

## Proposed Governance Framework

- **For the provision of hyper-acute care including thrombolysis care by clinicians who are not core members of the stroke Multi-Disciplinary Team**

### Competency Framework

When clinical staff who are not core members of the stroke MDT are delivering hyper acute care to people with acute stroke they should be able to demonstrate the following competences:

- 1 They should possess a current NIHSS assessment certificate.
- 2 They should have participated in thrombolysis training/ master classes with updates at times to be agreed during their annual appraisal. They should have knowledge and understanding of local protocols and procedures for hyper acute stroke and thrombolysis.
- 3 They should be able to demonstrate competency in CT reading or be supported by a second professional radiology opinion either on site or via a remote facility.
- 4 They should participate in regular multidisciplinary thrombolysis outcome review meetings.

### Organisational responsibilities

Organisations relying on non-core staff should ensure:

- 1 All non-core stroke MDT staff are compliant with the above.
- 2 There is a clear audit trail of decisions made by non-core members of the stroke MDT including *whether or not* to offer thrombolysis care.
- 3 That all patients who will benefit from hyper acute care, whether or not they receive thrombolysis care, are admitted to a hyper acute care unit that meets the seven acute criteria as set out in the National Strategy for Stroke. In particular there should be a named clinician responsible for the ongoing care of people admitted to HASU and ward rounds seven days per week, undertaken by a specialist stroke practitioner, to ensure that complications are detected and patients are moved on to rehabilitation at an appropriate time.
- 4 The presence of a 24/7 Stroke Nurse Specialist Team.

This advice is not intended to be guidance for remote consultation using Telemedicine

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