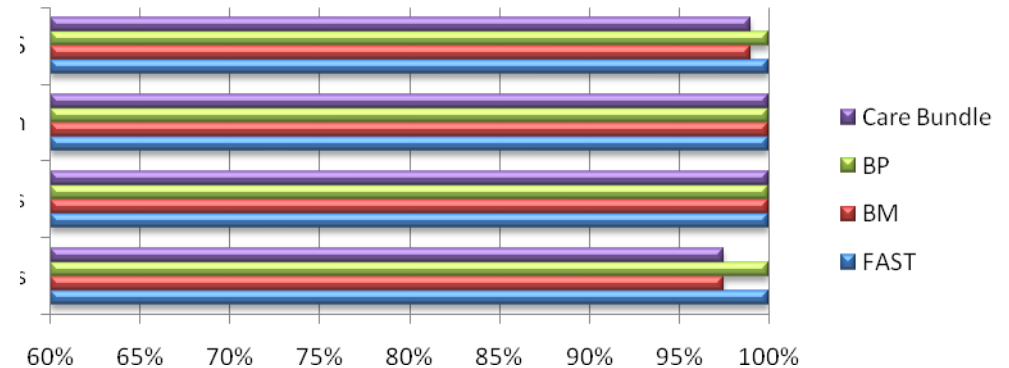


# CPI Friday

## Stroke Care Statistics (January 2011)

### Synopsis:

- Stroke care: 99% care bundle performance is truly amazing
- 100% compliance (yet again!) for all sectors for BP & FAST
- Stroke care in Sector 1 & Sector 2 flawless (statistically!!!)
- STEMI care similarly flawless in both Sector 1 and Sector 3
- Aspirin and pain score CPIs 100% in all sectors
- STEMI care bundle a massive 89.47% - an excellent result

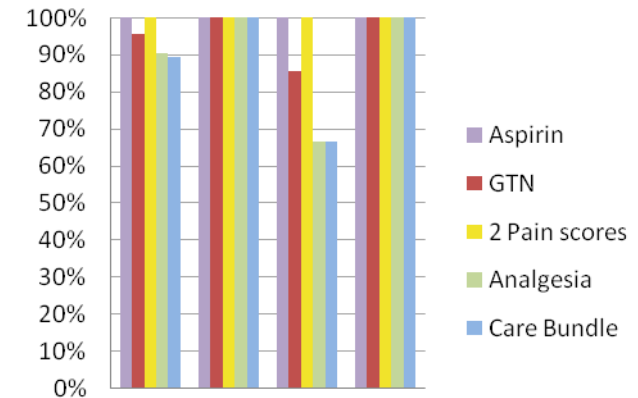


**Rather odd rivalry-rousing ramblings** (try saying that after a pint or two!):

**STROKES:** *Congratulations one and all!* We were one BM short of 100%, which simply shows how much of a responsibility we each have to double check that we've not missed that crucial entry. However, a 99% care bundle figure is truly fantastic, and you don't need me to point out that once again, we have proved we are clinically second to none with our stroke care. **Be proud**, I know I am.

**STEMIs:** Sector 3, welcome to Spring, and boy did that hibernation work wonders for you!!! You're clearly back in action and a force to be reckoned with! Sector 1, thank you for halting the peak-trough performance that was giving me vertigo, and for restoring my faith in our good practice by matching Sector 3's **phenomenal compliance of 100%** for Aspirin, GTN, 2 pain scores, **and** analgesia (and therefore also the care bundle). Sector 2, I think that amazing wintry performance may have burnt you out a bit but I know you'll be back with a vengeance very soon. With the numbers being so small, the one squirt of GTN and 2 patients without documented pain relief hit your numbers extremely hard, but this shouldn't detract from a performance that puts other Trusts to shame! I have to blow the Sector 1 trumpet (I know, hardly a challenge!) because 100% compliance for both conditions is a first, and is fantastic. My concern now is that we find ourselves on the throne of complacency; let's not join Chesney Hawkes in the world of one-hit-wonders, let's focus on maintaining our standards, even stretching our lead – is it enough that patients get pain relief, even if they've waited over 1/2 hour for it? Remember that CPIs are a minimum standard, but ALL of us can do more than that. In the mean time – OUR TRUST rocks and you're all clearly top clinicians.

## STEMI Care Statistics (January 2011)



### Questions that arise from reading between the lines of many PCR's :

- Can we give a second dose of GTN? **Absolutely.** It's not clear in the pocket JRCALC, but it is in the bariatric version. If there's still pain, and BP permits, then give subsequent doses – it won't affect our CPI figures, but it could significantly improve patient comfort and outcome (it's not all about the numbers!)
- Do we need to give pain relief if the pain score is only 1 or 2 out of 10? **Yes.** If they don't want it, document "patient declined" but is this best for the patient? Even an ache (and anxiety) can increase the workload of the heart. Analgesia (and GTN) reduce the pre-load on the heart (and will help relax the patient), so there are massive clinical benefits to analgesia even if the pain is "just a niggle". Moral of this dull story: *get access, or get the giggle-juice!!!!*