

Producing a patient accessible report on stroke care

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3% (4)

Wales

INTRODUCTION

In order for patients to lobby for improvements to healthcare services, information on the quality of those services must be readily available and easy to understand. In 2007, the RCP Stroke Programme identified a need for a patient friendly report to make complex, clinically-focused audit results more accessible. The first patient centred reports were developed the following year. Since 2012, the Royal College of Physicians' (RCP) Stroke Programme has run the Sentinel Stroke National Audit Programme (SSNAP). Leveraging the successes of previous RCP-run national stroke audits, the Sentinel Stroke National Audit Programme (SSNAP) continues to work with stroke survivors and patient and carer groups to improve patient reports, and to design new reports to help raise awareness of the quality of stroke care and services in England, Wales and Northern Ireland.





RESULTS

Key results are made accessible **electronically** and in **hard copy** to stroke survivors with communication and cognitive impairments through charts and graphs, symbols, and colour-coded maps and results are updated every 3 **months**. When first published these reports were downloaded around 200 times per quarter, but are now downloaded over 2,000 times per quarter. They are disseminated to hospitals, at national stroke conferences, and via patient groups.

METHOD

The RCP Stroke Programme formed an implementation group with a majority of patients and carers to determine requirements for producing **patient friendly** versions of reports. Stroke survivors with **aphasia** (where speaking, comprehension, and the ability to read and/or write is affected) helped decide: what data to include; optimal ways of presenting data; and report layout. The Programme's multi-disciplinary steering group (the ICSWP), other patient groups, and stroke charities revise and provide insight into each new patient report produced.

3. WILL I GET BETTER AND WHAT ARE THE TIMESCALES?

Some people are able to go home very quickly after a stroke, although most would say full ecovery does not happen for months or years, even when the stroke has been very mild. Many eople need rehabilitation in hospital

Important assessments before leaving hospita

Nutrition Following a stroke, many people cannot eat and drink safely. These people may need a drip to ovide fluids, nourishment and medication. Even eople without swallowing problems identified enough because they have difficulty seeing o reaching for food and drink, drowsiness or low

have

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allows it, together with lifference. Everyone st ugar and lipids checke igh cholesterol, and r

term treatment with stat

eople with ischaen ntiplatelet drugs (initi

opidoarel) to reduce SNAP asks whether sk factors such as at

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risk score at risk of



In 2014 SSNAP also developed, in association with stroke survivors, an Annual Report on stroke care. Now in its second year, the report attempts to answer pertinent questions in stroke from the **point of view of patients**, using SSNAP data, clinical commentary, graphs, maps, and patient and carer quotes. SSNAP's second Annual Report, 'Is stroke care improving?' was downloaded more than **20,000 times** within 2 weeks of its publication, indicating its immense popularity.

Feedback indicates the usefulness of these reports for stroke survivors and carers, clinical teams, chief executives and members of parliament in instigating improvements in stroke care.

Case study quote

"I enjoyed it all (truly!) but just wanted in particular to commend the clarity of presentation. The amount of thought that has gone in to the layout, size, spacing, use of colour and explanations to ensure that it is as useful and informative as possible to everyone is obvious, and I haven't read any other document for the public recently that comes anywhere close. It is good for me to know that such an exemplar exists." **Stroke Survivor**



Additional and the second seco	
	Nutritional screening and
	dietitian assessment
	2013/2014
	13/20 patients were screened for nutrition and seen by a dietitian before leaving hospital if they needed to be.
	2014/2015
	15/20 patients were screened for nutrition and seen by a dietitian before leaving hospital if they needed to be.
of those stroke patients who needed of screening received one before they were harged. This has improved from 73% last r. 90% of patients who were applicable for ognition screening before discharge received this year. This is another improvement last year's figure, which was 84%. This is ouraging as it means more patients are utified for follow up treatment.	"I lost my confidence. I couldn't
	read or write. My vision was
	affected. I couldn't socialise. I
	find it difficult to deal with my
	frustration."
	Eileen, 57
	19

One of the most important immediate assessments that should be made when a patient is admitted to hospital is the swallow screen. Around 40% of people with acute stroke cannot swallow safely and are at risk of aspirating food and drink into their lungs leaving them at risk of pneumonia. A swallow screen should be carried out by trained staff with the patient in the correct position.	Swallow screening withi 4 hours 2013/2014 64% of patients had a swallow scr within 4 hours if they needed one
More patients who needed a swallow screen had one within 4 hours of arriving at hospital when compared to last year which is encouraging. However, this still means that more than 22000 patients who should have received a swallow screen were not given one within 4 hours of their admission.	2014/2015 68% of patients had a swallow scr within 4 hours if they needed one Dr Craig Smith, a consultant in st medicine at Salford Royal NHS Founda
If a swallow screen detects some problems with swallowing, it may not be appropriate for the patient to eat or drink. They need to have a formal assessment from a speech and language therapist who can confirm whether or not the patient still has a swallowing problem and how best to manage it. Of those who need one, 83% of people are now receiving a formal swallow assessment within 72 hours of arriving at hospital, an improvement on last year.	Trust in Manchester, used stroke audit da derive a new simple risk score for predic stroke-associated pneumonia that can used in a clinical setting. The risk of a pa being diagnosed with pneumonia after st is linked to how independent the patient prior to stroke, as well as the patient's ger age and stroke severity. The new risk s helps identify those patients most at ris developing pneumonia. Smith CJ, Bray BD, Hoffman A, Meisal A al. (2015)

ges	
rs should give up completely. ently when stroke recovery a healthy diet, also makes a nould have their fasting blood ed, to exclude diabetes and many people will need long tins.	"I have tried to maintain an
	active lifestyle although this
	has proved more difficult during
	the last two years. I have been
	aware of the need to constrain
stroke are also treated with ally aspirin and then usually the stickiness of the blood. people were known to have rial fibrillation or high blood troke.	my diet - this has been reduced
	recently both in volume and
	content. I do not smoke and
	I have a very modest alcohol
and the second s	intake." John, 77



"I just picked up and glanced through this report. Many congratulations to you, Pippa and other colleagues for making it so accessible to lay folk. As you would expect, I particularly liked the section at the end where the data was presented by patient journey outcome, rather than by provider care team." Vice President of national UK stroke charity



Where we are showing differences between countries, the chart will look like this:







n stroke care are being made, but that work remains

'I make sure l take my medication. I avoid alcohol, red meat or smoking and ensure I eat lots of vegetables every day. I do regular exercise such as cycling and I maintain a good weight. I had to develop new hobbies and get used to being in a wheelchair although I am getting more independent now. Fileen 57

Conclusion

Stroke survivors have a **powerful voice**. Audit reports tailored to their needs are effective to increase knowledge and drive change. Involvement of patient groups is key to transforming complex data into information understood and used by stroke survivors and carers.

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