

Provision of Evidence-Based Stroke Rehabilitation Services in the UK: Findings from the 2021 National Stroke Audit

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Introduction

The quality of stroke rehabilitation is monitored by the Sentinel Stroke National Audit Programme (SSNAP) in England, Wales and Northern Ireland. The 2021 SSNAP Post-Acute Organisational Audit compared current services with evidence-based standards, to drive quality improvement in post-acute stroke care.

Methods

Clinical guidelines and policy documents informed evidence-based audit questions and key quality indicators. Data were collected via a web-based audit proforma, with validations to ensure data accuracy. The weblink was sent to all teams participating in SSNAP and engagement was maximised through weekly webinars. Services were described as of 1st April 2021 and were analysed using descriptive statistics.

Results

93 post-acute inpatient and 245 community-based multidisciplinary teams participated. The majority were stroke or stroke/neuro-specific services (73% inpatient and 93% community) (figure 1). The median number of key indicators met was 4/10 for post-acute inpatient teams and 6/13 for community-based multidisciplinary teams. Here we focus on key indicators relating to team composition, staffing levels and training (table 1). Recommended therapy and nurse disciplines were represented in core multidisciplinary teams (figure 2). Fewer than 50% of inpatient services and fewer than a third of community-based services met recommended staffing levels per bed or per patient (figure 3). 38% inpatient teams and 23% community-based teams offered stroke training for all disciplines (figure 1).

Key Indicator	Criteria
Team is stroke/neuro specific	Team treats stroke and/or neurology patients only
Team has appropriate level of staffing for all core disciplines	Team has appropriate staffing levels of: occupational therapist, physiotherapist, speech and language therapists, nurse and doctor.
Team has appropriate access to all relevant disciplines	Team has access to occupational therapist, physiotherapist, speech and language therapist, nurses, doctors, clinical psychologist, dietitian, social worker, doctor, nurse, rehabilitation assistant, carer, orthotist, orthoptist and podiatrist
Inpatient nurses are trained in stroke assessment	More than 50% of nurses in a team have received formal training.
Team offers stroke training for all disciplines	Nurses, therapists and rehabilitation assistants receive stroke specific training

Table 1. Criteria for staffing key indicators

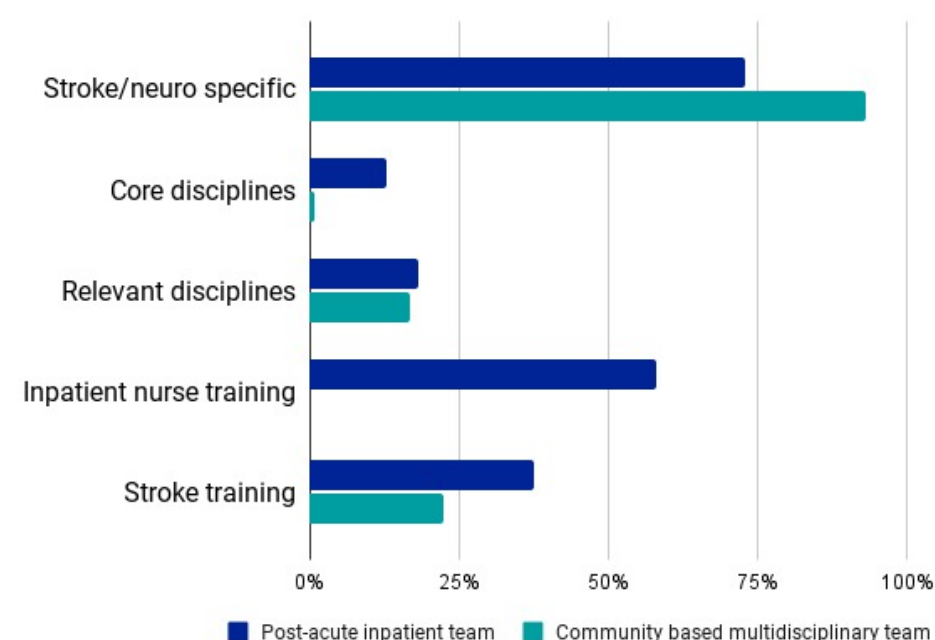


Figure 1. Achievement against staffing key indicators

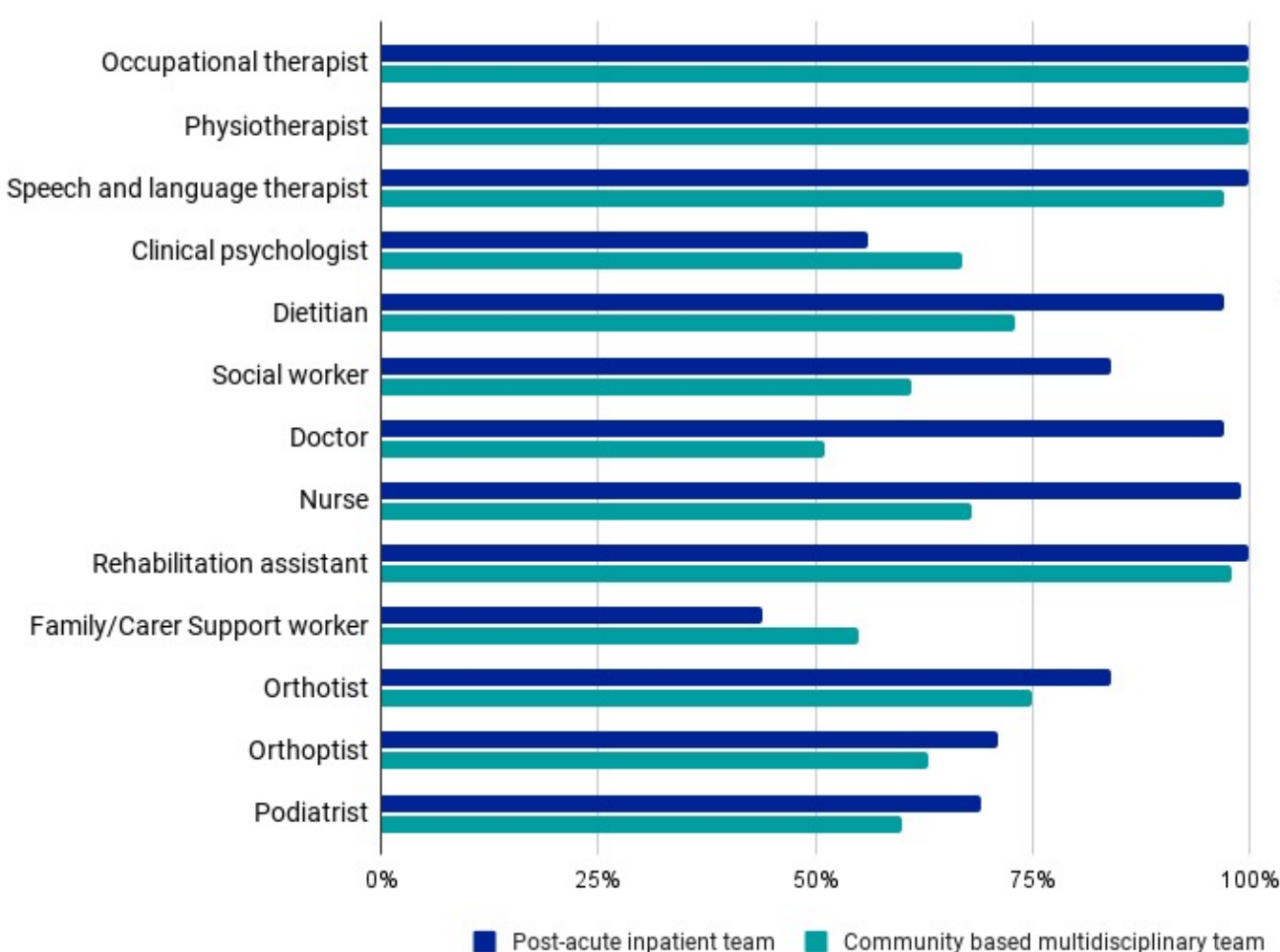


Figure 2. Percentage of teams with access to recommended clinical disciplines

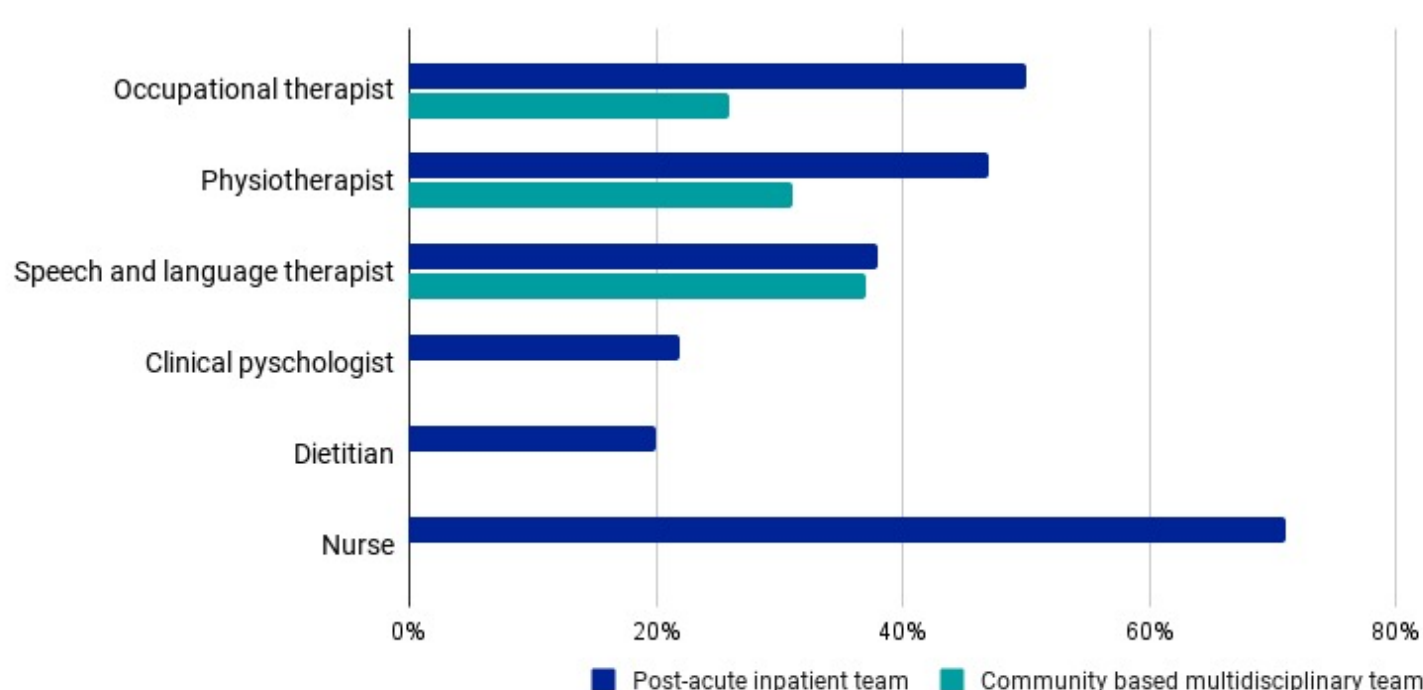


Figure 3. Percentage of teams meeting required minimum staffing levels

Conclusion

With an increasing shift of stroke rehabilitation out of hospital into the community, the quality of post-acute care becomes increasingly important for population disability outcomes. The audit showed that post-acute teams in England, Wales and Northern have access to the required clinical staff to provide wide ranging needs based rehabilitation to patients under their care, however some services are struggling to meet the national minimum staffing levels for core disciplines. In order to continue the shift toward home-based rehabilitation for stroke, appropriate resource allocation and integration is needed to improve service provision in the post-acute stroke pathway.

National registries such as SSNAP are important to drive service improvement towards equitable, high-quality provision of stroke rehabilitation along the whole pathway of care.