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

Research making a difference to practice
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?
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
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


• Uncertainty remains – emerging findings from qualitative research
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*
What is a multidisciplinary team?

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

*Time post stroke (early) or recovery and threshold reached (earlier)?*
Range of hospital stay of patients admitted to Nottinghamshire Community Health ESDT
All referring trusts included (Sept 2009 - Feb 2011 hospital admissions)

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?

- Functionality: use of outcome measures
- Increase in ADL
- Robust methods

![Barthel Score](chart)
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?

Research making a difference to practice
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

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