

USING NEW FORMS OF MEDIA TO DISSEMINATE THE 2016 RCP GUIDELINE FOR STROKE

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BACKGROUND AND AIMS

The 2016 National Clinical Guideline for Stroke was published by the Royal College of Physicians in October 2016. It is a world renowned publication which provides a comprehensive examination of stroke care and is overseen by the Intercollegiate Stroke Working Party (ICSWP), a multidisciplinary professional steering group. To ensure dissemination was to a wide audience including those not directly involved in stroke, new forms of media were used to enhance the reach, scope and engagement of the Guideline.



ervice NHS



The ICSWP were consulted about



National clinical guideline for stroke

Prepared by the Intercollegiate Stroke Working Party

Fifth Edition 2016

different approaches for producing the Guideline using innovative media platforms such as Ebooks, audio and various different platforms for reading the guideline online. Meetings were held where various production and dissemination solutions were appraised. Close collaboration with patient representatives was maintained to ensure that content was accessible and meaningful to patients and carers.

Ebook



RESULTS

The Guideline was published as an **online**, **bespoke document**. This allowed readers to **bookmark pages**, **make notes**, and use **sophisticated search functions**. **Ebooks** were created to enable accessibility to the Guideline on-the-go. We created an **audiobook** as an alternative to a written only Guideline for those with **aphasia** or **visual impairments**. Patient groups **confirmed these benefits**. The

Various profession specific guides were created

CONCLUSION

Disseminating information about evidence based practice needs to be accessible and engaging. New media platforms enabled novel approaches for presenting the 2016 Guideline for Stroke. This has enhanced the accessibility and engagement with this publication, as evidenced by the wide-variety of platforms from which it can be accessed, and a sustained engagement. Similar approaches could be taken when developing publications in other healthcare settings. guideline has been downloaded over **200,000 times since October** 2016 and engagement has been sustained since it was launched.

	 training for healthcare professionals in the specialty of s 	B People with stroke should be:				out medical care made in the person's best interests.	
.4.2	Sources					transfers of their care if they are able;	
	Stroke Unit Trialists' Collaboration, 2013	Search	thrombectomy	Q	×	mmunication between organisations and teams involved in	
	Bray et al, 2014; Ramsay et al, 2015; Working Party consen:					the standard terror to a feature of a state standard to a feature of	
	Follows from the evidence and recommendations concernia monitoring (Sections 3.4-3.7, 3.10)	12 matches	found "thrombectomy" Clear Results 🤤		Iv involved in caring for people with stroke should use a d set of data collection measures, assessments and		
н	Meyer et al, 2008; Working Party consensus	Da a a 2 -	3, 4, 5, 6, 7, 8, 9. Mechanical (thrombectomy) for acute				
	Stroke Unit Trialists' Collaboration, 2013; NICE, 2016	Page 3 »	ischaemic stroke (Section 3.5) l	Irgent brain imaging within 3	L hour		
	Implications	luxation Systematic review Telemedicine (Thrombectomy)		v)	v consensus		
hese recommendations will require a considerable increase in the ervices, especially clinical neuropsychology/clinical psychology and articularly concerned by the findings of national registries indicati- becialties for people with stroke. Patterns of work need to be revi- terapy, perhaps removing some administrative duties and ensurin herapists on tasks that could be done by less qualified staff. Resto equire close integration with social services.		Page 22 »	Thrombolysis Thrombosis Transdermal Transient ischaemic attack				
		Page 56 »	ine, principally in imaging, me the acute management of intra		who commission and provide services across health and social care wit might be redesigned to reduce transfers of care between		
		Page 63 »	rapy without such imaging is to perform (thrombectomy) (i.e. obtain reperfusion) within 6 hours. The SWIFT-PRIME trial had the			he person recovering from stroke and their family should al distinctions between service providers or between health and	
5	Location of service delivery						
troke services should be organised to treat a sufficient number of tills of the workforce are maintained. At the same time, the closes erson's home the more that family/carers can be engaged and the e. This section provides a recommendation on the location of deli- opropriate balance between care in hospital, on an out-patient ba		Page 63 »	er 60 minutes. Thus it follows that for (thrombectomy) based upon CT/CTA imaging alone, commencing the procedure more than Working Party concludes that mechanical (thrombectomy) (MT) is an effective acute stroke treatment for selected patients with			spital to home the most stressful for people with stroke and their family/carers, is or to a care home. Many people report feeling afraid and of abandonment (Stroke Association, 2015). There is much that people with stroke and their family/carers regarding the smooth	
		Page 63 »					
5.1	Recommendation				nost areas services are now provided to support people to leave		
	People with acute stroke who cannot be admitted to hospit team at home or as an out-patient within 24 hours for diag and risk factor management at a standard comparable to th	Page 63 »	cerebral artery [MCA] territor Alberta Stroke Program Early Cl			ge', ESD) but often there are insufficient community stroke severe disability in their transfer from hospital to home.	
5.2	Source	Page 64 »	to intravenous thrombolysis I			idence for the provision of ESD for people with mild to moderate	
	Working Party consensus	. ugo o i m	be considered for intra-arterial of	lot extraction (using stent re	triever	ncy and admission to institutional care (Fearon et al, 2012). The nated, stroke specialist team, but there remain uncertainties about	
6	Transfers of care – general principles	Page 151 »	H, Dippel DW, et al, 2016. Er large-vessel ischaemic stroke: a	dovascular (thrombectom) meta-analysis of individual p	() after atient	treatment delivered in practice, and in the impact of ESD teams with stroke is so much shorter than when many of the trials wer n ESD team should at least match the levels in the trials that	
6	eople who survive a stroke will interact with several differen					earon et al, 2012) and should be sufficient to deliver treatment at	
imary care, specialist acute stroke services, specialist rehabilitatic neric community services etc. This section covers general princip		Page 153 »	 » A, Cobo E, de Miquel MA, et al, 2015. (Thrombectomy) within » 8 hours after symptom onset in ischemic stroke. New England 			2.11).	
wee	these agencies. Transfers of care out of hospital are cover					ial therapy pre-discharge home visits after stroke (Drummond et a irovided useful data on the costs of home visits and tested an	
5.1	Recommendations	Page 164 »	Diener HC, et al, 2015. Stent intravenous t-PA vs. t-PA alone			ising photographs or videos.	
	Transfers of care for people with stroke between different i			in second from England South	2940.915	ig programme for caregivers of in-patients after stroke (Forster et	
	 occur at the appropriate time, without delay; not require the person to provide information already ensure that all relevant information is transferred, espiration 	Page 168 »	r providing safe acute ischaer Whiteley WN, Slot KB, Fernande	nic stroke (thrombectomy) is P, Sandercock P, et al, 201	. BASP. 2. Risk	ention over usual care, although a subsequent process evaluation the intervention had been undermined by not being delivered as t evidence, the best means to support the caregivers of people	

The guideline included a sophisticated search tool for clinicians

You can view the guideline at <u>www.strokeaudit.org/guideline</u>

Key learning points from disseminating a National Clinical Guideline for stroke

- Aim to reach a wide audience
- Be aware of and test new media platforms that will help achieve this aim
- Maintain close collaboration with multi-disciplinary professional steering group
- Maintain close collaboration with patient representatives
- Give clinicians and patients options for viewing the Guideline that suit their various needs