

CPI Friday – looking back

Issue 12/2011

Brief synopsis:

- We've made significant improvements in all areas of stroke and STEMI care since Jan 2010
- Few other trusts rival our figures, month in, month out, and the care that this inherently implies

Ramblings

For the few CPI Friday hardcore that are out there that have been reading my ridiculous ramblings now for almost a year, I thought it time to reflect on how we've improved.....

Strokes

Stroke CPI performance has always been high (largely over 85%) but we've not been complacent, we've upped our game so we are now consistently over 95%, often 100%. Yes, of course there are areas we can still improve on, but compare us to most other trusts and we're streets, even villages, ahead!! As the BM kit issue gets sorted (thanks to everyone involved at all levels), our care bundle figure, I know, will hit that 100% line for good.

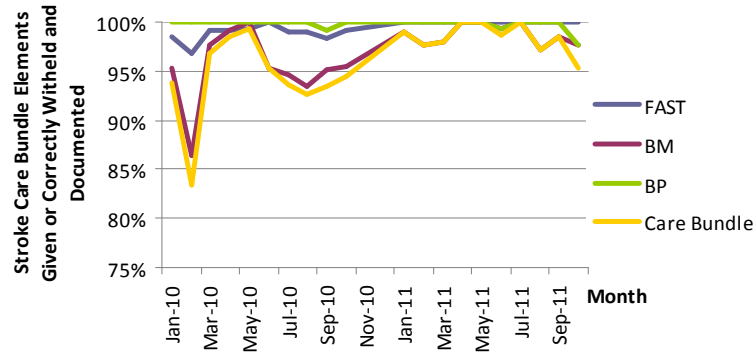
STEMIs

Just look at our performance this year compared to last, and pat yourselves on the back because the improvement is simply fantastic!!!! If ever there were a graph to show significant, steady and consistent improvement, well this really is it, and when I do my ASCQI (Ambulance Services Cardiovascular Quality Initiatives) presentation in March, rest assured that all other trusts will be made fully aware of your commitment to patient care.

If we look at each STEMI CPI, our aspirin and GTN administration have gone from great to superb. Pain scores took a massive leap after the first CPI Friday in January 2011 purely because (like me), few people had fully appreciated the importance of a second score in proving you'd reassessed the patient's pain (or absence of) en route to hospital. Poor Doris didn't want to call you out in the first place, she's hardly going to disturb you mid journey to tell you her pain's getting worse – you need to be proactive, and boy, you certainly have been!!!!

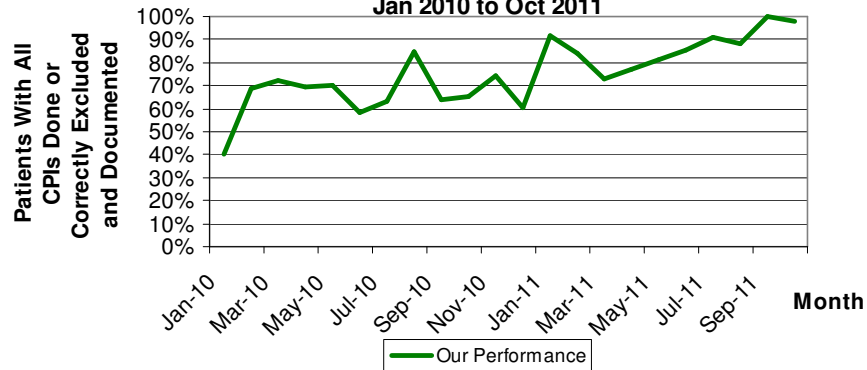
Stroke CPI Performance Improvement

Jan 2010 - Oct 2011



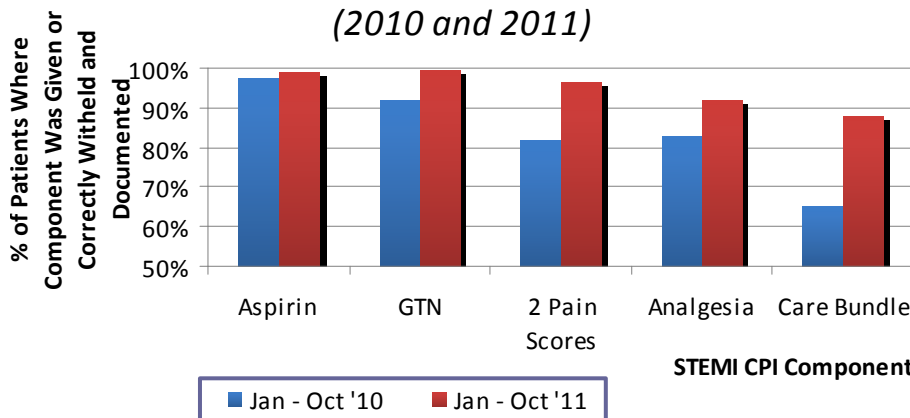
STEMI CPI Performance

Jan 2010 to Oct 2011



STEMI Care Comparison

(2010 and 2011)



When it comes to analgesia however, there is definitely room for improvement and those of you bonkers enough to keep reading CPI Friday will know that the main points are:

- If the pain's not ZERO, Morphine needs to be given. A "niggle" still needs analgesia. No excuses.
- If Morphine's not possible (failed access, non-para crew, contraindications etc), then give entonox a try. No excuses either!

I'm the first to understand that the excitement of getting sucked into the city centre every night shift is about as appealing as Shrek's Princess Fiona after sunset, but (in general) there are no green ogres in our trust when it comes to CPI performance for cardiovascular disease (strokes and STEMIs). In fact, we need others to take a good look at **our** clinical care and start seeing the wonders that lie within our trust.

So thank you and keep up the professionalism – sector breakdowns in January....you've been warned!!!!