

Stroke Service Agreement



**The Royal Buckinghamshire Hospital
Patient centred rehabilitation programmes**

PURPOSE

The purpose of this document is to describe the Stroke services provided by the International Spinal Injuries and Rehabilitation Centre at the Royal Buckinghamshire Hospital.

The Royal Buckinghamshire Hospital is an independent centre offering well planned, goal orientated multidisciplinary rehabilitation programmes for people with spinal cord injuries, orthopaedic conditions, head injuries, stroke and neurological conditions.

A Statement of Terms and Conditions for The International Spinal Injuries & Rehabilitation Centre and Statement of Purpose regarding patient's rights is available to compliment the information in this document.

SERVICE DEFINITION & MODEL OF PRACTICE

The Royal Buckinghamshire Hospital aims to provide services specifically designed to meet the needs of stroke patients admitted to the International Spinal Injuries and Rehabilitation Unit. A specialist stroke care pathway has been designed to facilitate rehabilitation and meet the national standards identified within the National Clinical Guidelines for Stroke (ISWP 2nd ed, 2004).

The pathway is described in the Royal Buckinghamshire Hospital Standards for Stroke Care and aims to meet or exceed the standards for rehabilitation and care set by: The British Society of Rehabilitation Medicine; National Clinical Guidelines for Stroke; Care Quality Commission

PHILOSOPHY

Stroke is a serious condition that affects an estimated 150, 000 people every year. It is the third most common cause of death and the single most common cause of disability. At the Royal Buckinghamshire Hospital we will assess the ways in which a person has been affected by stroke and facilitate them to regain skills and fulfil their potential for independence and participation in areas of life which have been compromised. Sometimes rehabilitation can mean assisting someone to adjust to the more permanent effects of a stroke and develop new skills or train carers to maximise their independence and quality of life within those limitations.

We work as a multi-disciplinary team (MDT), respecting team member's roles, the individual, their relative, carer and/or advocate, in order to achieve the jointly agreed outcomes to rehabilitation.

Where appropriate and timely the Royal Buckinghamshire Hospital will always seek to source support and resources from public sector services*. We aim to work in partnership with Primary Care, Education and Social Services, and other Health Care providers to provide a seamless care pathway for individuals who require our service.

SERVICE ORGANISATION

See section on Fees

Stroke Service Agreement
Royal Buckinghamshire Hospital
May 2011

Patients are admitted under the care of a specialist consultant in stroke rehabilitation. A multi-disciplinary team (MDT) with specialist expertise in stroke and rehabilitation co-ordinate the care of the stroke patient and every patient has a named key worker. The key worker is the principal liaison for the patient, family and MDT.

Our team provide a client centred, goal orientated approach to rehabilitation. The team consists of:

- Specialist Consultant
- Resident Medical Officer
- Nurse
- Physiotherapist
- Occupational Therapist
- Speech and Language Therapist*
- Dietician*
- Psychologist*

The patient is encouraged and enabled to play an active part in making informed decisions in all aspects of their rehabilitation, empowering them to set realistic goals to achieve their optimum rehabilitation potential. Our skilled nursing team is able to assist the patient to plan their care on a daily basis, including personal care, bladder and bowel management and wound care.

Treatment may also be offered in the areas of Activities of Daily Living (A.D.L's), perceptual & cognitive abilities, mobility, return of upper limb function, splinting, work, leisure, driving, home visits, group work & sensory retraining.

Other aspects of daily life can also be accommodated as an additional service including: chiropody, dentistry, hairdressing and leisure outings.

STAFF

As an independent centre, The Royal Buckinghamshire Hospital is able to be dynamic and flexible in meeting the needs of its patients. We rely on clinicians with specialist expertise in stroke care and rehabilitation, supported by a team of permanent staff. This allows us to develop and enhance our skills and perform our roles more effectively.

The figures below indicate our average staffing levels for 2010.

| Health Professional | Staff/patient ratio |
|----------------------------|----------------------------|
| Resident Medical Officer | 1:8 |
| Registered Nurse | 1:3 |
| Physiotherapist | 1:2 |
| Occupational Therapist | 1:5 |

FACILITIES

Available on an appointment basis if the need is identified

The International Spinal Injuries and Rehabilitation Unit is a geographically distinct unit that can cater for twenty-one inpatients of varying conditions and need. It is located within the Royal Buckinghamshire Hospital, a delightful Grade II Listed building with a unique heritage.

All rooms are individual ranging from 12m² to 25m² to allow for varying requirements such as wheelchair access, moving and handling and access to belongings. Seventeen of the rooms have ensuite facilities with disabled access, adapted to meet the varying needs of our client group.

There is a communal area on the unit to spend leisure time. Lunch can be served in the downstairs dining room or the patient's room between 1-2pm.

Rehabilitation can be provided in the following locations:

- International Spinal Injuries and Rehabilitation Unit (includes patients' rooms and bathrooms)
- Hospital grounds
- Therapy department (Large communal gym; private treatment rooms; cardiovascular gym; Pilates studio; Occupational Therapy area).
- Hydrotherapy pool
- Community areas (Local shops; leisure facilities)
- Patient's home environment*

REHABILITATION

A multi-disciplinary approach to rehabilitation means that all aspects of a person's life and care can be addressed. This may include:

- Movement/balance
- Communication
- Bladder and bowel management
- Skin care
- Sexuality
- Health promotion
- Mood and well-being

In addition to the skills and expertise of the various professions in the MDT, additional strategies and techniques that can be provided by the Royal Buckinghamshire Hospital include:

- Gait analysis and re-education
- Functional Electrical Stimulation (FES)
- Postural and seating assessment
- Spasticity Management
- Botox
- Splinting
- Constraint induced therapy
- Health education
- Training for the carers of inpatients

See Discharge Planning

HOURS OF OPERATION

The Resident Medical Officer and Nursing team are available 24 hours, 7 days a week.

Occupational Therapy is available Monday-Friday between 8am-4pm and Physiotherapy is available Monday-Friday: 10am-5pm.

The consultant will arrange visits with the patient and ward staff.

Other health care professionals are available on an appointment/need basis.

ACCESS/REFERRAL TO THE SERVICE

The patient must be medically stable. Whilst we have the capacity to deal with some medical complications, the patient will not make optimal gains from rehabilitation unless they are fit to participate in such a programme. The duration since the stroke is not a factor. Whilst most rapid improvements are shown in the early stages, experience tells us that the timescale for change is not finite.

A referral from a medical practitioner is required. This should include details of the condition, any investigations, medical and drug history. A member of the Admissions team at the Royal Buckinghamshire Hospital will be able to provide further advice on this. As we are not part of NHS, the costs of investigations, scans and additional medications required during the admission will be passed onto the patient. Part of the care pathway is to establish the cause of the stroke in order to prevent future problems, therefore any previous scans or reports will prove useful.

An idea of what the patient hopes to achieve is also useful. Often a pre-admission MDT assessment (on site) is beneficial in order to maximise the period of inpatient stay by allowing problems and goals to be established prior to admission.

CAUSE OF STROKE

As part of stroke care it is essential to establish the cause of the stroke to minimise the risk of another one. Investigations that are recommended include:

- CT and MRI Scans
- Carotid Arteries Ultrasound scans
- Echocardiography
- Blood pressure
- Cholesterol
- Cardiac screen

Many of these investigations would have been conducted in hospital at the time of the stroke, or can be requested by the patient's GP. It is useful if any reports are made available to the Royal Buckinghamshire Hospital prior to admission. However, if the cause of stroke has not been established then an admission to Royal Buckinghamshire Hospital would seek to identify this as

part of the pathway of care. This may mean investigations, scans and tests for which the patient would be charged.

ASSESSMENT & INTERVENTION OFFERED

The overall aim of rehabilitation is to promote functional independence. We work with the individual to maximise their potential and empower them with the skills to be as independent as possible within the constraints of their problem. We work as part of a team with the patient (and their carers) with the aim of addressing the 'whole person': physical, psychological, emotional, social and cultural.

Initially a full assessment will be completed with the patient in order to generate a holistic picture of their needs. This will include an assessment of their current impairments, current and previous abilities in terms of activities and participation. Information will also be sought on the environments that the patient will encounter on a daily basis eg. home or workplace. Further detailed or standardised assessments may be completed at a later date.

An individualised rehabilitation programme will be designed to address the patient's needs. This means that each patient should feel challenged but not overwhelmed. The treatment programme will be established to attain and maintain this level.

GOAL SETTING & REHABILITATION TIMETABLE

Rehabilitation goals will be agreed and set with the patient within one week of admission. These should reflect the needs found on assessment as well as the patient's desires. Each goal will have an anticipated timescale for its achievement. The amount of intervention required to achieve the goals will provide the structure for the patient's individualised rehabilitation timetable. The timetable is individually determined by the named therapy team and will be continually reviewed and provided until the patient is discharged from the hospital. At the initial goal meeting, a member of the team will be appointed as key worker and will act as the main point of liaison for the patient, family and MDT.

Sometimes, the wishes and expectations of the patient and family/carers may not be compatible given the deficits that the stroke has caused. In these circumstances the team will offer their professional opinion and support regarding targets that may be more realistic.

Intervention may take many forms including 1:1 therapy, group activities and education sessions.

DISCHARGE PLANNING

We aim to facilitate safe discharge home. This process often begins as soon as the patient arrives on the unit. It is important to consider that the stroke may have affected the individual's ability to live in the same way they did previously. This may necessitate assessment and adaptation of the existing home, provision of a care package or arrangements for alternative accommodation. If the home environment is no longer suitable for the

patient's needs then we will liaise with the relevant statutory services to facilitate provision of suitable adaptations or alternative accommodation (dependent on patient's eligibility). Involvement of statutory services and establishing care packages can have a significant impact on the recommended length of stay. It is the responsibility of the patient/sponsor to arrange alternatives if the rehabilitation package at The Royal Buckinghamshire Hospital is no longer appropriate and/or desirable*. A home visit can be conducted within the local area by The Royal Buckinghamshire Hospital Occupational Therapist at an additional cost.

CONSENT

A patient centred rehabilitation programme requires the participation of the patient in goal planning, decision making and intervention. Explicit verbal consent will be obtained from the patient at the onset of any intervention or treatment plan and thereafter for any changes to this plan. An explanation should be provided regarding the nature and purpose of each intervention and any contra-indications. Consent obtained will be documented in the single case record. Formal written consent should be obtained when taking photos or video to aid the patient's rehabilitation process.

DOCUMENTATION

The MDT maintain a single case record of intervention with each client in accordance with standards of record keeping set by the Royal Buckinghamshire Hospital and professional governing bodies (CQC, CSP, NMC, NANOT).

The Royal Buckinghamshire Hospital has a records policy for the creation, management, storage, and destruction of all records that ensures that they are managed and stored securely, in accordance with the Data Protection Act 1998.

MEDICATION

Routine prescribed medications related to management following stroke are provided by the Royal Buckinghamshire Hospital during admission. However, if preferred, patients can bring sufficient supplies of medication with them for their stay which will be dispensed by the nursing staff. This is especially pertinent if they have specific medication for a co-existing condition. In this instance, a signed list must be provided by the patient's GP to verify the prescription. If changes to medication are required then every effort will be made to obtain prescriptions from the patient's own GP. However, in more urgent cases it may be necessary to dispense medications from a local pharmacy which will incur costs to the patient. Additional information is available on request in the Statement of terms and conditions and Medication Policy.

See section on Fees

STAFF TRAINING & SUPERVISION

It is essential that the rehabilitation offered is based on the most current research and evidence. To ensure this the Royal Buckinghamshire Hospital offers the following to its staff:

- Supervision (in accordance with relevant professional body guidelines)
- In-service training on stroke specific subjects and skills.

COMMUNICATION

The named rehabilitation team communicate on a regular basis. A representative from each profession will attend where possible and actively participate in a weekly multi-disciplinary meeting to discuss patient goals and progress towards achieving them.

Formal goal meetings will be held at intervals deemed appropriate at the initial goal meeting. The patient and nominated family members/carers are welcome and encouraged to attend these meetings and where possible they will be arranged to facilitate this.

The consultant may also arrange a separate case conference with the patient and multi-disciplinary team members to update on progress and discuss clinical matters.

RELATIONSHIPS WITH OTHER THERAPY PROVIDERS

It is recognised that there is cross-over between the various therapies involved in the rehabilitation of a patient. Allied Health Professionals (Physiotherapists, Occupational Therapists, Speech and Language Therapists, Psychologists, Dieticians) are autonomous practitioners and although not accountable to any of the other therapies, should work effectively alongside them. All team members should recognise their individual and professional capabilities and work within these boundaries.

OUTCOME MEASUREMENT

The Life Goals Questionnaire (OCE, 2007); Modified Barthel and Mini Mental State Examination (MMSE) outcome measures will be used on assessment and used to establish suitable goals for intervention. The Modified Barthel and MMSE will be reviewed periodically in accordance with the treatment plan and prior to discharge of the patient. Other outcome measures may be used to evaluate profession specific problems and will be documented in the single case notes.

Progress during rehabilitation will be monitored by attainment of the goals set by the patient and MDT.

EQUIPMENT

Equipment may be required to enhance rehabilitation and ongoing independence following discharge. Where appropriate, timely and eligible, resources will be sought from statutory services and referrals made to public sector agencies. The MDT can also provide advice on suitable products and facilitate the patient to independently purchase those items, although they can not endorse or recommend a specific product or brand. Any item purchased from the Royal Buckinghamshire Hospital or by the hospital on behalf of the patient will incur a handling charge. A price list of common items is available on request.

FEES

Quotes are provided on request and further information on fees is available within the Statement of Terms and Conditions. However, some services are not commonly required by all inpatients and are therefore quoted and charged for separately. For example:

- Speech and Language Therapy, Psychology and Dietician assessment and treatment sessions
- Capital equipment. This includes single patient use items used for rehabilitation such as FES pads and theraband.
- Home visits/Vocational Assessments
- Postural and Seating Assessment
- Driving Assessments (arranged with a local provider).

If a patient's stay is extended due to ill health or public sector involvement/delays, the costs incurred will remain the responsibility of the patient and/or sponsor. It is advised that a suitable discharge destination is considered or identified prior to admission as discharge planning to a different address often has an indefinable timescale, although it is appreciated that these circumstances are not always foreseeable.

STANDARDS OF PRACTICE

The following guidelines are used to provide service accountability:

- National Clinical Guidelines for Stroke (2004). 2nd Edition. Intercollegiate Stroke Working Party. London: Royal College of Physicians.
- British Society of Rehabilitation Medicine- Standards for specialist in-patient and community rehabilitation services (2002).
- CQC, Health and Social Care Act (2008).
- Chartered Society of Physiotherapy Core Standards of Physiotherapy Practice (2005)
- Nursing & Midwifery Council, Code of Professional Conduct (2007).
- National Association of Neurological Occupational Therapists (NANOT), 2004.
- Royal Buckinghamshire Hospital Standards, Policies and Procedures

AUDIT

Annual audits will be completed to ensure compliance to the relevant standards.

- Record keeping audit
 - Patient Satisfaction Questionnaire
 - Stroke Care Pathway Audit.
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