Stroke FOUNDATION

Executive Summary

National Stroke Audit

Rehabilitation Services Report 2016

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At a glance

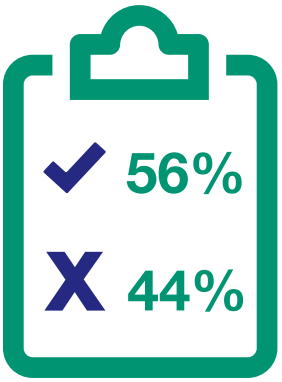
121
Rehabilitation services

9,056
Patient admissions

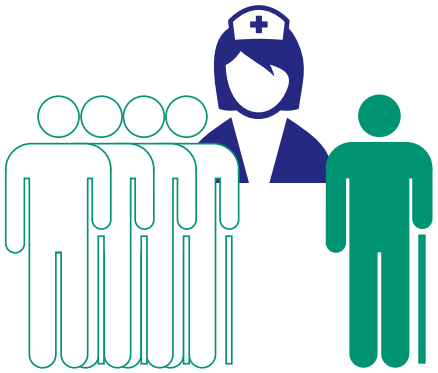
3,514
Patients audited

One-in-10 services offer a dedicated stroke rehabilitation unit

Services meeting all 10 essential elements of care = ZERO



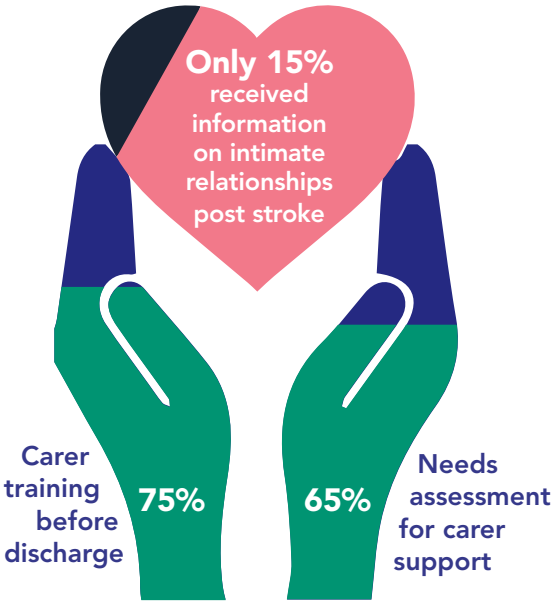
Routine adherence to *Clinical Guidelines for Stroke Management* to inform care



One-in-five patients are discharged without a care plan

Patients assessed for mental wellbeing

Only one-third receive comprensive follow up



Executive Summary

The National Stroke Audit Rehabilitation Services Report 2016 provides the most comprehensive snapshot to date of inpatient rehabilitation services for stroke in Australia. The Audit highlights areas where the system is working well and reports on improvements or changes that may be needed. Importantly the results are presented according to best practice guidelines in the National Rehabilitation Stroke Services Framework 2013 and the Clinical Guidelines for Stroke Management 2010. In addition the Audit highlights progress that has been made over time with the last audit completed in 2014.

Clinicians, health administrators and governments alike can use the valuable data provided in this report to review services and clinical care to improve the quality of stroke rehabilitation in Australia.

The Audit is comprised of two parts. The first is a survey of resources, processes and infrastructure completed by 121 stroke rehabilitation services and the second is a retrospective audit of 3,514 case notes (from 108 services). Participating rehabilitation services reported admitting 8,110 stroke patients in the previous 12 months accounting for 90% of all inpatient stroke rehabilitation admissions (total of 9,056). The median age of patients was 76 years, 56% of audited cases were male and over three-quarters (79%) were identified as having an ischaemic stroke. These demographics were reflective of previous audits.

Rehabilitation of people with a stroke is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides people who have had a stroke with the tools they need to attain independence and self-determination.

The Audit's findings show the vast majority of patients are not being supported to lead their best life after stroke. This is despite significant advancements in the treatment and care guidelines for stroke rehabilitation and efforts of health professionals. There continues to be systematic and process issues leading to care inconsistent with recommended Guidelines. Stroke patients are suffering poorer outcomes as a result.

No services reported meeting the ten essential care elements outlined in the National Rehabilitation Stroke Services Framework 2013. The Framework helps guide service planning, monitoring and improvement of rehabilitation stroke services to support the delivery of best practice care. This includes but is not limited to the use of evidence-based guidelines to inform clinical practice, delivery of patient care within a dedicated stroke or neuro-rehabilitation unit, involving patients in their goal setting and developing written plans, systems for the transfer of care and follow up of patients and support for carers.

There was little demonstrated improvement in compliance when compared to the previous Audit. Almost three-quarters (74%) of participating sites adhered to between four and eight of the Framework elements in 2016. In fact there was a decrease in the number of services achieving nine or more elements of the Framework.

Some of the most concerning data from this component of the Audit included:

- A decline in the use of evidence-based guidelines to inform patient therapies from 69% in 2014 to 56% in 2016. This result raises significant concerns about what clinicians are basing their practices on.
- Thirty-nine percent of services reporting the absence of a specialised interdisciplinary team and limited access to stroke specific education and development.
- Only 12 (10%) of rehabilitation services reported providing care in specific, geographically defined stroke units.

› Over two-thirds of services reporting no processes for the transfer or follow up of patients after discharge. This is despite almost two-thirds of stroke patients referred on for further rehabilitation after inpatient care.

For any service delivering stroke rehabilitation there is an expectation it can meet standards outlined in the Framework or at least improve compliance over time. The results of the Organisational Survey suggest all rehabilitation services need to refocus on how they can achieve and maintain adequate standards for delivering best practice care.

Building on the Organisational Survey results, the Clinical Audit reflects an unacceptable deterioration in the delivery of best-practice care as outlined in the Guidelines.

Patients and their carers are being discharged from in-patient rehabilitation services without the information, supports and even medications they need.

Effective stroke rehabilitation empowers the person with stroke to live their best life after stroke. However, more than one-in-five (22%) patients were being sent home without collaboratively developed plans for their ongoing care and 85% were not provided with information on intimate relationships. It is recognised recovery from stroke extends after discharge. Currently patients and their carers are being left without the resources and information they need to drive their own recovery following rehabilitation and at significant and unnecessary risk of recurrent stroke and further complications.

Audit results revealed almost half of patients were not provided with a mood assessment. In addition, of those assessed, two out of three patients who had been identified as having mood disorders – such as depression or anxiety – were not provided with a further psychological assessment or the necessary care. Mood disorders can significantly alter outcomes from rehabilitation and ultimately the quality of the lives of patients and their families, their social connectedness and their ability to return to work.

Alarmingly only half of patients received education on the cause of their stroke, recovery, hospital management and secondary prevention prior to discharge. Adding to this poor result just over half (51%) of patients were provided with stroke risk factor modification advice. Most concerning is one-in-five patients were discharged without receiving recommended blood pressure or cholesterol lowering medication. Almost half of stroke survivors will experience another stroke within 10 years and commencing medication prior to discharge is critical for long term health and secondary prevention.

Carers play a critical role providing physical, emotional, recreational and financial support after stroke. This Audit shows carers are being forgotten in the transition home, the number of carers provided with relevant training declined to 75% (84% in 2014) and an assessment of carers needs to 65% (from 82% in 2014). This mean carers are being left without the information and supports they need to help their loved one through their stroke recovery and the challenges ahead.

It is important to note there were improvements in some areas and locations. The increased practice of goal setting with patients (79% in 2010 to 89% in 2016) indicates with focused effort, investment and education improvements can be made.

In summary, this data reveals stroke rehabilitation care in Australia has stalled or regressed in key areas to the detriment of patients and health services. 2014 Audit results reported were optimistic and demonstrated that with effort there were some areas of improvement, however, over the past 24 months improvements have stagnated.

With an aging population subsequent increases in stroke incidence and advancements in stroke treatment mean more Australians are surviving stroke than ever before. Demand on the rehabilitation care system has increased.

Opportunities exist for improvements across the country through tailored strategies which can impact the quality of care provided. Effective delivery requires collaboration and prioritisation of stroke across all levels of government and within health services to improve the quality of care in line with best practice and outcomes for stroke patients.

Ongoing work and effort is required to review gaps in care, assess local barriers and enablers, develop and implement improvement plans. In addition the impact of these quality improvement plans and the care provided during inpatient rehabilitation must be monitored.

Efforts must be concentrated where they will have the greatest impact. That is empowering health professionals and providing them with the education, resources and support to improve the quality of care. This includes identifying common gaps in care, forming strategies to address these, sharing knowledge and committing to the roll out of these measures across the system. We must improve how resources are utilised and systems of care delivered to ensure the best possible outcomes for all Australians.

*Please note a review of *Clinical Guidelines for Stroke Management* is currently underway. Updated Guidelines will to be released in 2017.

Recommendations

1. Greater adherence to essential elements of care outlined in the Rehabilitation Stroke Services Framework, particularly to ensure all patients with stroke are managed on one dedicated ward (geographically defined rehabilitation).
2. Greater focus on processes to ensure the psychological needs of all patients are assessed and appropriate support is provided during and after inpatient rehabilitation.
3. Further efforts to ensure all patients and their family/carers are involved in their rehabilitation. This critically includes the provision of information (including sexuality post stroke), collaborative goal setting and thorough education on stroke recovery.
4. Ensure secondary prevention advice including risk factor modification, appropriate medications and long-term compliance is provided prior to discharge.
5. Continued efforts to provide comprehensive discharge planning to all patients with stroke including providing a personalised care plan as well as specific training and support for carers.
6. Increased focus on implementation of the recommendations in evidence-based guidelines and reduction in unwarranted clinical variation by developing improved systems of care (clear policy, procedures and practices).

How to get more involved

- **Give time** – become a volunteer.
- **Raise funds** – donate or hold a fundraising event.
- **Speak up** – join our advocacy team.
- **Leave a lasting legacy** – include a gift in your Will.
- **Know your numbers** – check your health regularly.
- **Stay informed** – keep up-to-date and share our message.

Contact us

- **1300 194 196**
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The full National Stroke Audit Rehabilitation Services Report 2016 can be downloaded at **informme.org.au/stroke-data**

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