

The needs of stroke survivors in care homes

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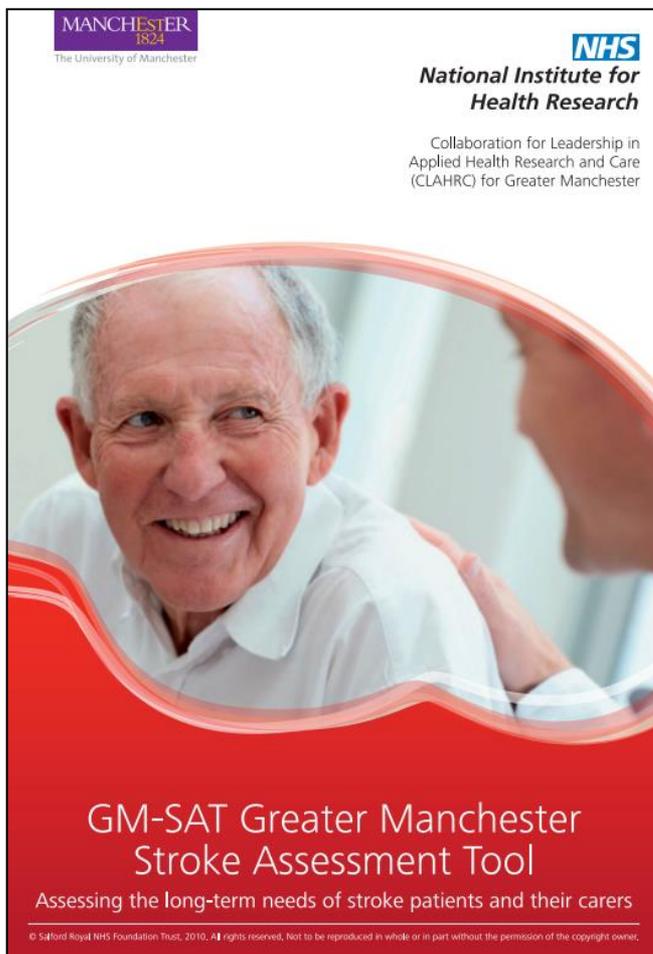
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Ice breaker / Scene setter:

- Your role
- Do you work with care homes? How?

Background



MANCHESTER
1824
The University of Manchester

NHS
National Institute for
Health Research

Collaboration for Leadership in
Applied Health Research and Care
(CLAHRC) for Greater Manchester

GM-SAT Greater Manchester
Stroke Assessment Tool

Assessing the long-term needs of stroke patients and their carers

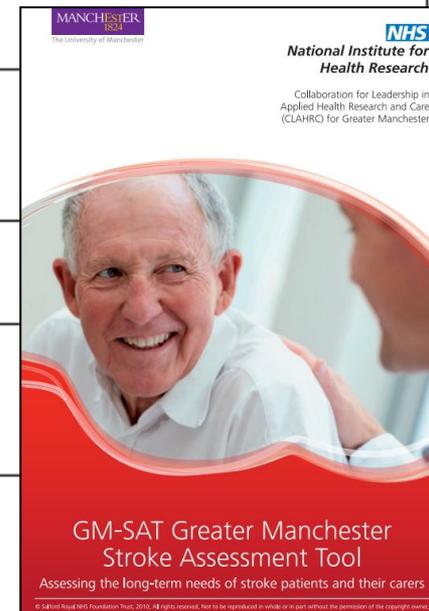
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- CLAHRC reviewed literature + worked with patients, carers and professionals
- Identify common long-term problems across health, social and emotional domains.
- GM-SAT launched in 2010:

<http://clahrc-gm.nihr.ac.uk/our-work/our-work-2008-2013/gm-sat/>

The GM-SAT – review form

<p>Mood</p> <p>Do you often feel sad or depressed?</p>	Yes No	Score= _____
<p>Anxiety</p> <p>Do you often feel anxious or tense?</p>	Yes No	
<p>Emotionalism</p> <p>Do you laugh or cry more since the stroke?</p>	Yes No	
<p>Personality changes</p> <p>Have you or anyone else noticed any change in your behaviour or personality since your stroke?</p>	Yes No	
<p>Relationships</p> <p>Do you have any worries about relationships after stroke?</p>	Yes No	
<p>Fatigue</p> <p>Do you feel tired all the time or get tired very quickly since your stroke?</p>	Yes No	
<p>Sleeping</p> <p>Do you have any new difficulties sleeping?</p>	Yes No	
<p>Memory, concentration and attention</p> <p>Do you have any new difficulties remembering things or concentrating?</p>	Yes No	



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The GM-SAT – review summary

National Institute for Health Research

Stroke Six Month Review: Summary Report

Name:		NHS number:	
D.O.B:		Date of review:	

At your review your blood pressure was: _____ / _____

At your review we identified that you have some unmet needs in the following areas:

Medicine management	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Daily activities	<input type="checkbox"/>	Sleep pattern	<input type="checkbox"/>
Medicine compliance	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Memory & concentration	<input type="checkbox"/>
Blood pressure	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Falls	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Anti-thrombotic therapy	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Mood	<input type="checkbox"/>	Transport and travel	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	Swallowing	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Activities & hobbies	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	Emotionalism	<input type="checkbox"/>	Work	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Weight management	<input type="checkbox"/>	Personality changes	<input type="checkbox"/>	Money & benefits	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	Pain	<input type="checkbox"/>	Sexual health	<input type="checkbox"/>	House & home	<input type="checkbox"/>
Healthy eating	<input type="checkbox"/>	Continence	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Carer needs	<input type="checkbox"/>
Other:							

Summary of your unmet needs:

Actions for you (the stroke survivor):

Actions for us:

Actions for your GP practice:



Summary of your unmet needs

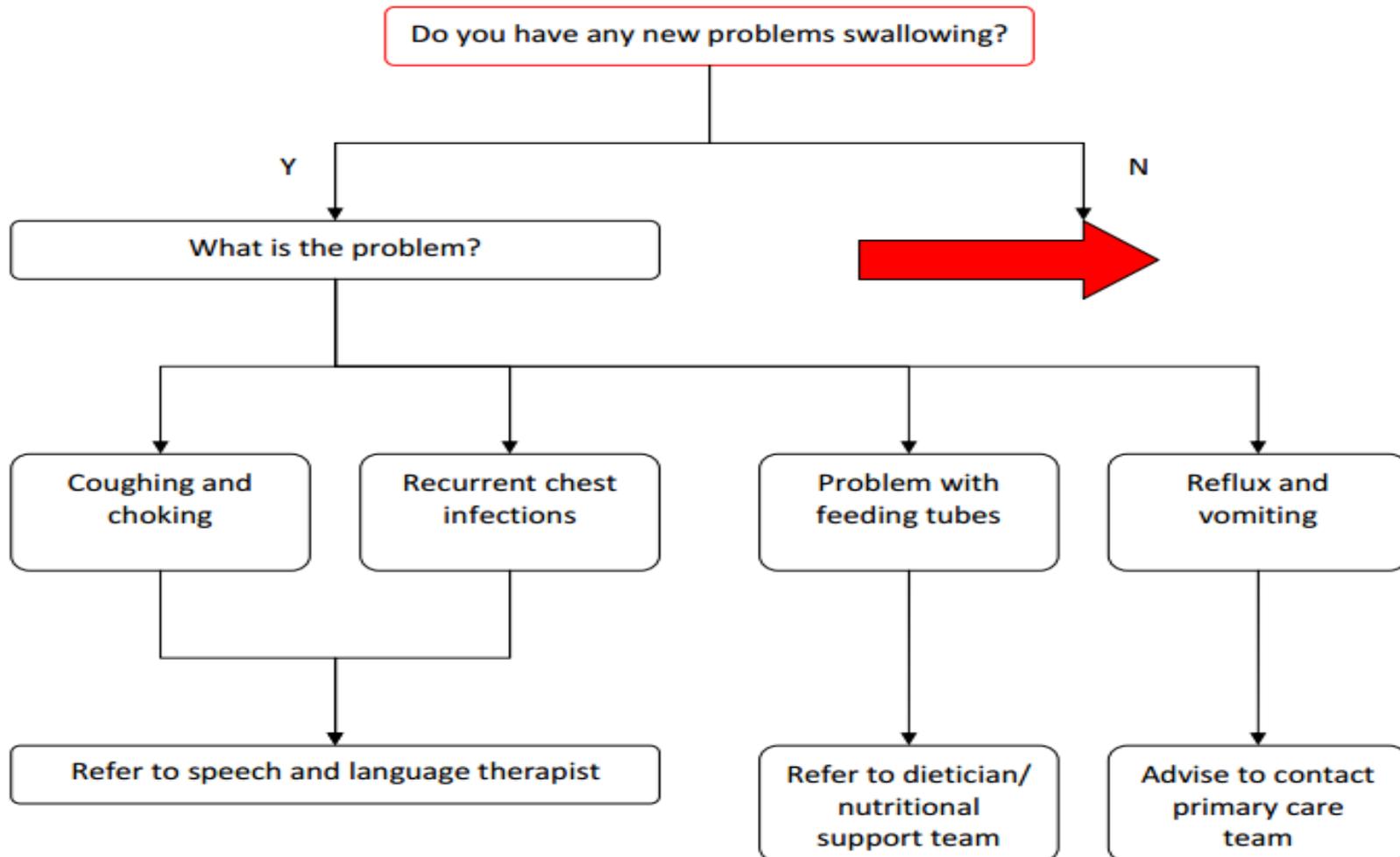
Actions for you

Actions for us

Actions for your GP

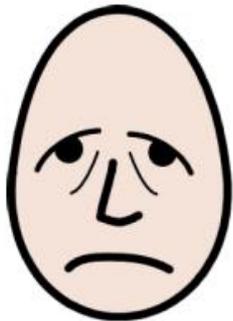
The GM-SAT - algorithms

Swallowing



The GM-SAT – easy access

Do you often feel **sad** or
depressed?



yes

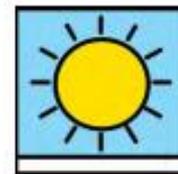


no

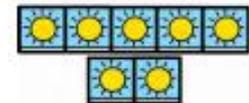
How long ago did the problem
start?



1 hour



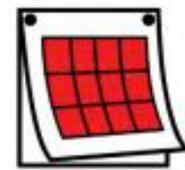
1 day



1 week



1 month



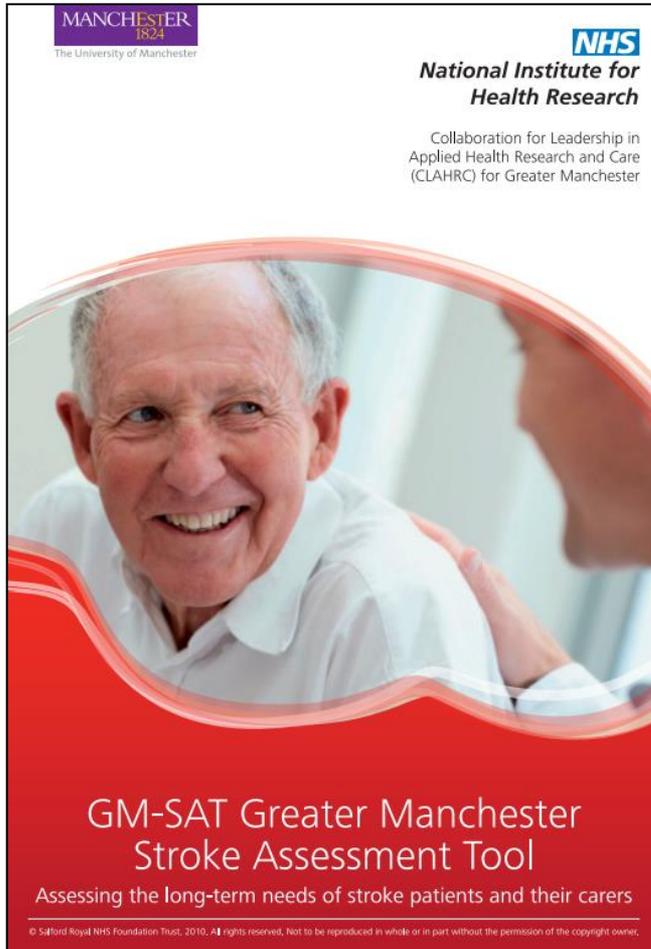
1 year

GM-SAT revisions for care homes

Added questions	
skin problems	foot care
oral health / hygiene	care home staff concerns

Removed questions	
work	driving

Modified
Recording client consent to review: “yes, but” added
“sexual health” question becomes “relationships”



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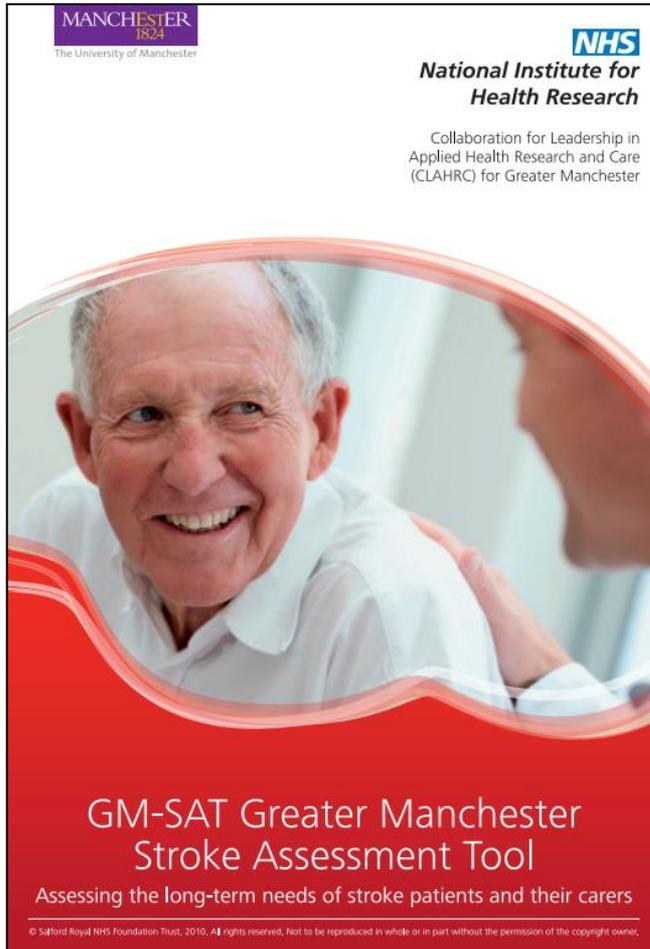
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- How does the GM-SAT compare with your assessments?



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Snapshots from:

CLAHRC study exploring
the process and
outcomes of 6 month
post-stroke reviews for
care home residents

Methods

- 3 within-study components

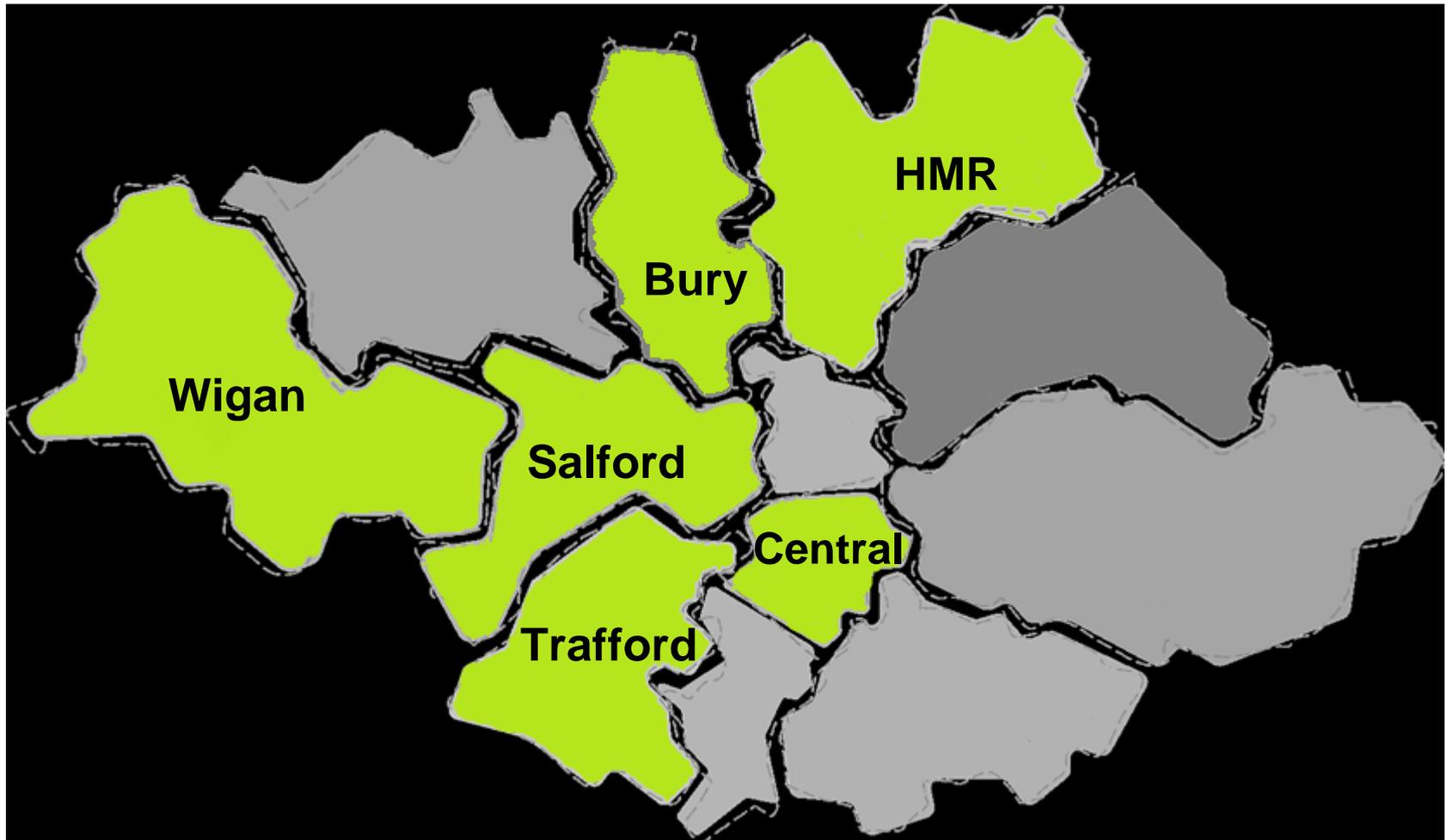
	Record unmet needs & actions ID'd	Experience of reviewees	Opinions of reviewers
Method	Collect review summaries at participating sites	Qualitative interviews ASAP (stroke survivors, family, care home staff)	Qualitative interviews (stroke professional reviewers)
Numbers	N = 74 (target was 72).	N = 13 (8 stroke survivors; 3 family; 2 care staff)	N = 12 reviewers.

Stopped early

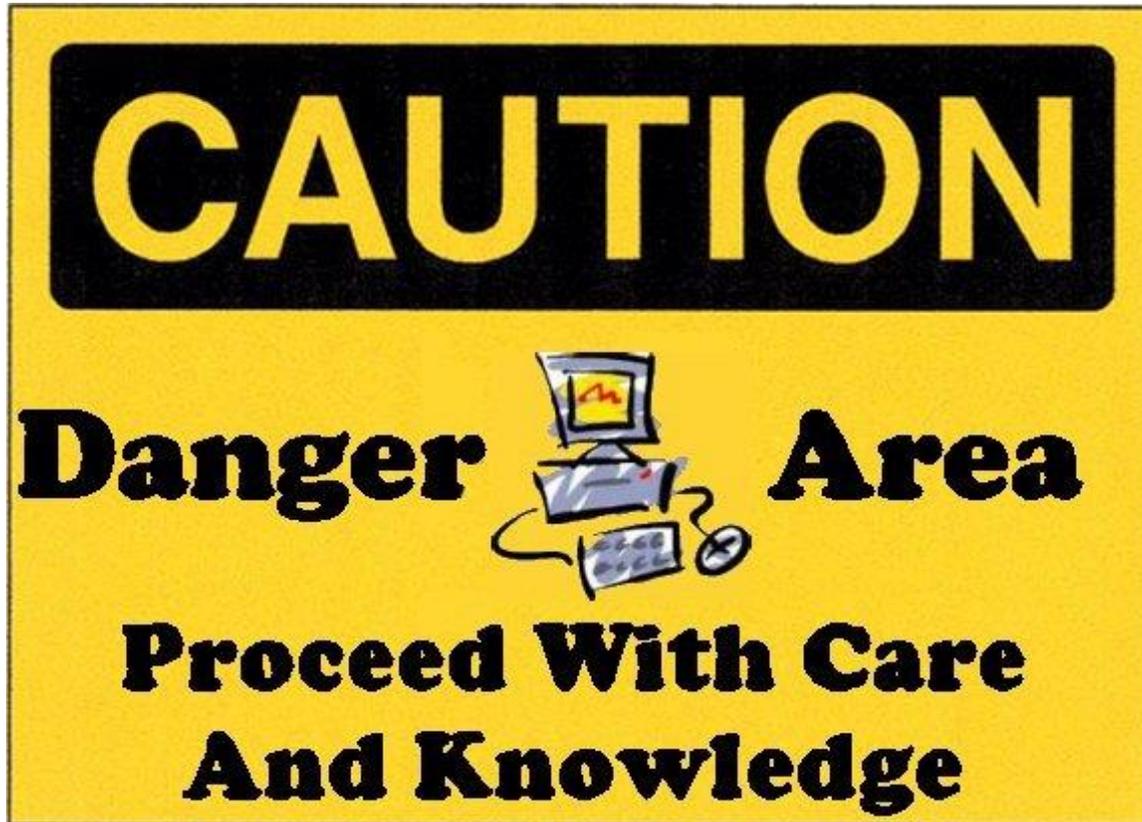
(not included in rest of presentation)

Participating CCGs

6 out of 12 commissioning care home reviews



Preliminary results



Stroke survivors reviewed (N=74)

- Gender: female 51 (**69%**)
- Age: mean 83 years (SD 10.1)

People you're
likely to see?

|

- First stroke for N = 43 (**58%**) 10 unknown
- Living at home before for N = 42 (**57%**) 5 unknown

- Cognitive issues in N = 48 (**65%**) 8 unknown
- Known comorbidities for N = 61 (**82%**)
- Moderate to Severe Disability (3-5 on mRS) for N = 64 (**86%**).

**With capacity issues /
Deprivation of Liberty safeguards?**

Record needs and actions (N=74)

Unmet need:

“a problem that is not being addressed or one that is being addressed, but insufficiently”

N = 49 (66%) with at least 1 unmet need identified
(max 7 needs)

Recorded needs

Type	Total
Meds Management	16
Diet / Weight	15
Blood Pressure	14
Communication / Cognition	12
Mood	11
Mobility	8
Activities & Hobbies	8
Vision	7
Swallowing	6
Glycaemic Control	5
Oral Health	5

Type	Total
Pain	5
Falls	5
Hearing	3
Continence	3
Exercise	2
Foot care	2
Fatigue	2
Cholesterol Control	1
Smoking	1
Skin	1
Transport & Travel	1
Benefits & finances	1

ID-ing stroke survivors for reviews

- Typically:
 - Review people that have come through service
 - Danger of falling through net
- Alternative model (1 CCG)
 - Master list of stroke survivors due a review with an 'in-area' GP



Who should do the review?

- Range of professions delivering reviews: assistant practitioners, therapists, nurses, dieticians, Stroke Association

Knowledge of patient history

Vs

Value of fresh eyes approach:

...Even if the person knows you and has dealing with your team in the past, they might not have been as open, when you're dealing with them, and I think actually, **asking the questions, even if you know the answers, you might be surprised at the answers.**



Who should do the review?

...I think **we presumed that it would be better for nursing staff to do and in reality I think it's... .. about your skills as a practitioner in stroke** that matter really more than anything



Who is doing reviews in your area?



Royal College of Physicians

Sentinel Stroke National Audit Programme (SSNAP)

www.strokeaudit.org/results/PostAcute/PostAcute-CCG-LHB-LCG.aspx

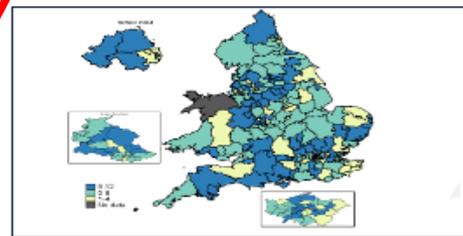
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Results > Post-Acute Audit

- Clinical audit
- Acute Organisational Audit
- Post-Acute Audit**
- National
- Regional
- CCG/LHB/LCG
- Maps

Post-Acute CCG/LHB/LCG Results

Bury CCG 2015

Commissioner Specific Report Phase 1



Shows national and commissioner level results for the audit of post-acute stroke services commissioned in England, Wales and Northern Ireland #SSNAPorg

[Download Commissioner specific report](#)

Post-acute Stroke Service Specific Report Phase 2

Shows national and post-acute stroke service results specific to each commissioning organisation in England, Wales and Northern Ireland. Reports are for the audit of post-acute stroke service providers and reports are based on which services named each individual commissioners as either their sole or one of their commissioners #SSNAPorg

[Download service specific report](#)

Select CCG

Download and Select 'Other post-acute results'

Strengths of the GM-SAT

Use conversationally or systematically.

Helps 'legitimise' and normalise

[it] is a **very holistic**...you're looking at everything, it's **not just physical**.... you're looking at psychological, you know, the whole transport, everything really. So I personally think it's **really valuable both in the care home and the community**



Improving the GM-SAT

Improve order / grouping

More space for notes

I think maybe in the normal one you should ask the same questions ... because **they'll still have those issues when they're in a nursing home or whether they're at home**



Following up on actions

Summary report sent to patient, care home staff and GP.

Very few mechanisms for following up

Relationship management with care home staff, who might feel judged or “**under review**” themselves



Are reviews valuable?

Safety net for vulnerable, complex group.

Valuable for care home staff

Reassuring for family

...before I'd done any reviews in a care home I did sort of think, **is this of value?**, because people are being looked after, **but actually** in a care home quite a few things can come up, especially if somebody wasn't in a care home before they had their stroke and they are now in a care home, **there can be quite a few sort of teething problems that we pick up**

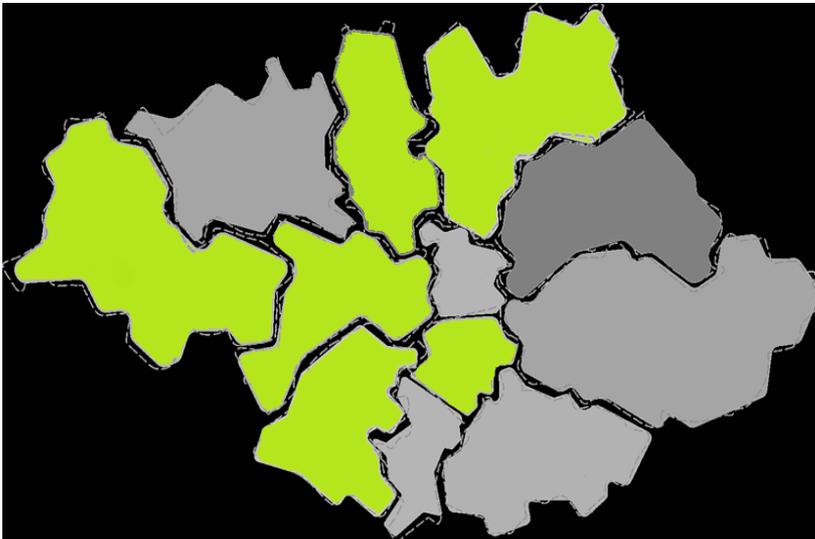


Are we meeting needs.....?

1. Find stroke survivors in care homes
2. Identify their needs & actions to address
3. Deliver / Follow up

Are we meeting needs.....?

1. Find stroke survivors in care homes



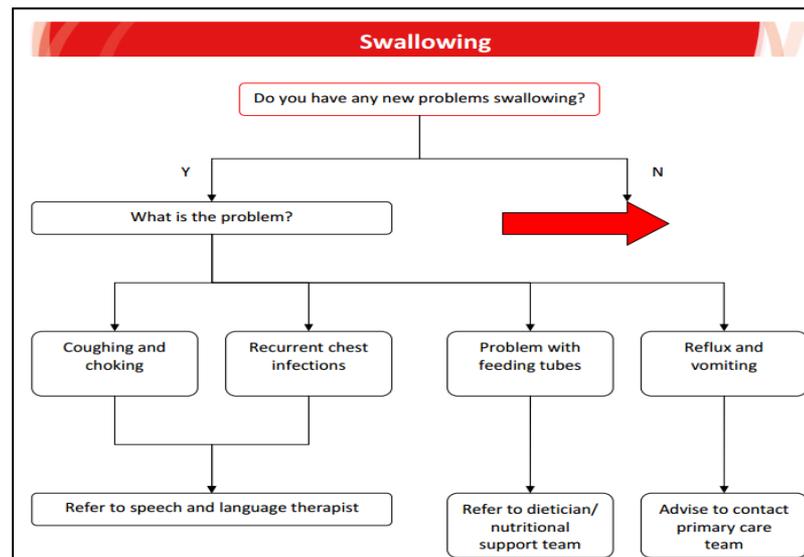
Are we meeting needs.....?

2. Identify their needs & actions to address

Merge
GM-SAT(s)

Combine
strengths of
both

algorithms



Workforce



Are we meeting needs.....?

3. Deliver / Follow up

Introduce
GM-SAT

Guidance /
templates



Are we meeting needs.....?

Stroke Specific Training



www.stroke.org.uk/training



Education & Training programmes for health & social care workers, including care homes.

Stroke Fundamentals and Recovery	Supporting Life After Stroke
Stroke Fundamentals	Stroke care pathway
Recovery, relearning and rehabilitation	Vision and sensory impact
The impact of stroke on swallowing 	Physical needs post stroke
Supporting communication	Family, carer and relationships
Psychological impact of stroke	Cognitive effects of stroke
Stroke prevention & holistic management	Supporting communication
Stroke prevention	Stroke fundamentals
Stroke and end of life care	Understanding communication
Advocacy skills	Stroke and communication
Holistic assessment	Supported conversation
Goal setting	Living with communication difficulties
We also offer training for trainer courses please see stroke.org.uk/training	

Stroke Qualifications & Distance Learning

Stroke Awareness & Acquired Brain Injury* Level 2	Certificate in Stroke Care Management* Level 3
Delivered via distance learning or group sessions	Delivered via blended learning including work based assessments and taught sessions

Open access: mapping key competencies to roles & find courses

About the SSEF

The SSEF consists of 16 Elements of Care, mapped to the National Stroke Strategy

In response to the National Stroke Strategy (2007) the UK Stroke Forum developed a training arm with the task of establishing nationally recognised, quality-assured and transferable education programmes in stroke. A Steering Group and four Task Groups developed the Stroke-Specific Education Framework (SSEF), which covers the whole of the stroke care pathway.



The SSEF consists of 16 Elements of Care, based on the quality markers in the National Stroke Strategy and related to the stroke strategies in all four UK countries. Within each Element of Care there are key competencies that reflect the 'knowledge and understanding' and 'skills and abilities' a member of staff should possess if they work in that area of stroke care delivery. The SSEF is a freely available resource for anyone interested in stroke care.

Levels of knowledge and skills

The levels of knowledge and skills described under Courses and Role Profiles are taken from the definitions used by Skills

- **Basic** – a generalised understanding that something exists but an individual would not need to know any details
- **Factual** – a knowledge that is detailed on a factual level, but does not involve any more than a superficial understanding
- **Working** – the application of factual knowledge in a manner that takes account of widely understood technical principles
- **In-depth** – a broad and detailed understanding of the theoretical underpinning of an area of practice, including core

www.stroke-education.org.uk

www.strokecorecompetencies.org