

Rehabilitation update Scottish Stroke Improvement Plan 2017

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Manager)

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Rehabilitation Sprint Audit Criteria

1. Patients admitted to hospital due to an acute stroke should be assessed by more than one Allied Health Professional by the fourth day of their hospital admission (ie Day of admission = Day 0).
2. Multidisciplinary discussion about the patient's rehabilitation needs should have occurred by the fourth day of their hospital admission.
3. The multidisciplinary discussion should be recorded in a paper or electronic format which is accessible to all health professionals involved in the patient's care.
4. There should be documented evidence that the rehabilitation plan has been agreed in discussion with the patient and/or their next of kin.

Was the patient assessed by more than one type of trained Allied Health Professional (AHP)?



Was the patient assessed by more than one type of trained Allied Health Professional (AHP)?

56% (1211/2164)

68% (1198/1771)

Is there evidence that the patient's
rehabilitation needs or a
rehabilitation plan was discussed by
the MDT?



Is there evidence that the patient's
rehabilitation needs or a
rehabilitation plan was discussed by
the MDT?

37% (803/2164)

56% (996/1771)

Was this discussion recorded in a health record (paper or electronic) that could be accessed by all types of healthcare professional involved in their care?



Was this discussion recorded in a health record (paper or electronic) that could be accessed by all types of healthcare professional involved in their care?

32% (693/2164)

55% (973/1771)

Is there documented evidence that the rehabilitation needs/plan was discussed and agreed with the patient and/or their next of kin?



Is there documented evidence that the rehabilitation needs/plan was discussed and agreed with the patient and/or their next of kin?

24% (520/2164)

43% (768/1771)

Benchmarking for access to rehabilitation

- Newly developed RAG criteria to include rehabilitation in a more robust way within the SIP
- No immediate plan to re-audit access to rehabilitation through another sprint audit
- Boards will be invited to justify their RAG status at the annual visit from SSCA

7.1.1 Priority 7. Transition to the community

Priority 7. Transition to the community					
1.1	Access to stroke therapy services	Acute therapy assessment is provided by stroke specialists by day 3 of admission following a stroke and a process to ensure effective communication of their rehabilitation needs and / or rehabilitation plan is established	Thérèse Jackson / Mark Smith	<div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: red; height: 20px; width: 100%; text-align: center; color: black; font-weight: bold; margin-top: 5px;">RED</div> <div style="background-color: yellow; height: 20px; width: 100%; text-align: center; color: black; font-weight: bold; margin-top: 5px;">AMBER</div> <div style="background-color: lightgreen; height: 20px; width: 100%; text-align: center; color: black; font-weight: bold; margin-top: 5px;">GREEN</div> <div style="background-color: cyan; height: 20px; width: 100%; text-align: center; color: black; font-weight: bold; margin-top: 5px;">COMPLETE</div>	<p>No acute therapy assessment is available or plan to develop this process</p> <p>Patients are assessed by more than one type of trained Allied Health Professional but there is no evidence of MDT documentation</p> <p>There is evidence that the patient's rehabilitation needs or a rehabilitation plan was discussed by the MDT</p> <p>This discussion is recorded in a health record (paper or electronic) that could be accessed by all types of healthcare professional involved in the patients care</p> <p>There is documented evidence that the rehabilitation plan was discussed and agreed with the patient and /or their next of kin</p>

SIP Workshops

Tone Management 28th June 2016

Driving 20th Sept 2016

Goal Setting 30th May 2017

Self Management September 2017

SIP Priority 7/8 highlights

- 7.2 We need to explore shared goal setting across primary and secondary care
- 7.3.1 We need to ensure that the visual pathway locally is developed and shared with all involved, including primary care
- 7.3.2 We are currently exploring neuropsychology services across Scotland and will report this work back to NACS in Autumn 17
- 8.4 We have developed benchmarking criteria for the spasticity service and are working on STARs 19 - Tone Management after Stroke.

8.4 Spasticity Management RAG

4	Access to stroke spasticity management services	Stroke services should implement a documented programme for prevention and management, including self-management, of post stroke spasticity. All staff should have completed training on prevention and management of post stroke spasticity (STARs). Patients and carers should receive information on spasticity management both verbally and in written/online format. Timeous stroke spasticity services are available to all patients across the MCN area who require specialist assessment and intervention.	Mark Smith		No documented pathway or referral process for post stroke spasticity management is available, or plan in place to develop one.
				RED	Plans in place to develop referral process or documented pathway for spasticity management, including staff training and patient/carer information
				AMBER	Spasticity management pathway in place in some parts of the MCN area but approach is inconsistent. No specialist stroke spasticity services available.
				GREEN	Spasticity referral process and documented pathway in place. Access to specialist, multidisciplinary spasticity services for some patients, but on an ad hoc basis throughout the MCN area.
				COMPLETE	Spasticity referral process and documented management pathway in place. Timely specialist multidisciplinary stroke spasticity services, which include a specialist clinic and appropriate therapy follow up, are available across the entire MCN area.

Thank you

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