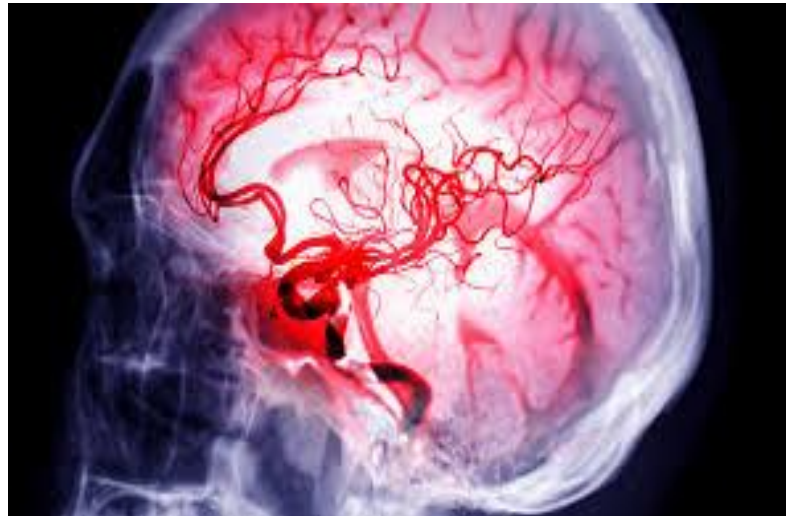




Northern Health
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NHSCT Thrombolysis rates and Improvement Actions



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Thrombolysis is used for Acute ischaemic stroke to dissolve an arterial clot.

Eligibility is strict to ensure benefit and to minimise haemorrhage risk.

Criteria

- Clear onset of symptoms within 4.5 hours
- CT Perfusion can be used for wake up strokes or those with onset times 4.5 to 9 hours. Not suitable for posterior circulation strokes
- Brain imaging must show no bleed or completed infarct/advanced ischaemic changes
- Disabling neurological deficit

Contraindications

- Intracranial bleed on CT
- >9 hours since symptom onset
- Hypertension with BP >185/110
- On an anticoagulant – DOAC, Warfarin
- Recent surgery/trauma
- Active bleeding
- Patient or next of kin refusal



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Our Thrombolysis target is 16%

Every acute stroke patients timeline is analysed and any delays discussed at a monthly thrombolysis meeting with all professionals along the stroke pathway including Consultants, stroke specialist nurses, radiologists, managers etc

Main reasons for non-administration of thrombolysis is:

1. Presents outside 4.5 hours window
2. Has CT perfusion up to 9 hours which is not favourable
3. Is on Anticoagulant medication
4. Stroke symptoms too mild
5. Intracranial/intracerebral haemorrhagic
6. Other medical reason

Example – Antrim Site - February 2026 – Strokes 37 – 2 received thrombolysis

35 did not receive thrombolysis due to:

- 10 Haemorrhagic – 27%
- 9 Outside time window – 24%
- 4 on anticoagulant medication – 11%
- 2 too mild – 5%
- 10 Other medical reason (Eg previous stroke/ICH, seizure at presentation) – 27%



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SSNAP results 2025 Antrim and Causeway

Antrim	National Oct - Dec 2025	Oct - Dec 2025	Jul - Sep 2025	Apr - Jun 2025	Jan - Mar 2025
Percentage of all stroke patients given thrombolysis	13.5	10.9	19.0	17.5	12.5

Causeway	Oct - Dec 2025	Oct - Dec 2025	Jul - Sep 2025	Apr - Jun 2025	Jan - Mar 2025
Percentage of all stroke patients given thrombolysis	13.5	7.7	15.9	17.9	11.1



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Measures to Improve Thrombolysis Rates

CMO Regional Project lead by Stroke Network Project SENSIBLE (April 2026 – June 2027)

Agreed datapoints will be extracted from the SSNAP dataset. Included are the key variables identified by the Exeter team as drivers of thrombolysis performance:

- percentage of patients with confirmed onset time
- willingness to thrombolyse (measured against bespoke target)
- door to needle times.

Other key parameters will also be extracted to capture the patient journey including:

- Onset to arrival time
- Arrival by ambulance
- Door to assessment by decision maker
- Door to scan time
- Percentage given CTA/CTP at first imaging visit
- Percentage of wake-up strokes given advanced imaging
- Percentage receiving thrombolysis

All data will be analysed for both in-hours and out-of-hours performance.



Other Measures to Improve Lysis performance

- Strengthen monthly lysis meetings analysing all patients who did not receive thrombolysis particularly those <9 hours/wake-up strokes and extended window decisions
- Discussions and education about lysis in patients on anticoagulants
- Consultant discussions of difficult cases at lysis meeting Eg difficulty distinguishing what could be considered a 'disabling stroke', post surgical cases or higher frailty patients
- Weekly COE teaching/medical teaching on different sites for permanent and resident doctors
- Encourage medical attendance at Regional update thrombectomy/perfusion training to improve staff confidence

Other Measures to Improve Lysis performance continued...

- As a percentage of our patients present late to ED and therefore miss the lysis window we are liaising with corporate comms and will be running the FAST campaign in May (for Stroke awareness month) to strengthen the pre-admission pathway
- We have met with the Stroke Association and Regional Stroke Improvement leads who will also be promoting the FAST campaign in May to increase regional awareness (Public Health recently stopped funding the FAST campaign)
- We are streamlining the early stroke pathway by starting a new project in ED to improve Stroke recognition at triage – Project Brains



Also to note a number of our patients will transfer to the Belfast Trust for Thrombectomy – some of these patients will not be suitable for thrombolysis due to contraindications but will be suitable for thrombectomy

This service is **not** currently available 24/7 and only runs 8am – 6pm seven days a week.



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