



Government of Western Australia
WA Country Health Service



SMART
STROKES 2019

The logo for 'Smart Strokes 2019' features the words 'SMART' and 'STROKES' in white, with '2019' in a red circle. A white clock face is positioned above the text.

CROWNE PLAZA, HUNTER VALLEY
NSW AUSTRALIA

8-9 AUGUST 2019



**SMART STROKES – Community
and Primary Care**

Renee Dehring



SMART STROKES 2019

- Slides are available for all presentations
- <http://www.smartstrokes.com.au/pages/2019-presentations.html>





TRACS FUNDING

- **Workplace Learning Fund (WLF)**
- Financial support to individuals or groups working in subacute care (SAC)
- One-off grants of up to \$5000 may be made to support learning activities which meet the eligibility criteria
- <http://www.subacutecare.org.au/j/index.php/grants-for-training>



WHAT IS THE FUSS OF THE T IN FAST- BEVERLEY MACDONALD

- To gain insight into the stroke survivor's understanding of the F.A.S.T message and particularly letter "T"
- Came about as over 50% of stroke presentations were over 4.5hours and not eligible for tPA
- 5 simple questions to 50 patients admitted with a diagnosis of stroke or TIA over a 6 month period





WHAT IS THE FUSS OF THE T IN FAST- BEVERLEY MACDONALD

- 11% had heard of the FAST message
- 4% knew the letter T was for time
- 14% awareness that FAST meant come to hospital quickly
- 16% heard of emergency treatments available for stroke.
- 36% report barriers to coming to hospital
 - Went to GP, thought virus, slept on arm, not recognised as stroke
 - Stubborn, didn't want to go to hospital



WHAT IS THE FUSS OF THE T IN FAST- BEVERLEY MACDONALD

- Ongoing education and promotion of F.A.S.T awareness
- Vital to help reduce delays in presentations
- More patients to benefit from time critical therapies.
- Stroke awareness education should include non-FAST signs of stroke such as balance, vision disturbance and sensory symptoms.
- Spread the word!! FAST, especially T



Recognise **STROKE** Think **F.A.S.T.**



F

Has their
FACE
drooped?

A

Can they lift both
ARMS?

S

Is their
SPEECH
slurred and do they
understand you?

T

Call 000
TIME
to dial

If you see any of
these symptoms
Act FAST
call 000



“THIS IS OUR LIFE NOW. OUR NEW NORMAL”: A QUALITATIVE STUDY OF THE UNMET NEEDS OF CARERS OF STROKE SURVIVORS – ALEXANDRA DENHAM

- To qualitatively explore the unmet needs of carers of stroke survivors & preferences for interventions and support services
- Unmet needs refer to a need that is not satisfied through available and accessible services
- 24 x Semi-structured phone interviews

Social relationships and support

“My wife’s family ...dropped off the Earth. We haven’t seen them since the stroke and I mean that was hard, that was part of [my wife’s] depression.”

“Other people that get what you’re going through, not just can sympathise or empathise ... But really get it because they’re living it too.”

Adequacy of information

“I didn’t know what to expect and I wasn’t given any directions or any assistance or anything you know. So initially it was just frightening.”

I was given a pack from the hospital and that’s it—I had to take it home and read. I was terrified. There was just no-one for me to talk to.”

Taking care of oneself

"I focused on my work, my family and my husband to the physical detriment of myself."

"I'm so stressed out my ulcerative colitis has flared up, I'm doubled over in pain most of the day at work. I just never get a break. I'm just miserable to be honest."

Accessing appropriate services

At first the NDIS provided lovely care.
Every week day, and a couple of hours on the weekend. On a Saturday.
But this year the support has just disappeared."

"I keep asking what will happen when he comes home?
What services will be in place for him and I?
And what I'm quickly discovering is that they'll wait for a disaster and then they'll deal with that."



“THIS IS OUR LIFE NOW. OUR NEW NORMAL”: A QUALITATIVE STUDY OF THE UNMET NEEDS OF CARERS OF STROKE SURVIVORS

- Preferences for services
 - Connecting carers to a single service with ongoing support
 - Community and social activities with other carers
 - Face-to-face and online
- Conclusions
 - Ongoing supportive services may improve carers’ health and wellbeing outcomes
 - Need for development of co-designed resources to support and meet their needs



EVALUATION OF A POST STROKE “FOLLOW UP” SERVICE – ANDREA SANDERS, LEAH PETT

- National Stroke Foundation Trial - Queensland
- Inpatient team discuss with patient, give brochure and referred to the “Follow Up”
- Services by MDT of allied health professionals with expertise in stroke
- Aim: investigate clients, service officers, referring clinician and General Practitioners’ perceptions of the Follow Up service strengths and weaknesses





EVALUATION OF A POST STROKE FOLLOW UP SERVICE – ANDREA SANDERS, LEAH PETT

- Approximately 6 week phone call number 1
 - Information / resources
 - Referrals to services if required
 - Goal setting
 - Network linkages
 - Coping skills
- Approximately 8 week phone call number 2 if required
 - Follow up on actions from call 1
- GP letter sent to outline services provided





EVALUATION OF A POST STROKE FOLLOW UP SERVICE – ANDREA SANDERS, LEAH PETT

- Surveyed stroke survivors, carers, staff and GP's
- Themes
 1. Tailoring services to client individual needs
 2. Impact Post Intervention
 3. Satisfaction
 - 85% were satisfied or very satisfied with the Follow Up service
 - 92% were satisfied or very satisfied with the resources and materials
 - 75% Hospital representatives; and 100% GPs agreed that the service improves knowledge of secondary risk factors of stroke and assist clients with self-managing and improving confidence post stroke.



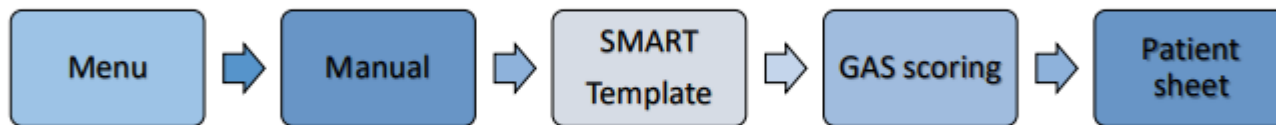
STANDARDISED GOAL SETTING PACKAGE IMPROVED THE QUALITY OF DOCUMENTED DISCHARGE PLANNING GOALS FOLLOWING STROKE - REBECCA BARNDEN

- Project 1 - 2016 Peninsula Health Evaluation of a pilot model of Collaborative Goal setting in stroke rehab
- Project 2 - 2018 Peninsula Health test site multidisciplinary team implementing a Goal Setting Package
- 18 MDT staff attended 90 minute goal setting training



STANDARDISED GOAL SETTING PACKAGE IMPROVED THE QUALITY OF DOCUMENTED DISCHARGE PLANNING GOALS FOLLOWING STROKE - REBECCA BARNDEN

- Goal Setting Package



- Goal Setting training in use of the package

- Aim: compare the quality of discharge planning goals set in rehabilitation pre and post introduction of clinician training using a standardised goal setting package



STANDARDISED GOAL SETTING PACKAGE IMPROVED THE QUALITY OF DOCUMENTED DISCHARGE PLANNING GOALS FOLLOWING STROKE - REBECCA BARNDEN

- Pre education package: Audit of 15 patients goals collected during project 1
- Post education package: Audit of 15 patient goals collected during project 2
- Goals were audited using the SMART Goal Evaluation Method



STANDARDISED GOAL SETTING PACKAGE IMPROVED THE QUALITY OF DOCUMENTED DISCHARGE PLANNING GOALS FOLLOWING STROKE - REBECCA BARNDEN

Results

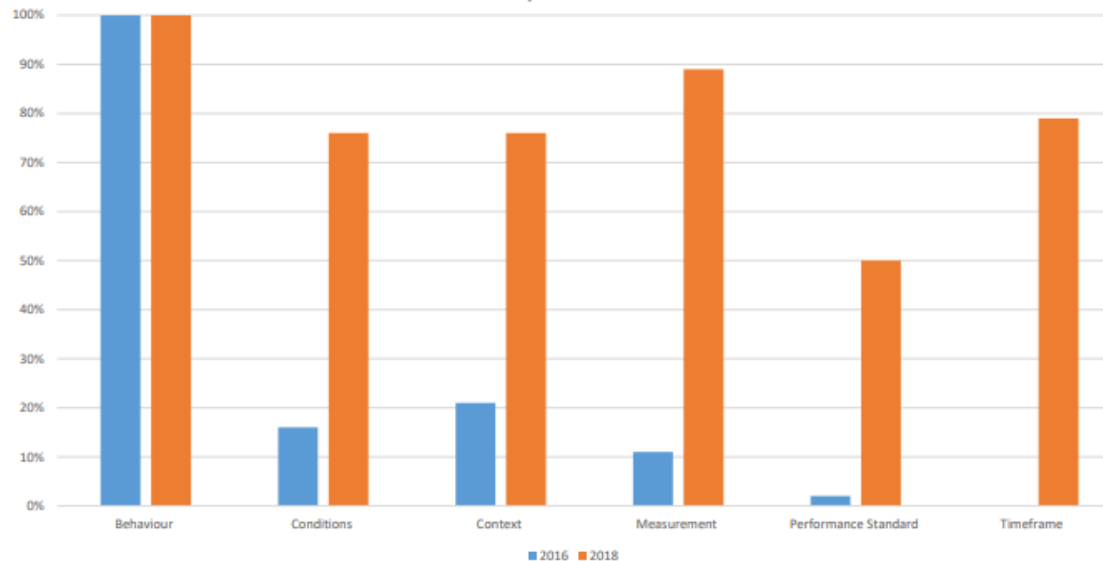


MONASH
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Health

SMART Gem Proportion of Included Metrics





STANDARDISED GOAL SETTING PACKAGE IMPROVED THE QUALITY OF DOCUMENTED DISCHARGE PLANNING GOALS FOLLOWING STROKE - REBECCA BARNDEN

- Future: opportunities to embed approached to person centred goal setting into routine rehabilitation care at Peninsula Health, not just stroke patients
- Training and introduction of standardised goal setting methods improved the quality of documented
- Further work is needed to determine the impact of on patient outcomes and patient experiences



THANK YOU FOR ATTENDING

- **NEXT EDUCATION SESSION:**
- Clinician and patient perspectives, dosage and predictors of UL rehabilitation. Summary of CIMT workshop.
- Shae Flint - OT Bunbury Regional Hospital
- 12:00 – 12:45 - Wednesday 18th September