



Building capacity to provide timely and evidence-based Occupational Therapy management for acute stroke survivors

Logan Hospital

Presenter: Christy Yu

HRT 1721 'Allied Health Improvement Group'

25-26 October 2017

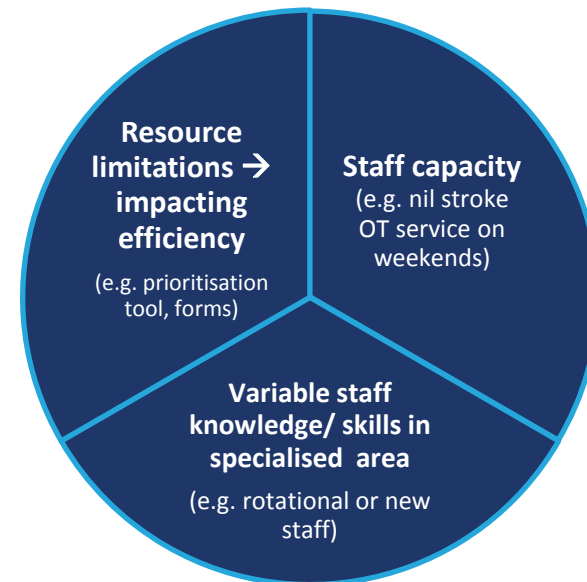
Adelaide



Key Problems

- **↑** demand for OT service for stroke survivors on the acute wards
 - ~200 admissions in 2016, 1FTE - gen med, renal & stroke patients
- Opportunity to enhance early assessment and management/rehab to:
(Wolfgang, 2016; NSF guidelines, 2010; Paolucci, 2000; Wissel et al., 2013)
 - Enhance neuroplasticity & improve functional outcomes
 - Potentially impact on burden of care and length of stay
- Limited capacity to provide timely, consistent and evidence-based OT input for acute stroke survivors (63% acute stroke pts seen by OT ≤48 hrs admission)

Key contributing factors:



Aim of this innovation

- Increased capacity and timeliness of Occupational Therapy input for acute stroke survivors, through:
 - o ↑ percentage of patients seen within 48 hours of admission
(Acute Stroke Clinical Care Standards 2015)
 - o ↑ no. of OT events with (amount of time remaining constant)
 - o Improved consistency in providing evidence-based Occupational Therapy assessment and management
 - o ↑ staff knowledge, skills and confidence in early management of acute stroke survivors
 - o Improved resources to maximise efficiency of staff practice

Baseline Data

- 63% of acute stroke patients seen by Occupational Therapists within 48 hours of admission (2016)(40% admitted Fri to Sun)(via chart audit)

2015/16 (HRT DRG)	Avg LOS/ episode	Total OT events	Total OT time (hrs)	Avg no. OT events/ episode	Avg time/ episode
B70A	7	255	210	3.9	194
B70B	4	151	132	2.6	137
B70C	4	56	55	1.9	114

- Staff self rating of knowledge, skills and confidence (via staff surveys):
 - o Knowledge 6.2/10
 - o Skills 6.3/10
 - o Confidence 6.1/10
- Variability in the consistency of conducting timely and evidence-based OT assessment and management (via chart audit)



Key Changes Implemented

- o Development of proactive weekend OT stroke service
 - o Prioritisation tool and guidelines
 - o Increased communication between MDT through introduction of stroke notification pager system by the LGH Stroke Steering Committee
- o Development of OT neurological screen form
- o Formal and informal staff training via inservices and practical sessions

Outcomes

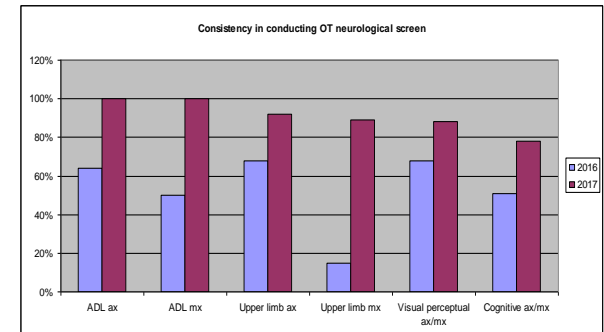
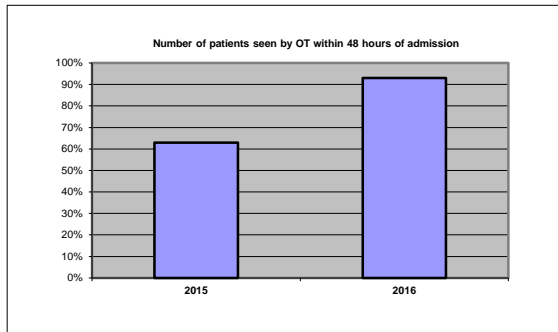
Year	HRT DRG	Avg LOS/episode	Total OT events	Total OT time (hrs)	Avg no. OT events/episode	Avg time/episode
2016	B70A	7	255	210	3.9	194
2017	B70A	10	310	198	7.8	297
2016	B70B	4	151	132	2.6	137
2017	B70B	4	264	208	3.7	173
2016	B70C	4	56	55	1.9	114
2017	B70C	3	196	151	2.6	119

- Increased total OT events for B70A,B & C
- Increased average no. of OT events/episode for B70A,B & C
- Average LOS: ↑B70A; consistent B70B; ↓B70C
- Increased average time/episode (likely attributed by increased events and increased emphasis on quality/tasks)



Outcomes

- ↑ from 63% to 93% of acute stroke patients seen by OTs within 48 hours of admission
- ↑ staff self rating of knowledge (10%), skills (15%) and confidence levels (12%) in acute stroke management.
- ↑ consistency in completion and documentation of evidence-based OT assessment and management



Lessons Learnt

- Importance of creative and critical thinking in staff and resource capacity building to meet increasing demands on acute wards and promote effective and efficient service delivery
- Value of empowering and involving staff in service improvement changes → achieve enhanced outcomes
- Importance of sustainability (via prioritisation tool, procedures, orientation guides, regular inservices for new/rotational staff)
- Stage two of project: Continuing to enhance OT service delivery on acute wards → increased consistency with use of functional electrical stimulation in stroke survivors in the acute setting

For more information

- ❖ Contact: Christy Yu
- ❖ Tel: 3299 8858
- ❖ Email: christy.yu@health.qld.gov.au

