

Queens Medical Centre-Nottingham - Case Study

Daybrook Stroke Rehabilitation ward is the inpatient stroke facility at Nottingham university hospitals. Over the years, as a team we have reviewed physiotherapy activity in line with historical SSNAP guidelines and consistently achieved a level 'B' for intervention. The update to the SSNAP guidelines this year has challenged the rehabilitation multidisciplinary team to review current practices and consider innovative service improvement ideas to increase the ability for patients to engage in motor activity rehabilitation.

Project:

- The project reviewed current practices, staffing and environmental challenges. With no financial enhancement the team created multi functional rehabilitation spaces that could be used for therapy an activity groups, 1:1 therapeutic intervention and semi supervised or self practice stations. Groups ran throughout the day being led by therapists, therapy support workers or activity coordinators and staff actively encouraged attendance of families alongside the patients. Specific semi supervised groups were designed to induct patients and their families into the therapy spaces empowering them to use outside of traditional therapy 1:1 session and therapy working hours. Groups were additional to 1:1 time with therapists and would not be in replacement of time spent in these sessions. A protocol was created for patients and their families to be inducted safely into the gym areas and to ensure the safe use of therapeutic equipment. Initial induction slots were booked with therapists to allow this to occur prior to attendance of any self practice/semi supervised sessions.

Challenges

There were numerous challenges faced during this time:

- With more groups being run, the team had to implement meticulous planning. A Monday MDT meeting was utilised to coordinate the patients who would be attending each group, allowing 1:1 therapy to be booked in around this.
- The need to Ensure space remained available for patients to receive specific hands on therapy. Rooms were 'booked out' for group times and gyms remained open access throughout evenings and weekends.

- Staff felt anxious about leading semi supervised groups, therefore a block of training to therapy support workers was implemented alongside initial joint sessions with therapists.
- Lack of families available to attend semi supervised groups or able to offer physical support during these groups. Therefore, we had to reinvisage the goal of the semi supervised group. Initially, it was to actively involve families in therapy, however, it became more of a therapy support worker led /supervised group with the majority of patient attending without family. Therefore, prescription of exercises by therapists had to reflect this.
- With no financial investment into the area, existing equipment could only be used. The main area for semi supervised groups tended to fluctuate between a therapy gym during the summer months and a patient bay during winter months, therefore this limited significant long term changes to the environment.

Results

| | Avge Motor Activity Mins per session | Avge No. Group sessions during stay | % number of days treated in a week (NB does not take into account BH/weekends) |
|--------------|---|---|--|
| Pre Project | 49.78 | 1.6 | 66.4% (4.2 days/week) |
| Post Project | 77.7 | 14.2 | 79.1% (5.53 days/week) |

- Prior to the change the number of groups that ran per week went from 4 groups per week to 10 groups per week.

Example of a patient who attended the new semi supervised groups:

| | Patient A |
|---|-----------|
| Daybrook LOS (days) | 24 |
| No. Rehab Sessions | 35 |
| No. Semi supervised sessions | 19 |
| Total Motor Function Time (mins) | 1235 |
| Total Semi supervised Time (mins) | 605 |
| % contact time in semi supervised group | 49% |

Patient Feedback with using the semi supervised group facility:

- * " we have found it very useful to have an area to work on his progress together"
- * " we have enjoyed having a space to come to over the weekend"
- * "it has been very helpful to do extra exercise and therapy"
- * "A great addition to help progress, was good to fill my day more."

Learning Point

Although changing practice in a small rehabilitation facility, requires perseverance and consistency from all members of the team. The environment feels like it is being maximised to a fuller potential, with patients having more opportunity to be active outside of 1:1 therapy sessions.

Within the cohort of patients that we see, it was interesting that we had to amend our objective for the semi supervised group so that less reliance was on families, due to the lack of attendance. However, we are still able to run these with a therapy support worker.

A future aim is to trial therapist working a longer shift pattern per day to see if a further 4 groups could be run in the evenings outside of standard therapy working hours. The therapists will evaluate if this increases the engagement of families and friends in patient's rehabilitation.