

Stroke Research making a
difference to practice

Delivering Early Supported Discharge in Stroke

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Overview

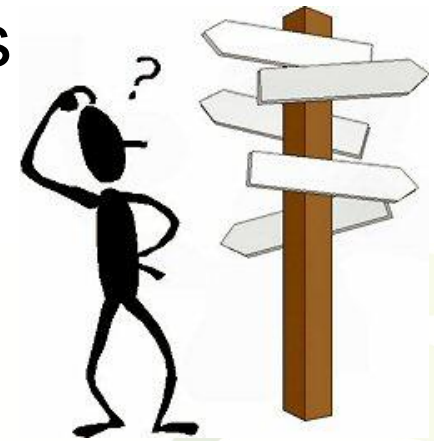
- Early Supported Discharge (ESD): an essential part of the stroke care pathway
- Guidelines for the implementation of ESD services
- Stroke Rehabilitation Implementation research



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ESD – Key issues

- ESD Policy
- CLAHRC ESD research
- ESD Consensus – core components
- Mapping/Evaluation – emerging issues
 - Eligibility
 - Early intervention
 - Existence of other community services
 - Effectiveness



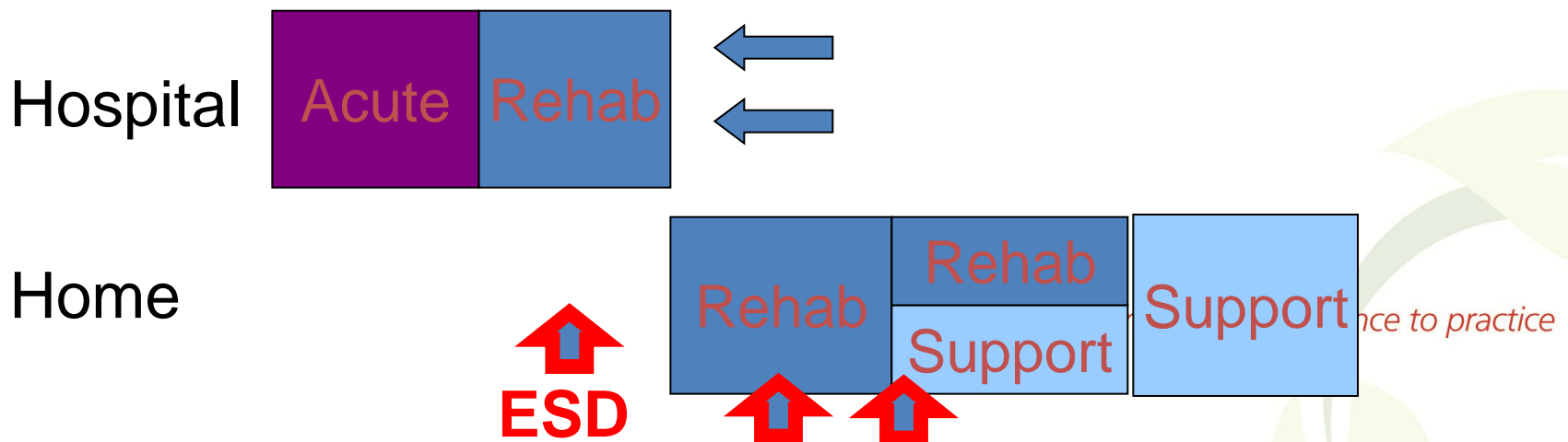
Stroke Specialist Care

- Evidence supports stroke specialist care
- Stroke Unit Trialist's Collaboration, 2006
- ESD: Langhorne 2005; Fisher et al 2011
- Outpatient Service Trialists, 2003

- Stroke unit vs general medical ward
- Stroke specialist ESD
- Stroke specific intervention vs routine care

ESD Policy

- National Stroke Strategy, RCP guidelines, Accelerated Stroke Improvement Programme
- Proportion of patients supported by a stroke skilled Early Supported Discharge team (40% by April 2011)



CLAHRC ESD research

- Provision of the best **evidence based** care to patients
- Framework and tool-kit for Stroke Rehabilitation Implementation research
- Are ESD services effective when implemented in practice?



evidence to practice

ESD Consensus

- Cochrane systematic review – Langhorne 2005
- Does ESD work? – Yes
- How do you set up an ESD service in practice?
- What are the key messages from the literature?
- Accessible to commissioners
- Guidelines for service providers



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ESD Consensus

- Ten ESD trialists involved (P Langhorne, B Indredavik, C Wolfe, M Power, H Rodgers, L Holmqvist, E Bautz-Holter, N Mayo, C Anderson, O Morten Rønning)
- Core elements of an ESD service: list of statements
- Statements integrated into ESD service specification for the East Midlands
- *Fisher et al. 2011. A Consensus on Early Supported Discharge. Stroke, 42:1392-1397*
- Uncertainty remains – emerging findings from qualitative research

Stroke

JOURNAL OF THE AMERICAN HEART ASSOCIATION

American Stroke
AssociationSM

A Division of American
Heart Association



Consensus statements: Team composition

- **Team Composition**
- Stroke specialist, multidisciplinary
- For 100 patients per year caseload:
- OT (1.0), Physio (1.0), SALT (0.4)
- **Physician** (0.1), nurse (0-1.2), social worker (0-0.5)
- Consensus not reached: *Rehab assistant*
- *Interpretation: role of assistant depends on model of rest of team and overall remit of team*



Consensus statements: Model of team

- **Model of team working**
- An early supported discharge team should plan and co-ordinate both discharge from hospital and provide rehabilitation and support in the community.
- Key worker, co-ordinator
- An early supported discharge team should be based in the hospital.
- *Interpretation: ESD as an extension of acute phase of stroke pathway*



Multidisciplinary Teams

What is a multidisciplinary team?

- Cross boundary working (professional, organisational, bands)
- Role of Stroke Physician
- Skill mixing
- Stroke specificity and education



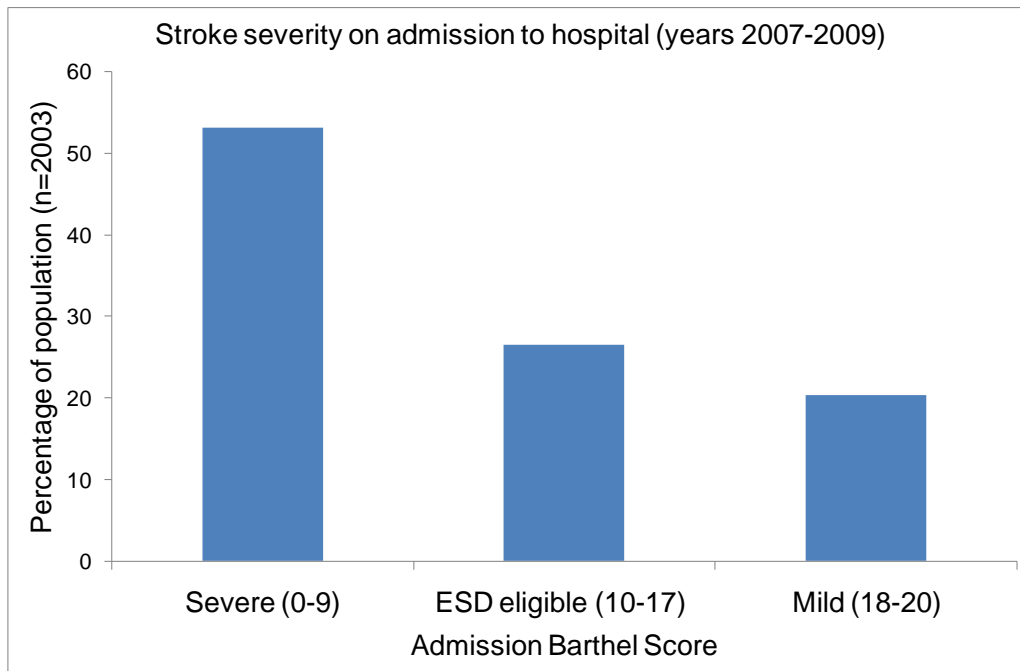
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Consensus statements: Intervention

- **Intervention**
- Specific eligibility criteria
- Live safely at home, based on medical stability, practicality and disability (barthel score 10/20 to 17/20)
- Transfer safely from bed to chair i.e. can transfer safely with one with an able carer, or independently if living alone.
- Hospital staff *and* ESD team staff should identify patients for ESD

Eligibility

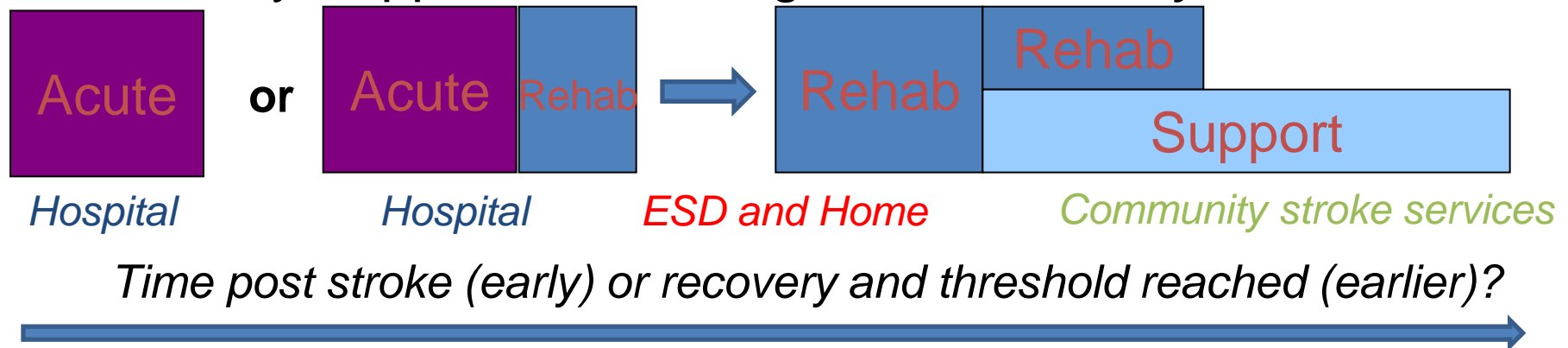
- ESD effective for mild/moderate stroke patients
- Most patients have a Barthel score 10-17
- Target 40%



- Decision made when? (post-stroke)
- By whom?
- Cross boundary working

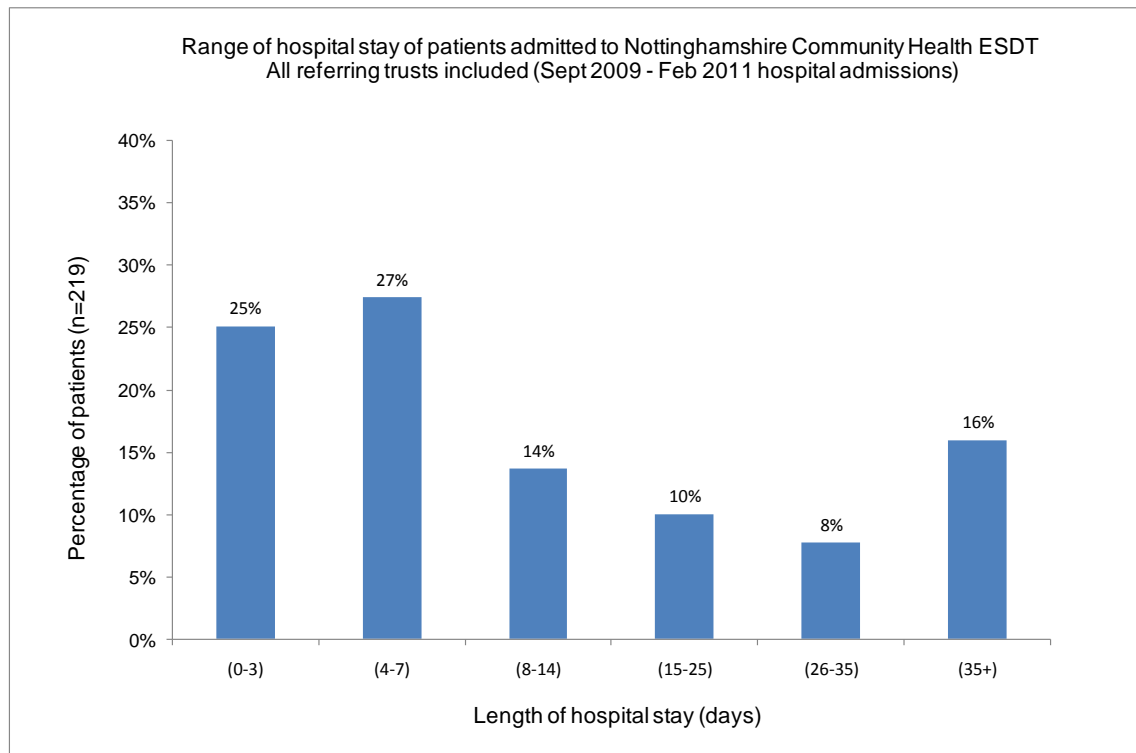
Early & Intensive

- Early Supported Discharge - *What is early?*



- Medically stable
- High intensity of intervention (QM 10): 7 day working, daily visits, role of rehab assistants
- Responsiveness and Intervention length (no waiting list)

Early & Intensive



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Total Stroke admissions – 769

ESD service seeing approximately 28% of stroke patients

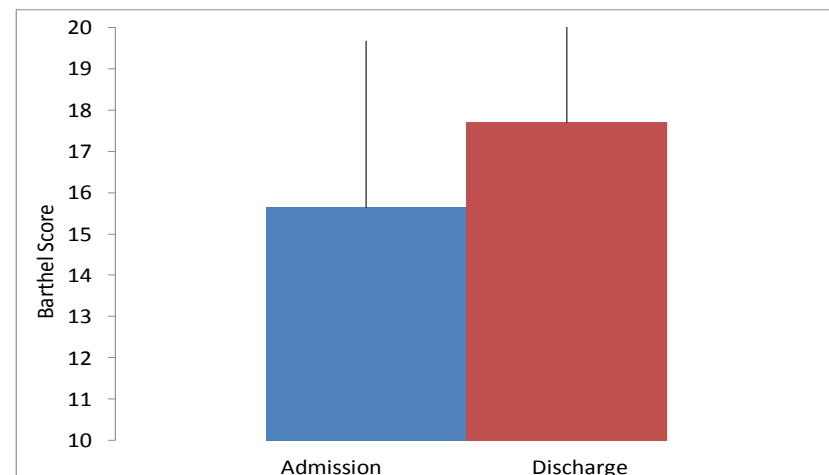
Existence of other community services

- Intervention: fixed term or as long as patients needs?
- Existence of other community services
- Local considerations for implementation
- Commission ESD as part of stroke care pathway
- **ESD** and Community Stroke service provision
- Plan what happens after ESD
- Consider link/impact on social care



Effectiveness

- Is the ESD team functioning effectively?
 - Functional benefits for patient: rehab at home
 - Accelerating discharge: Reducing length of stay (cost)
 - No increase in institutionalisation, readmission rates
 - Who monitors readmission & institutionalisation rates?
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- Functionality: use of outcome measures
 - Increase in ADL
 - Robust methods



Success - Cost

- The annual cost of the ESD team should be less or equal to the annual savings made by reduction in length of stay in hospital.
- Are savings realised? Only by **unbundling tariff**
- Commissioner/ provider & national/local
- **Early** discharge (7-14 days): unbundling options
- **Earlier** discharge (threshold): following provision of rehab on hospital wards - How to unbundle?
- **Range** and **distribution** of length of stay for ESD patients
- What proportion of the total stroke population are ESD eligible?
- Are we clear on how to monitor readmissions?

Summary

- ESD consensus provides core elements of ESD
- Guidelines for the implementation of ESD services in practice – are benefits still evident?
 - Multidisciplinary team working: Role of Physician
 - Model: Early, Responsive, Intensive intervention
 - Eligibility: mild to moderate, medically stable
 - Effectiveness: patient functionality
 - Early & Earlier: tariff consequences
 - What happens after ESD?

Recommendations

- Review service provision in hospital and community
- Commission ESD and community stroke services
- Ensure pathway for more severe patients is planned
- Robust data collection: define and monitor hospital length of stay and readmission rates
- Analyse retrospective data - two ESD streams and proportions of patients eligible for ESD
- Joint commissioning across organisations
- Joint data monitoring
- Involve social care (esp. community stroke services)

The ESD Research Team

- Marion Walker
- Rebecca Fisher
- Fiona Nouri
- Micky Kerr
- Kay Gaynor
- Hazel Sayers
- Amy Moody
- Iskra Stariradeva
- Christine Cobley
- Marie Ashmore



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