Stroke Forum: Reducing Unwarranted Clinical Variation

Streamlining Stroke care

Transforming Phoenix!

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Audit results

- Identified key issues lacking in clinical care processes:
  - Only 54% of patients received heparin during admission
  - Only 56% of patients with ischaemic strokes were prescribed aspirin during admission
  - Only 32% of patients were prescribed statins on discharge
  - No documented use of patient self-management plans and evidence of patient education on discharge
  - No established and structured ongoing stroke case conference
  - No family involvement identified/documented when team reviewing the patient
Improvement Plan

- Streamline the stroke service, in keeping with other SWSLHD stroke sites
- Establish regular weekly stroke case conference meeting with MDT and visiting Neurologist
  - Formalised meeting by MDT and Neurologist to review patients journey and medical investigations to date, and complete the case conference form
  - Bedside round with Neurologist and family present – MDT will attend if patient is new to ward
- Develop a stroke case conference form/checklist
Strategy developed/ solution(s)

- Critically evaluated stroke case conference forms from other SWSLHD stroke sites that had established case conferences (LP, CTN, BTN)
- Reviewed the clinical variation audit results
- Adapted the form to address the identified gaps in clinical variation audit
Form/checklist features

Page one

- Current service category (eg. Acute, rehab)
- Family/carer in attendance
- Diagnosis
- Type of stroke
- Major risk factors
- Issues
- Report and plan (each team)
Page 2 checklist features

- Investigations
- Bloods
- Young stroke workup
- Medication management
- VTE prophylaxis

- Consumer involvement and education
- My stroke journey stroke support group
- Return to driving
- Return to work
- Team concerns, mood, anxiety or depression
- EDD
- Comments
Implementation approach

- Stage 1. Neurologist employed, Welcome and introductions of team, discussions regarding stroke service improvements
- Stage 2. CNC coming to Bowral weekly to streamline and establish stroke service and work with team
- Stage 3. Develop draft form and checklist with consultation from BTN, CTN, Liverpool M/D staff
- Stage 4. CNC contacted new Neurologist - Form review
Implementation approach

- Stage 5. Regular emails with team/visiting Neurologist /District CNC due to large geographical area and location of staff
- Stage 6. Modification to case conference form version 1,2,3
- Stage 7. Pilot form agreed upon by team
- Stage 8. Testing commenced
- Stage 9. Evaluate and survey GP, M/D team, MO to critique the form and further streamline the service
What we learned?

- Logistics
  - Fitting an entire MDT in a limited bedspace and ward environment and with family present
  - Time consuming trying to complete form at bedside, whilst having an MDT conference, and having the Neurologist review the patient, potentially for the first time
  - Finding a suitable location to accommodate a MDT case conference prior to a bedside round, that will fit the entire MDT, and that also has computer facilities to review imaging and pathology results
  - We have a committed MDT Stroke team that are driving change to streamline and align stroke services at Bowral and transform phoenix!
Outcomes

- We have established a stroke case conference form and stroke working group
- Weekly stroke case conferences established
  - Identified need to modify the timing and logistics of case conference to optimise time management, allow the Neurologist have a clear outline of patient progress to date prior to review at bedside, and to limit numbers of people at bedside where possible
  - MDT meeting followed by bedside round
Outcomes

- We have a clear MDT plan for the patients journey to D/C, and the information is available in one location, summarised for all treating parties
- Patient files check each round by using the checklist - minimising gaps in the clinical processes
- It’s been slow progress as stroke numbers are low since commencing Trial
- We need more time to analyse the result of the change
Questions

- Acknowledgment to the Stroke team at Bowral Hospital