Delivering rehabilitation in the community

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Implementation of Community Stroke Rehabilitation in Scotland: Chest Heart & Stroke Scotland Action research study

- Collaboration with the Scottish Stroke Care Audit team and Scottish Stroke Improvement programme
  - Phase 1: SSCA post-acute audit
  - Phase 2: qualitative multiple case study
- To facilitate improvements in the provision of post-acute care in Scotland
Scottish Stroke Care Audit: evidence based stroke care
- Benefits of providing specialist stroke rehabilitation to patients in their own home (Langhorne 2017; Outpatient service trialists 2004)

Scottish Government Heart Disease and Stroke Care Action Plan: “NHS Boards with their local planning partners must ensure that early supported discharge and community rehabilitation teams are integrated and easily accessible to assist people who have had a stroke to become as fully independent as possible”

Scottish government 2020 Vision: “everyone is able to live longer healthier lives at home, or in a homely setting”
- Focus on ensuring that people get back into their home or community environment as soon as appropriate
Study aims:

- To identify the range of post-acute stroke services provided in Scotland
- To investigate the types of early supported discharge and community rehabilitation service models adopted
- To identify areas of improvement in provision of post-acute care in Scotland
Phase 1: Scottish stroke care audit (SSCA)

Post-acute care
Included in the organisational SSCA (May 2016):

Q. We would like you to indicate which services stroke patients are referred to on discharge from your stroke unit. Please can you select a number for each of the following services to indicate how frequently you refer patients to these services, or if you don’t refer patients to these services at all (e.g. 1 = most often 2 = occasionally 3 = never)

- Early Supported Discharge
- Stroke specific Early Supported Discharge
- Community Stroke Rehabilitation team
- Generic community rehabilitation
- Other domiciliary services
- Outpatient care
- Post acute inpatient care
‘Early Supported Discharge’ is delivered by a multidisciplinary team who co-ordinate discharge from hospital and provide rehabilitation for the patient in their own home. Rehabilitation is provided immediately following discharge (no waiting list), on a daily basis for patients that need it and is usually time limited.

‘Stroke specific Early Supported Discharge’ services are staffed by clinicians who have specific experience and knowledge of stroke and who work together to regularly manage stroke survivors. Stroke specific Early Supported Discharge has been shown to be most effective for patients who are able to transfer independently or with assistance of one person.

‘Community Stroke Rehabilitation team’ is a multidisciplinary team that provides stroke specialist rehabilitation in the patient’s own home, or usual place of residence. This is a less responsive and less intense intervention than Early Supported Discharge and is often provided over a longer period of time.

‘Generic community rehabilitation’ is defined as services that provide rehabilitation to stroke patients in their place or residence as part of a larger patient caseload and by staff who are not stroke specialists.
Which services stroke patients are referred to on discharge from a stroke unit (May 2016):

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospitals (28)</th>
<th>Hospitals (28)</th>
<th>Health Boards (14)</th>
<th>Health Boards (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No provision</td>
<td>Some provision (most or occasionally)</td>
<td>No provision</td>
<td>Some provision (most or occasionally)</td>
</tr>
<tr>
<td>Early Supported Discharge (ESD)</td>
<td>17</td>
<td>11</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Stroke ESD</td>
<td>21</td>
<td>7</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Generic community rehab</td>
<td>0</td>
<td>28</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Stroke community rehab</td>
<td>19</td>
<td>9</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Other domicillary services</td>
<td>2</td>
<td>26</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Outpatient</td>
<td>4</td>
<td>24</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>In-patient rehabilitation</td>
<td>0</td>
<td>28</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>
Do you refer stroke patients to the following community services on discharge from your stroke unit if seen eligible/suitable for rehabilitation? (For clarity, stroke specific indicates a service that has been set up solely for stroke patients, and staffed by those with stroke specific training):

a. Early Supported Discharge
   Yes / No
b. Stroke Specific Early Supported Discharge
   Yes / No
c. Community Rehab
   Yes / No
d. Stroke Specific Community Rehab
   Yes / No
Do you refer stroke patients to the following community services on discharge from your stroke unit if eligible/suitable for rehabilitation? (May 2017):

<table>
<thead>
<tr>
<th>Service</th>
<th>Health Boards (14)</th>
<th>Health Boards (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Early Supported Discharge (ESD)</td>
<td>6</td>
<td>7 &amp; 1 partial</td>
</tr>
<tr>
<td>Stroke ESD</td>
<td>13</td>
<td>1 partial</td>
</tr>
<tr>
<td>Generic community rehab</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Stroke community rehab</td>
<td>9</td>
<td>2 yes &amp; 3 partial</td>
</tr>
</tbody>
</table>

*Return for one Health board inferred from 2016 data*
Summary from Phase 1

Post-acute care in Scotland
• Generic community rehabilitation: predominant model
• Some examples of community stroke rehabilitation
• No stroke specific early supported discharge

Scottish stroke care audit of post-acute care
• More challenging than anticipated
• Require more information e.g. less reliance of definition interpretation
  • Average time to first contact
  • Intensity of rehab provided (e.g. daily, twice a week, weekly)
• Multidisciplinary team composition: PT/OT/SALT/Nurse/Physician
Phase 2: Exploratory multiple case study

Investigating models of community rehabilitation
Case study sites

Forth Valley
Early supported discharge & community rehabilitation

Greater Glasgow & Clyde
Stroke ESD & Community stroke rehabilitation

Lanarkshire
Early supported discharge & community rehabilitation
What? Semi-structured interviews with members of the multidisciplinary ESD /community rehabilitation team & documentary evidence

How many? up to 15 stakeholders per region

How long? up to 45 mins + consent

Analysis: Coding of interview data using themes derived from the interview schedule and sub-themes developed deductively.
## Interviews completed

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapists</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Speech &amp; Language Therapists</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Rehab/therapy assistants/support wo</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>AHP lead</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Nurses</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Stroke consultant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Psychologists</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>MCN manager</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Corporate planning</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
<td><strong>13</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>
Interview schedule

- How the service operates
- Factors influencing the choice of adopted service model
- Typical patient journey from referral to discharge
- How team operates as a multidisciplinary team
- Staff training
- Factors contributing to service performance
- What is working well, and why?
- Future service planning
Study timeline & Next steps

- Qualitative data analysis and write up by November 2017
- Impact of national policy and clinical guidelines
- Stroke specificity and staff training

- Inform post-acute elements of SSCA (clinical & organisational)
- Inform further study proposals: quantitative investigation of impact of community stroke rehabilitation

- NIHR HS&DR What is the Impact of Stroke ESD?
Implementation of Community Stroke Rehabilitation in Scotland Study

- Better evidence based care for stroke survivors
Thanks to all the team

Any questions?
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