A Consensus on Stroke Early Supported Discharge

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Overview

• Stroke Early Supported Discharge Services
• Stroke Rehabilitation Implementation Research
• Why a consensus on Stroke ESD?
• Evidence based statements about Stroke ESD
• Evaluation and Mapping: emerging findings
• CLAHRC – translating research into practice
• Collaboration for Leadership in Applied Health Research and Care
• Consensus on Early Supported Discharge
• Mapping: How have ESD services been set up in Nottinghamshire, Derbyshire, Lincolnshire (UK)?
• Evaluation: How effective are ESD services in practice?
• Stroke Rehabilitation Implementation research
• Beyond the definitive RCT
WHAT IS ESD?

ESD team: PT, OT, nursing etc
CLAHRC ESD Study – Why?

- ESD services setting up around UK
- Policy documents: UK National Stroke Strategy, Royal College of Physician guidelines
- Robust evidence base supporting ESD
- Cochrane systematic review – Langhorne 2005
- Does ESD work? – Yes
- How do you set up an ESD service in practice?
Cochrane systematic review on ESD
• What are the key messages from the literature?
• Statements about core elements of an ESD service
• Accessible to commissioners and service providers
• Process facilitated by Professor Peter Langhorne
• International panel of ESD trialists involved (P Langhorne, B Indredavik, C Wolfe, M Power, H Rodgers, L Holmqvist, E Bautz-Holter, N Mayo, C Anderson, O Morten Rønning)
Methodology

- Modified Delphi technique
- Iterative multistage process designed to combine opinion into group consensus
- ESD trialists asked to focus on the review not their individual trial
- 3 rounds; panel indicated agreement or disagreement with statements
- Some uncertainty remains
Consensus statements: Team composition

- **Team Composition**
- Stroke specialist, multidisciplinary
- For 100 patients per year caseload:
  - OT (1.0), Physio (1.0), SALT (0.4)
  - Physician (0.1), nurse (0-1.2), social worker (0-0.5)
- Consensus not reached: *Rehab assistant*
- *Interpretation: role of assistant depends on model of rest of team and overall remit of team*
Consensus statements: Model of team

- **Model of team working**
- An early supported discharge team should plan and co-ordinate both discharge from hospital and provide rehabilitation and support in the community.
- **Key worker, co-ordinator**
- An early supported discharge team should be based in the hospital.
- **Interpretation: ESD as an extension of acute phase of stroke pathway**
• CONSENSUS NOT REACHED:
• *The recommendations in the Cochrane Systematic Review relate only to early supported discharge teams operating in urban settings.*
• Further research to evaluate rural ESD teams
Consensus statements: Intervention

• **Intervention**
• Specific eligibility criteria
• Live safely at home, based on medical stability, practicality and disability (barthel score 10/20 to 17/20)
• Patients would be able to transfer safely from bed to chair i.e. can transfer safely with one with an able carer, or independently if living alone.
**Intervention**

- The length of intervention offered by an ESD team should be based on the existence and type of other community based stroke services operating in the area.

- CONSENSUS NOT REACHED
- *Fixed length of time for intervention or*
- *Dictated by patients’ needs*
Consensus statements: Success

- **Success**
- An early supported discharge team should routinely record the following standardised outcome measures:
  - Barthel, ADL, patient satisfaction, carer satisfaction, patient quality of life, patient general health/mood
Success indicated by:

- An average increase in activities of daily living (e.g. Nottingham extended ADL).
- An average increase in satisfaction levels shown by patients.
- & shown by carers.
Success

- **Success indicated by:**
- The annual cost of the ESD team should be less or equal to the annual savings made by reduction in length of stay in hospital.
- A consistent reduction of 8 days or more in length of stay in hospital by stroke patients.
- No increase in annual readmission rate.
- No change in institutionalisation rates of stroke patients.
ESD Consensus

• Statements integrated into a UK ESD service specification: inform service commissioning
• Guidance Statements about ESD: team composition, team model, intervention & success
• Fisher et al. 2011. A Consensus on Early Supported Discharge. Stroke, published online March 24
Current work: Mapping & Evaluation

• **ESD service evaluation – beyond the RCT**
  – Measuring the benefits of ESD *in practice*
  – Patient functionality and resource use

• **Patient functionality**
  – Repeated measures: baseline (consented within 14 days post stroke), 6 weeks, 6 & 12 months
  – Standardised outcome measures: NEADL, GHQ, SF-36, Euroqol, Satisfaction
  – ESD and non-ESD groups
• Resource use
  – Length of hospital stay
  – Cost implications of bed days saved
  – Length of ESD intervention
  – Details of ESD intervention (patient level data: number of visits, clinician involved, time)
• Impact on other services
  – Service use questionnaire
Range of hospital stay of patients admitted to Nottinghamshire Community Health ESDT
All referring trusts included (Sept 2009 - Feb 2011 hospital admissions)

Barthel score on admission to and discharge from ESD team (n=93)

Research making a difference to practice
Emerging issues

• What is early? days post stroke vs. Earlier discharge – reduction in length of stay
• Stroke specific service
  – Model of multidisciplinary stroke team
  – Key role for Stroke Physician
• Eligibility criteria
  – Not for everyone – decision making, when?
  – Require alternative services for more severe strokes
• Implement ESD as first part of a longer post-discharge stoke pathway
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