**Text

Description automatically generatedSPEEDY study**

**Specialist PrE-hospital rEDirection for ischaemic stroke thrombectomY**

**SWASFT Frequently Asked Questions (October 2023)**

**Q1. Why are we testing the SPEEDY pathway?**

A1. Approximately 10% of stroke patients are suitable for mechanical thrombectomy, which can prevent severe disability if provided within hours of a large stroke. However, it requires highly specialised interventionists and facilities, that are only available at regional thrombectomy centres. Currently many patients need to be transported from a local stroke hospital to a regional centre to receive thrombectomy, resulting in delayed treatment.

The SPEEDY study is examining an alternative pathway (‘SPEEDY pathway’) whereby selected patients will go directly to the thrombectomy centre. The study will show whether this approach can save time in providing treatment and also report the consequences for all ambulance patients with suspected stroke.

Please note that the pathway is only considering how to improve access to thrombectomy, it is not comparing thrombectomy with thrombolysis. All patients will still be able to access thrombolysis which is available in all stroke hospitals.

**Q2. Should all suspected stroke patients that need a standard stroke pre-alert also trigger a SPEEDY call?**

A2. No. Most suspected stroke patients would not benefit from thrombectomy, and so a SPEEDY call should only be triggered when certain information is present during the on scene initial assessment. This includes the specific combination of symptoms and time since onset which are described on the SPEEDY study pocket card. For patients who do not meet the SPEEDY criteria, you should make a standard pre-alert call to the nearest local stroke hospital as usual.

**Q3. Won’t the SPEEDY call slow down the patient’s journey?**

A3. The SPEEDY call itself has been designed with input from ambulance and hospital clinicians so that it should take less than 10 minutes, and so far the study average is 9 minutes. This amount of time will not have a significant effect on a patient’s care or recovery. Please make the SPEEDY call before leaving the scene so that you can plan the quickest route to the agreed destination hospital. If the patient is accepted by the thrombectomy centre then no additional pre-alert is needed. If the patients is not accepted then please also make a quick standard pre-alert to the nearest stroke hospital.

**Q4. Will all SPEEDY calls mean we go to the thrombectomy centre?**

A4. No. SPEEDY calls will only result in admission to the thrombectomy centre if the view from the clinicians at the centre is that the patient is likely to benefit from thrombectomy, and that the treatment would be quickly available when the patient arrives. When patients are not accepted then usually this will be because it sounds very unlikely that there would be benefit from thrombectomy, but occasionally the thrombectomy service might not have room for one more patient at that point in time, and it would be better for them to go to a nearer stroke hospital (where they can still be considered for secondary transfer).

We estimate that up to half of the SPEEDY calls will result in direct admission to the thrombectomy centres, although part of the reason for doing the study is to find out the precise number. If you make several SPEEDY calls and you are always told to take these patients to the usual stroke hospital then please keep calling because the next one might go to the thrombectomy centre!

**Q5. If the thrombectomy centre don’t accept the patient then does this mean that they won’t get a thrombectomy?**

A5. If the information available on scene triggers a SPEEDY call but the thrombectomy centre advise admission to the nearest stroke hospital for any reason, the patient will still be assessed locally and can access thrombectomy via secondary transfer if appropriate. The SPEEDY call is a way for some patients to get faster thrombectomy, but does not exclude anyone from going the current standard route if appropriate.

**Q6. What if I’m not sure whether the thrombectomy centre is the nearest hospital?**

A6. If you are not sure whether you are nearer to one of the local stroke hospitals listed on the SPEEDY pocket card or to one of the thrombectomy centres, you can still make a SPEEDY call to the thrombectomy centre and they will advise on where to go. For all SPEEDY calls please tell the thrombectomy call taker that you are ringing because of SPEEDY, which hospital you think is nearer and where you are currently, so they can decide what action to take.

**Q7. What happens if the thrombectomy centre don’t answer the call?**

A7. Please try two attempts to make a SPEEDY call. The thrombectomy centre team are prioritising SPEEDY calls but If neither are answered then this is an indication that they are currently very busy, so please take the patient to the nearest stroke hospital. Please document the call attempts in the ambulance record and using the QR code on the SPEEDY pocket card. Note that it will still be possible for the patient to access thrombectomy via secondary transfer if appropriate.

**Q8. Where should I take the patient to if they are accepted by the thrombectomy centre?**

A8. The thrombectomy centre call taker will tell you where to take SPEEDY patients to. Note that this may not be the usual department for emergency admissions, and could be the stroke unit or angio suite. Please follow their instructions, and if you are unsure then ring them again on the SPEEDY call number as it may cause confusion if the patient is taken to ED instead of the preferred location. The ambulance service has agreed to support the extra travel and time required by a SPEEDY patient.

**Q9. Do I need to tell the patient that SPEEDY is a research study?**

A9. No. Because of the nature of the SPEEDY study, the ethical review approved that it is not necessary to tell the patient (or any family present) that their destination hospital reflects a research process. You do not need to provide any written information or take consent. Patients taken directly to a thrombectomy centre will have access to information explaining about SPEEDY.

**Q10. Can patients refuse to go to the thrombectomy centre?**

A10. Yes. As in all clinical situations, it is possible for patients with capacity to make a choice about their care. If a patient has been accepted by a thrombectomy centre after a SPEEDY call and they do not wish to go there, then please explain that this choice may give them better access to emergency treatments. If they still do not wish to go, and have sufficient capacity to make that decision, then please document this in the ambulance record, call the thrombectomy centre to let them know about the change of plan and transport quickly to the local stroke hospital (with a standard pre-alert).

**Q11. What should we do if the patient’s condition changes during a journey to a thrombectomy centre?**

A11. Many stroke patients have fluctuating symptoms in the early hours of a stroke starting, and this should not influence the hospital destination unless their change in condition is very significant e.g. the patient becomes unresponsive to all stimuli. In this unusual situation, you should assess whether you are now nearer to the thrombectomy centre or another hospital in case it would save time to divert, and take whatever clinical action is needed e.g. airway protection. Please note that patients who improve should still be taken to the thrombectomy centre if already accepted there.

**Q12. Why are we counting waking-up as symptom onset?**

A12. There is evidence that some patients who wake up with stroke symptoms suffered the event at the time of waking. These patients can be identified using more complex brain scans (such as MRI) in hospital and may still be eligible to receive thrombectomy. Because of this, the study involves patients within 5 hours of waking, even though for some it will be too late for treatment.