





What is the Stroke Service Quality Improvement Board (SSQIB)?

This monthly meeting is chaired by Andrew Coull, associate medical director for older people and stroke services, and Sheena Muir, hospital and hosted services manager, Edinburgh Health and Social Care Partnership. The meetings take place via video conference from RIE, SJH and WGH, and there is representation from across the stroke pathway. There is an ongoing programme of presentations and encourage

any stroke colleagues who wish to attend or present any quality improvement updates to make contact with Morag Medwin.

Examples of presentations include; the Driving Assessment Centre, access to instrumental assessments for patients with dysphagia, Discharge to Assess (D2A) in East Lothian, patientcentred rehabilitation at SJH, and referral pathways to AAH. Monthly performance against the

national standards is also discussed and there is in-depth analysis of these data on the agenda of each meeting. Minutes from these meetings are added to the Stroke intranet page: http:// intranet.lothian.scot.nhs.uk/ Directory/stroke/Pages/SSQIB-(stroke-services-qualityimprovement-board).aspx

They were very interested and asked questions — not scary at Staff member, after presenting at

Positive Annual Review

Every health board across Scotland is required to partake in an annual review with the Scottish Stroke Improvement Programme, to discuss their delivery of stroke care, with reference to the Scottish and via videoconferencing.

Stroke Improvement Plan. Our latest one was on 6th November 2018 and we were grateful for and pleased by the overwhelming attendance of staff both in person

The meeting reviewed the latest performance data, celebrated our successes and reviewed our plans for the coming year.

GREATix.. Your opportunity to say thank you to your colleagues

The stroke service consultants recognised that the service relies on assistance from across the hospital sites – front door teams, radiology, outpatients etc. With this in mind, a GREATix certificate has been created and these will enable the stroke team to recognise supportive and valuable contributions from colleagues and other teams. If someone has gone above and beyond their remit for the stroke services and you want to reward this, then please submit a GREATix application.

Details on the intranet page: http://intranet.lothian.scot.nhs.uk/Directory/stroke/Pages/GREATix.aspx

Updates on previous projects

The stroke projects reported on in the last issue have been moving along nicely. After their success in reducing the length of stay in the stroke unit and improving patient flow the Supported Discharge Project at SJH was restarted when additional funding was secured in October 2018 under the new name of Stroke Outreach Rehab Team (SORT).

The project at the WGH which looked at maintaining patients' mobility gains after physio rehabilitation had been completed but has continued to be a success particularly with the addition of Pippin the Therapet dog to the team. Pippin visits weekly and has been able to encourage patients to walk with him on the ward which has had a positive impact on patient wellbeing and motivation.

A project in West Lothian undertaken by Chest Heart and Stroke nurse Debbie Heaney to improve the referral process for all stroke/TIA patients seen at SJH to ensure that these patients had access to the specialist advice, information and support that this service offers has been a success. The next step has been for the other CHSS nurses in the Lothian

team to now receive the same reports as Debbie. This ensures that they are seeing the patients requiring the service who previously missed out due to a gap in the referral process which Debbie was able to bridge using a discharge report produced from information gathered in TRAK at both the front and back doors of the hospitals.

Work continues on all three acute sites to improve the communication and goal setting process for stroke patients and carers on the stroke units.

Staff engagement survey

Andrew Coull is leading the QI project around improving staff engagement and experience, for those who work within the stroke services across Lothian. To get this started a staff survey (Culture of Care Barometer) was developed and staff across the pathway were asked to complete it, via Survey

Monkey, in June/July 2018. There was a response rate of 49%, and the overall results have been added to the stroke intranet page (http://

intranet.lothian.scot.nhs.uk/ Directory/stroke/Pages/Quality-<u>Improvement.aspx</u>)

Further analysis has been done and the responses both via site and also profession are available to view via the stroke intranet page.

Our plans are to use this data as a baseline and to run a staff survey again in 2019.

Staff changes

Our thanks to Claire Stirling for her time in the stroke service as Charge Nurse in Wd50 stroke unit at WGH. She is now moving to a Charge Nurse role in the outpatient service at SJH. John Hodge is currently one of the deputy charge nurses in Wd101 stroke unit at RIE and will shortly be taking over as the Charge Nurse in the stroke unit at WGH.

Welcome to Dr Amanda Barugh who has joined the Stroke Consultant team and is working across the RIE and SJH sites.

Thanks also to Margrethe vanDijke, stroke auditor at WGH, who will be taking up a new post as data facilitator/system manager job in May 2019, after 10 years in at the Sick Children's Hospital. Margrethe will be moving in June,

after 18 years with the stroke audit.

Our thanks also goes to Gillian Currie, our stroke trainer, for all her good work in stroke education across the stroke pathway in Lothian. Gillian will be leaving her post.

New projects....the latest updates

AF Monitoring project — RIE

Atrial fibrillation (AF) and Paroxysmal AF (PAF) are common causes of embolic ischaemic stroke and are often asymptomatic. We know that patients with AF/PAF tend to have more severe strokes. The early identification of AF/PAF in appropriate patients allows us to identify those who would benefit from anticoagulation, with drugs such as apixaban or warfarin, which are known to reduce the risk of recurrent stroke much more effectively than antiplatelet treatments, such as aspirin or clopidogrel. A business case has recently been submitted that we

hope will improve the access to ambulatory cardiac monitoring for patients with stroke and TIA, including in the out-patient setting. For in-patients, however, ward 201 has four monitored beds that are used for this purpose but we know that we are inconsistent in the way that we select patients for these monitored beds. We could also significantly improve the way we review and document the findings from the cardiac monitor! Quality improvement work is underway aiming to improve this part of the in-patient pathway but there have been numerous challenges in allowing

us to make progress with this work.

We are pleased to welcome Zara Tumblety deputy charge nurse, RIE ISU, to the AF monitoring project team. Zara will undoubtedly bring her nursing experience to the project and help us to strive towards a multi-disciplinary QI project, together with the junior medical staff, to help improve the way in which we use the ward 201 cardiac monitors for in-patients with stroke and possible AF/PAF.

Therapy intensity audit

There is increasingly robust evidence, from randomised controlled trials and meta-analyses, to suggest that more is better in terms of therapy after stroke. The need to deliver an effective dose of the therapies indicated for individual patients has long been known. There is debate about exactly how much and for how long, but the National Clinical Guideline for Stroke (RCP 2016) Section 2.11.1 A states:

People with stroke should accumulate at least 45 minutes of each appropriate therapy every day, at a frequency that enables them to meet their rehabilitation goals, and for as long as they are willing and capable of participating and showing measurable benefit from treatment.

In recognition of this, the Scottish Stroke Care Audit (SSCA) initially measured access to direct face-to-face therapies in stroke units across Scotland and is now developing a tool for measuring therapy intensity. In Lothian we are running a three month sprint audit as one of two pilot sites in Scotland. This is running from 01 March to 31 May 2019 in our three Integrated Stroke Units (ISUs) each at RIE, WGH and SJH.

Therapists have been asked to complete daily spreadsheets listing those patients for whom a 45 minute dose was indicated that day and recording the actual face to face time they were able to spend with the patient. This will be expressed as a proportion of all rehab appropriate patients against those who actually had sufficient therapy input on any given day.

This work will be important in evaluating our ability to deliver therapy at sufficient doses to be effective and to inform the national work which will result in further rehabilitation audit across Scotland.

Reducing patient isolation

Eilidh Hannan, Deputy Charge Nurse, Stroke Unit, WGH, has been looking at how to address social isolation for patients on the stroke unit.

The ward team got together to look at reasons for patients becoming isolated and how these could be addressed. They agreed that if someone could organise and lead activity

sessions on the ward then patients would be keen to attend. They knew that they were not going to be able to reliably spend more time with patients, so looked at how they could identify people to carry out these roles.

Through the Volunteer Coordinator and charity Artlink, volunteers were identified to come to the ward and lead activities with patients in the ward dayroom.

There is now a table and chairs in the dayroom and patients who are able can choose to eat their meals sitting at the table.

Once a week, Pippin the Therapet comes to the ward and patients can choose to walk with him around the ward or just have a pat and a cuddle.

The NHS Lothian Stroke team have had some posters accepted for the NHS Scotland annual event which takes place at the SEC in Glasgow on 30^{th} & 31^{st} May.

Increasing Patient Activity on a Stroke Unit—Something for Everyone

Fiona Johnson PT and Ros Todd SLT, WGH Life After Stroke—Improving Access to Chest Heart Stroke Scotland

Debbie Heaney, SNP, CHSS West Lothian

Life After Stroke—Delivering Rehabilitation At Home

Wendy Juner PT and Emma Barnes OT, SJH

Stroke training fund

The stroke service is fortunate to benefit from a budget that can be accessed by staff working within the stroke pathway – for training and conference purposes. You need to have your manager's approval and informal enquiries as to the suitability of your request can be made to Morag Medwin. Application form can be found at: http://intranet.lothian.scot.nhs.uk/Directory/stroke/Pages/stroke.aspx

Service user experience measurement (PREMs)

The stroke MCN has re-launched the NHS Lothian Stroke Service User Questionnaire which has been updated and approved by NHS Lothian Patient and Public Involvement in 2019.

The tool asks stroke patients and their family members who have travelled along our stroke pathways to comment and rate pre-hospital experience, acute hospital care, rehabilitation in hospital and rehabilitation in the community. This is currently being piloted at WGH with the support of Fiona Ryan, CHSS Stroke Liaison Nurse and will be returned anonymously.

Exercise after stroke

As part of the recent national organisation audit we were asked to provide details of pathways and referral processes for people living with stroke in the community to access exercise after stroke opportunities. A full list of these for professionals to utilise, and referral details and forms can be seen on the intranet page: http://intranet.lothian.scot.nhs.uk/Directory/stroke/Exerciseafterstroke/Pages/default.aspx

Feedback on the IHI (*Institute for Healthcare Improvement*) International QI conference, (27th - 29th March 2019) Glasgow

Wendy Juner (team lead physiotherapist, SJH) and Megan Reid (service improvement manager, unscheduled care, SJH) attended the International Forum on Quality & Safety in Healthcare in March at the SECC – courtesy of funding from the stroke training funded—to present their QI poster from the SORT project. This is what they had to say of the experience;

A fantastic opportunity to showcase the improvement journey SJH stroke unit has embarked upon, resulting in a truly patient centred service. The variety of work shared from across the world was inspiring. We have brought back many things to share however our top three reflections would be:

1. Put measurement on a diet!

The power of measurement is fundamental to improvement but we need to make sure the metrics we use are meaningful and don't dilute what we are striving to achieve.

2. You can't give what you don't have!

We need to prioritise and make time for wellbeing of ourselves and our colleagues. Only then can we truly deliver the best care.

3. Let's not have a meeting, let's have a conversation!

With What Matters To You Day approaching it struck us that we need to work together to make this an everyday occurrence and not just a once a year event.

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Each stroke unit has its own QI team which meets regularly.

The team at RIE meets on the first Thursday of each month. The meeting is held in the seminar room outside ward 101 from 12:00 - 13:00*** NEW *** RIE Stroke QI Coaching Clinic on the third Thursday of each month — same time and venue as the QI Meeting.

The WGH team meets twice monthly - every second and fourth Thursday in the seminar room on ward 50 from 10:00 - 11:00.

The SJH team meet every month on a Thursday in the Education Centre, 1st floor, from 15:00 - 16:30.

The teams use these meetings to share progress on the various QI projects. Lesley attends all the meetings and shares progress and learning from the other sites.

