

Prehospital video triage of potential stroke patients in North Central London and East Kent: rapid mixed-methods service evaluation

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Plain English summary

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Background

It is hard to tell if someone is having a stroke because many other conditions look like stroke. This can mean that some patients go to the wrong hospital and miss out on the best care.

During COVID-19, alongside other service changes, ambulance and stroke teams in North Central London and East Kent started using 'prehospital video triage': stroke doctors used FaceTime (Apple Inc., Cupertino, CA, USA) to work with paramedics in examining people who might be having a stroke before going to hospital. They thought that this would help patients get to the right services.

What we looked at

- What is the evidence for prehospital video triage for stroke?
- How did paramedics and stroke doctors feel about prehospital video triage in North Central London and East Kent?
- Were ambulance journeys fast enough? Did patients get stroke care in time?

What we found

- Evidence – little is known about prehospital video triage for stroke. Evidence suggests that such services can work and clinicians like them. Clear images and sound matter, as do training and communication.
- Paramedics and stroke doctors felt that the services implemented in NC London and East Kent were effective and safe, and wanted them to continue. Stroke doctors worried that it added to their workload.
- Ambulance journeys – time from onset of stroke symptoms to arrival at hospital or stroke services was at least as fast as before prehospital video triage was introduced.
- Stroke care in these areas either did similarly to services elsewhere in England, or got better.
- In addition, we learned that COVID-19 pressures, clinicians' values, face-to-face training and engaging leadership helped with putting prehospital video triage into action.

Paramedics and stroke doctors liked prehospital video triage for stroke; they thought that it was safe for patients and improved on what was done in the past.

We interviewed only stroke doctors and paramedics, and there were several gaps in our ambulance journey and stroke care data.

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