

Seven-Day Physiotherapy Stroke Assessment in St James' Hospital



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Background



Efficacy and safety of very early mobilisation within 24 h of stroke onset (AVERT): a randomised controlled trial



The AVERT Trial Collaboration group*

Summary

Lancet 2015; 386: 46-55

Published Online

14 July 2015

Background Early mobilisation after stroke is thought to contribute to the effects of stroke-unit care; however, the intervention is poorly defined and not underpinned by strong evidence. We aimed to compare the effectiveness of frequent high-dose mobilisation with usual care for stroke.



- Early mobility interventions can change a person with stroke's long-term outcome



- 6-bed Hyper-Acute Stroke Unit opened in St James' 2015

International Guidelines

UK, 2016



3.12.1 Recommendations

- A Patients with difficulty moving after stroke should be assessed as soon as possible within the first 24 hours of onset by an appropriately trained healthcare professional to determine the most appropriate and safe methods of transfer and mobilisation.
- B Patients with difficulty moving early after stroke who are medically stable should be offered frequent, short daily mobilisations (sitting out of bed, standing or walking) by appropriately trained staff with access to appropriate equipment, typically beginning between 24 and 48 hours of stroke onset. Mobilisation within 24 hours of onset should only be for patients who require little or no assistance to mobilise.

Australia, 2017



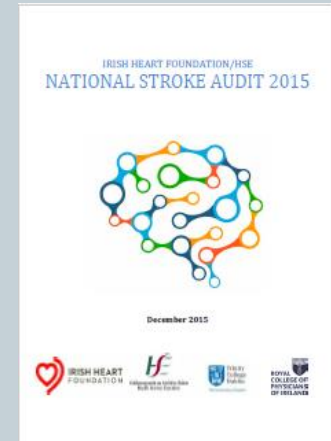
- Every stroke patient should have their rehabilitation needs assessed within 24–48 hours of admission to the stroke unit by members of the interdisciplinary team, using the Assessment for Rehabilitation Tool (Australian Stroke Coalition Working Group 2010 [22]).

Clinical Audit



Irish National Stroke Audit, 2015

- Physiotherapy Assessment <48 hours
 - National 68%
 - St James' Hospital 79%



Local clinical audit 2016

- Physiotherapy Assessment <24 hours: 33%
- Physiotherapy Assessment <48 hours: 77%



Objective



- A Quality Improvement initiative was piloted in 2016

AIM STATEMENT:

To provide physiotherapy assessment for all patients with acute stroke within 24 hours of admission to St James'



Drivers for change



- ✓ Increased compliance with guideline recommendations
- ✓ Equity of access, irrespective of admission day
- ✓ Reduced secondary complications as a result of immobility
- ✓ Discharge facilitation
- ✓ Reduced 'Monday morning chaos'





Methods



- Pilot on-call assessment service 2016 for 4 months
- Staffed by physio volunteers
- Phone call to Medicine for Elderly registrar on Saturday & Sunday mornings to identify new admissions with stroke
- Service rolled out on permanent basis late 2016
- All new physiotherapy contracts included on rota



Results



	Pre-Pilot	Pilot	2017
Time from admission to assessment, median	37.3 hours	25.9 hours	19.7 hours
Compliance with assessment within 24 hours	33%	40%	71%
Compliance with assessment within 48 hours	77%	84.2%	100%

*Excludes delayed diagnosis or late referrals

Stakeholder Engagement



Physio survey, response rate 75% (n=12)

All staff (**100%**) agreed that;



- ✓ The service was of benefit to the service-user.
- ✓ They were provided with adequate training and the equipment required to participate in the service.

Inter-disciplinary team survey, response rate 100% (n=6)

- ✓ All agreed the service was of benefit to the service-user.

Service-user survey in planning for 2020

The National Stroke Register

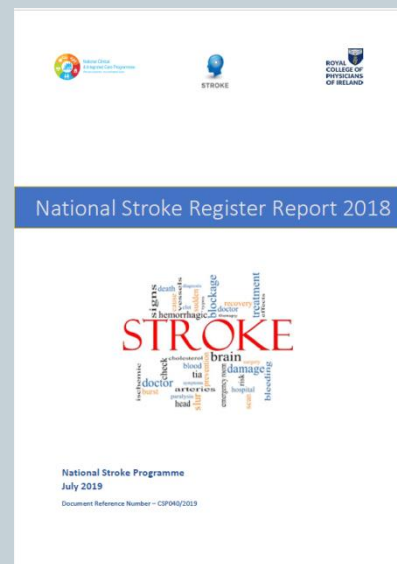


- National Stroke Register began collecting therapy data in 2018
- Local data from register indicates a compliance rate of 73% in 2018 with physio assessment within 1 day of admission



FIGURE 18 REFERRAL TO TIME SEEN.

Figure 18 indicates that the majority of cases referred for physiotherapy (PT), Occupational Therapy (OT) and Speech and Language Therapy (SLT) are seen within 24hrs of referral.



Conclusion



- High value, lost cost service
 - ✓ 59 new patients assessed 2019
 - ✓ Cost = €67 per assessment
- QI methodology allowed objective analysis of service
- Scope to roll-out across other sites & disciplines
- NOCA 2020

