# Moving Innovation to Operation

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## Define

Multidisciplinary Team (MDT) working is the cornerstone of high quality stroke care. Focussed review of MDT processes on our Stroke Unit previously identified four areas where simple changes improved the quality of care across the service. Sustaining the positive impact of MDT focused innovations is key to ensuring longer term success, ensuring innovations become embedded within our usual practice. This then allows for further innovation, which ultimately optimises care and experience for our patients and their families.

**Objectives:**
- To review the sustainability of the improvements made in MDT working practices (using NHS Sustainability Model)
- To identify areas requiring ongoing work to move innovation to usual operational practice
- To continue the PDSA change cycles and culture of Quality Improvement within our MDT

## Embedded Improvements

- **MDT Meetings:** New structure and process introduced. Twice weekly 1 hour meeting with bookable slots to discuss complex patients, meetings attended by all relevant clinicians. 
  **Outcome:** saving of 12 hours of clinical time per week, MDT meetings with clear focus and agreed actions

- **6 week MDT Stroke Follow-up Clinic:** MDT clinic provided by a Stroke Consultant, a Nurse and a Therapist
  **Outcome:** Saving of 3 Consultant sessions per week, no wait, low onward referral, ‘one stop shop’ for the patient

## Ongoing PDSA Cycles

- **Hyper-acute Stroke Unit MDT rounds:** Introduction of twice daily MDT rounds to reduce duplication for patients through an single MDT assessment, allow formulation of an early team plan, and reduce time to patient being seen by all relevant professionals
  **Outcome:** Rounds now embedded into operational practice however monitoring to specialist assessment has identified need for ongoing PDSA cycles to achieve target

- **Stroke Ambulatory Care MDT rounds:** Introduction of daily weekly Stroke Ambulatory Care Clinic to allow appropriate patients to be discharged earlier and return for further Consultant review, investigation and implementation of appropriate treatment
  **Patient Feedback:** How satisfied were you with your visit to the Stroke Ambulatory Clinic overall?
  **Outcome:** Now embedded into operational practice but scope for further optimisation identified

## Future Innovations

**Before**
- Continence: No formal pathway on the Stroke Unit despite NICE recommendations regarding management of continence persisting at 14 days
- Patient Engagement: Limited opportunity for patients and families to seek support from each other and engage with professionals after discharge from hospital owing to service design
- CT Scanning: Non-compliant with new RCP National Clinical Guideline for Stroke to scan all patients within 60 minutes

**Improvement and Innovation**
- Continence Pathway: Introduction of adapted St. Hele’s continence pathway for all patients identified with continence issues at 14 days
- Patient Engagement: New Patient and Family Forums introduced as a direct result of feedback providing patients and their families an opportunity to share experiences and seek answers to questions in a supportive environment in collaboration with local voluntary organisations
- CT Scanning: Inter-departmental project team identified to drive up performance and standard of care for patients

**Impact**
- 100% of patients on Stroke Unit with incontinence at 14 days now have an appropriate management plan in place in line with NICE guidelines
- Monthly Patient and Family Forums now established and are attended by an average of 25 people each month
- Strengthening interdepartmental working relationships in order to facilitate improvements in CT pathway

## Outcomes & Lessons Learnt

As a direct result of ongoing Quality Improvement work, the Royal Bournemouth Hospital Stroke Service has sustained Level A rating on the Sentinel Stroke National Audit Programme (SSNAP).

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In addition, there has been a reduction in complaints, ongoing excellent patient and carer feedback and improved staff morale has continued.

**Lessons Learnt:**

Using the NHS Sustainability Model to predict the likelihood of improvements being sustained, has identified that the Stroke Service improvement initiatives from last year are highly likely to sustain into the future. The gap analysis however indicates that to further embed sustainability, areas for attention are those centered around staff, in particular senior leadership engagement and support external to the Stroke Service. The service plans to re-engage with the wider senior team by sharing the results of the sustainability tool and re-establishing the internal Stroke Board.

The Stroke Service Team would like to thank the Quality Improvement Team at RBH for their support and guidance.

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**Example:**

**Patient Feedback:** "A very caring team of staff"

"Everyone who has dealt with me has been amazing...I could not have been cared for better. Exceptional."