

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY A.D. LEWIS OF ST. HELIER
ANSWER TO BE TABLED ON MONDAY 26TH SEPTEMBER 2016**

Question

Could the Minister provide information for 2010 and 2015 on the proportion of stroke patients in Jersey who:

- (a) Spend the majority of their hospital stay in a stroke unit;
- (b) Receive a brain scan within 12 hours of arriving in hospital; and
- (c) Receive clot-busting drugs?

Answer

Trakcare (our electronic patient record system) was implemented mid-way through 2011. Therefore, we do not have accessible and reliable data for 2010 and so the response below relates to 2015 only.

- (a) Jersey General Hospital (JGH) does not have a “stroke unit” as found in some UK hospitals as we do not have a high enough number of stroke cases to warrant a dedicated unit. Stroke patients at JGH are admitted, whenever possible, under the neurologist on Corbiere ward for the acute element of their care. They are then transferred to Samares ward for their rehabilitation, if required.

In 2015 there were 86 patients admitted to JGH with a primary diagnosis of stroke. Of these, 75% of their in-patient bed days were spent on Corbiere, 21% of the bed days were on another medical ward and the remainder were divided between other locations such as the intensive care unit and the emergency assessment unit.

- (b) In the time available, it is difficult to give a definitive answer to this question. However, our Clinical Director for imaging has confirmed that if a patient meets our guidelines for an urgent CT scan then they will receive this usually within an hour of the request, 24/7.
- (c) According to our clinical coding data, 6% of patients with a primary diagnosis of stroke in 2015 received thrombolysis treatment during their stay. (Thrombolysis treatment is only given when the clinician is certain that the diagnosis is of a non-haemorrhage stroke.)

