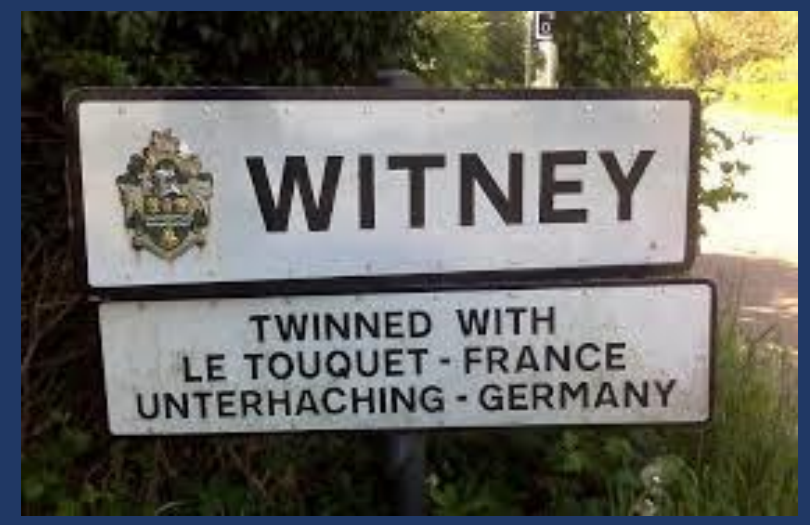


Stroke Rehabilitation Service Quality Improvement Plan 'A Tale of Two Towns'



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Purpose

Oxford Health NHS Foundation Trust (OHFT) committed to a Stroke Quality Improvement (QI) Project to enhance the quality of rehabilitation for patients requiring bed-based rehabilitation as part of the Oxfordshire Stroke Pathway. Following poor performance in the national Sentinel Stroke National Audit Program (SSNAP) and local Key Performance Indicators (KPIs), the Stroke Quality meeting was initiated by the physiotherapy team to review care and develop a multi-professional improvement plan.

Aligning service provision with that recommended in the Royal College of Physicians National Clinical Guideline for Stroke (2016) required consolidation of two stroke units, 14 miles apart, into one specialist stroke rehabilitation ward. This poster outlines key objectives of the QI project, describes progress to date, and evaluates the impact on quality delivery and patient outcomes so far. The objective is to generate discussion and share positive experiences and challenges encountered during the project.

Methods

Current stroke guidelines and relevant evidence base were reviewed to inform a stroke quality improvement plan. The project plan was signed off by the Service Manager and requisite permissions sought from the Health Overview and Scrutiny Committee (HOSC) and the Clinical Commissioning Group (CCG). 10 beds were moved from Town A to Town B in February 2018 with as little disruption to patient care as possible.

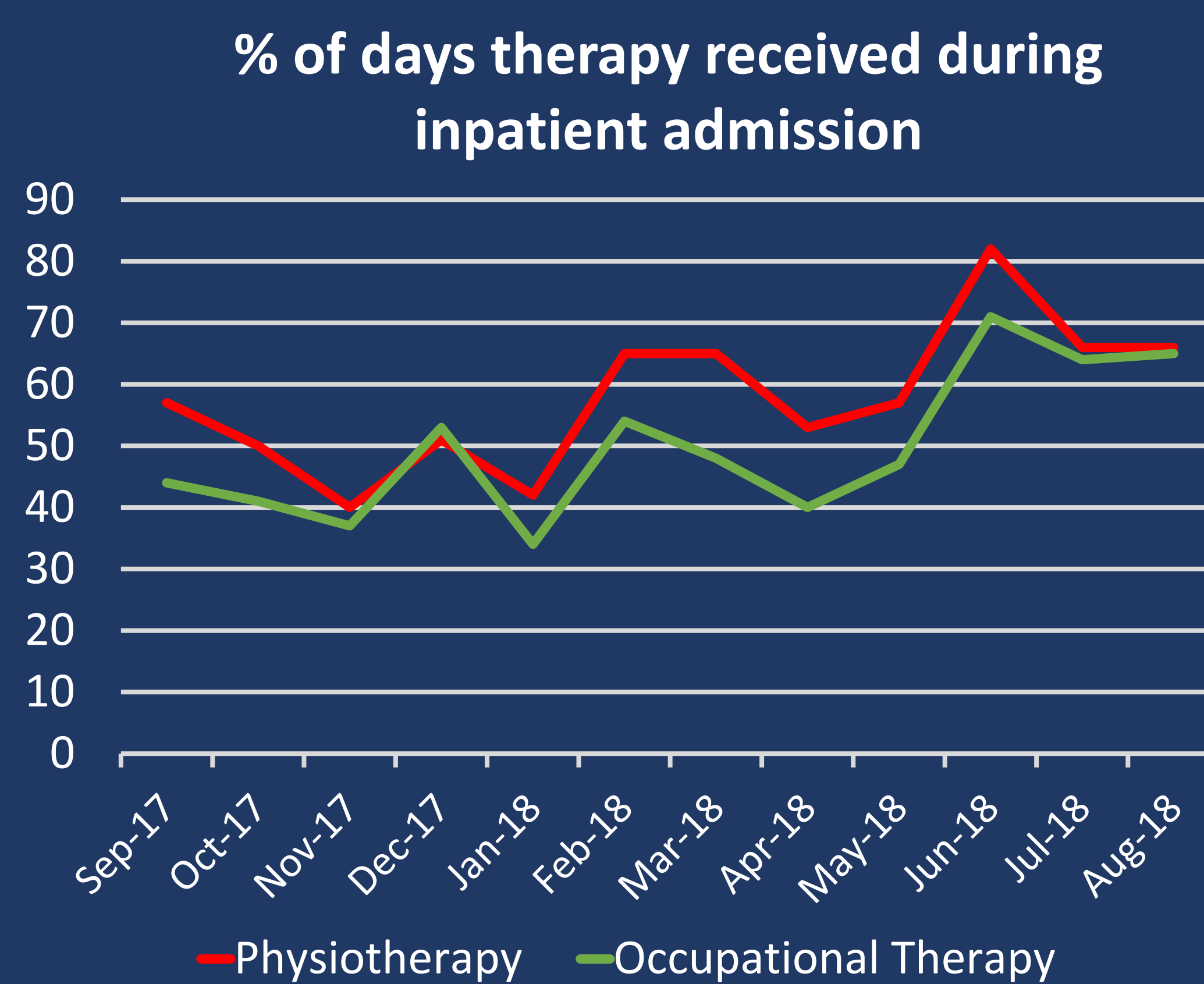
Local key performance indicators (KPIs) were devised to use as measures of success alongside SSNAP reporting:

- % of days on which therapy was delivered during inpatient admission
- Average number of therapy minutes per session
- Compliance against national stroke therapy staffing guidance, measured by staffing establishment
- Evaluation of patient clinical outcomes using the Barthel Index (BI)
- Qualitative data from staff, patients and relatives

Results

The Stroke Quality Improvement Project is part way through implementation. The impact to date on performance and quality measures are:

- Completion of relocation of wards to a single site
- Increase in compliance with RCP recommended stroke rehabilitation therapy staffing from 73.7% to 85%
- Consistent achievement of an average 45 therapy minutes per session
- Improvement from admission to discharge on BI has increased from 5.73 point average to 6.69
- Increase from 46.5% to 65% average days physiotherapy delivered
- Increase from 43.5% to 51% average days occupational therapy delivered



This improvement in performance has also been reflected in the improvements in SSNAP performance from August 2017 to June 2018:

- Both Physiotherapy and Occupational Therapy have consistently achieved an 'A' rating for the last 2 reporting segments
- Unit performance overall has improved from a 'D' rating to a 'B'

	Aug – Nov '17	Dec '17 – Mar '18	Apr – June '18
2) Stroke unit	A	A	A
5) Occupational therapy	B	A	A
6) Physiotherapy	B	A	A
7) Speech and Language therapy	C	C	C
9) Standards by discharge	B	B	B
10) Discharge processes	E	E	D
Team-centred Total KI level	B	B	B
Team-centred Total KI score	70	76.7	80
Team-centred SSNAP level (after adjustments)	D	C	B
Team-centred SSNAP score	59.5	61.9	72

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Conclusions

Our work has demonstrated that reallocation and reorganisation of resource onto a single site has resulted in quality improvement of the stroke rehabilitation service. Patients in the Oxfordshire Stroke Rehabilitation Unit receive increased number of days' therapy whilst maintaining average minutes of treatment. Data also demonstrates an improvement in clinical outcomes. Progress has also been evidenced in unit performance as a whole with the improvements in the Team Centred SSNAP level.

Progress to date highlights that despite ongoing resource limitations within the NHS, re-development and innovation is feasible to improve patient outcomes. Further work should look at qualitative data evaluating staff and patient satisfaction. There is also a need to review different elements of the Oxfordshire Stroke Pathway, to enhance the rehabilitation delivered as patients transition back into their local community.

Implications

QI projects are part of the NHS' approach to improving patient care. This project demonstrates QI can be initiated and led by Physiotherapists as part of a multi-disciplinary team.

References

1. Intercollegiate Stroke Working Party. National clinical guideline for stroke. 5th ed. London: Royal College of Physicians, 2016.
2. Kings College London (2018) *Sentinel Stroke National Audit Programme*. Accessed 06/10/18. [<https://www.strokeaudit.org/>]

Acknowledgements

Thanks to every member of the multi-disciplinary team at the Oxfordshire Stroke Rehabilitation Unit.

