

Welcome from the SSNF Chairperson – Linda Campbell

Welcome to the Spring 2017 SSNF Newsletter. The last 6 months has seen a number of changes in the SSNF committee and membership. I have stepped into the role of Chairperson for 2017 and I am looking forward to the challenges that will bring. Why don't you visit our website on: <u>www.ssnf.scot</u> and see who is your health board's committee member? We still have some general vacancies on our committee and if you are interested, wish to be more involved or just want to see what goes on please come along, you would be very welcome.

We are busy working on our new Strategy for Stroke Nursing 2017-2022 and we hope to be able to share this with you after our meeting in May. More about this later in the Newsletter. We will also be recruiting members to our SSNF Action Teams in Research, Communications, Conference Planning and Education to help drive forward our strategy and work-plan.

We are always looking for new members and joining is easy and FREE, so encourage all of your nursing colleagues to become members. Being a member means that you will receive regular updates, opportunities to be involved in current research and you get a discounted price for many Stroke Conferences and training days.

The SSNF Conference will be on the 14th September 2017 at the Dewars Centre in Perth, so make sure you have that date in your diary. This year we will be introducing a new payment system as there have been a number of issues of non-payment last year. The good news is though that as usual there will be a reduced price of £35 the early bird bookings until the 31st July and for a full day's conference with lunch this is excellent value for money.

NHS Fife does Vicly Come Dancing.

In a fa-bu-lous evening at the Glen Pavilion on Saturday 3rd December, the stroke unit and Friends of Kirkcaldy Hospitals presented the first Vicly Come Dancing charity competition.

Over 220 people came from all over Fife to watch the Dancing Queens & Kings of NHS Fife Waltz and Cha Cha Cha their way around the Glen Pavilion dance floor. Six couples, many with no formal dance training or experience, practised for several months beforehand, often well into the evenings after work, all hoping to get their hands on that prized 'Vicly' Glitter Ball Trophy. By the time the evening got underway there was no glitter or fake tan to be had in Fife.

Funbox stars, Kevin & Anya hosted the show and the six couples performed both a modern waltz and cha cha cha routine in front of a packed 'house' and faced the comments and scores of the formidable judging panel. With the '10' score paddle making a few appearances on the night.





Dr Vera Cvoro, Consultant Physician & Clinical lead for Fife Stroke MCN & her partner Clive



Charlie Chung, Therapy Manager & the other dancers performing the Fireball dance

There was an impromptu flash mob dance performed by the nurses of the stroke unit & all the dancers performed the 'Fireball' dance routine to bring the competition to a close. And the winner is.....

Our very own Hazel Fraser, Fife Stroke Coordinator and SSNF Committee Member & stroke unit Doctor Paris.



Hazel & Paris with the coveted 'Vicly' glitter ball trophy.

The evening was a Fab-U-lous success with over **£2500** raised on the night for the stroke unit and Friends of the Kirkcaldy Hospitals.

SSNF Conference 2017- SAVE THE DATE 14TH SEPTEMBER 2017

This years SSNF Conference will take place on the 14th Sept and will see the launch of the new STARs Advancing Module on Spasticity. As usual there is a wide and varied programme with speakers from across Scotland. The early bird booking will open in June on the website and will cost £35, full cost is £50. This cost includes the conference pack and lunch. Keep a look out on our website for more details.



GCU inspires international stroke researchers

Internationally renowned stroke research experts are to gather at Glasgow Caledonian University (GCU) for a colloquium on secondary prevention of stroke.

Visiting speakers from University College Dublin, Karolinska Institute in Sweden, the University of Winchester, the University of Copenhagen and the University of Gothenburg will join GCU researchers.

Following the morning's programme, members of the collaborative network of European stroke secondary prevention researchers – INSsPiRE: International Network of Stroke secondary Prevention Researchers – will meet to engage in Delphi expert consensus work that will underpin an action plan for stroke research outcomes and to support collaborative bids for research funding.

The INSsPIRE network is led by Dr Maggie Lawrence, GCU Senior Research Fellow, who has conducted systematic reviews to assess the effectiveness of behavioural secondary prevention interventions to prevent recurrent stroke; stroke survivor and family member perspectives of stroke interventions; and the effectiveness of structured, group-based self-management programmes with potential to help people with long-term conditions cope better with physical, psychological, or emotional distress.

Dr Lawrence said: "There is considerable energy and enthusiasm for stroke secondary prevention work in Europe, and globally. In particular, in work that focuses on improving long-term outcomes by addressing the need for increased knowledge and awareness about stroke, and support for initiating and sustaining positive changes to lifestyle risk factor behaviours. There are significant advantages to be gained, by us coming together as a group, to discuss issues of mutual interest."

Dr Lawrence is currently leading a ten-month CSO-funded investigation into how a mindfulness course, a form of meditation focused on being more aware of the present moment, may be adapted to help stroke survivors cope with symptoms of anxiety and depression.

GCU researchers have also provided their expertise in stroke self-management to a new website for anyone who has had a stroke, to help them gain control of their lives and set goals for rehabilitation, and health and wellbeing. Selfhelp4stroke (<u>www.selfhelp4stroke.org</u>) was launched with expertise and input from healthcare professionals, researchers, and stroke survivors with an interest in stroke and self-management.

Over half of the 1.1 million stroke survivors living in the UK have persistent strokerelated disabilities with physical, cognitive and emotional impairments that may require continued lifelong care and support to self-manage. Self-management interventions for stroke survivors can have a positive impact on quality of life.



The Royal College of Paediatrics and Child Health have developed clinical guidelines for the diagnosis, management and rehabilitation on Stroke in childhood which will be launched at the RCPCH



Scottish Stroke Nurses Forum

Conference on the 24th May. This update was supported by grant funding from the Stroke Association and it will provide evidence based guidelines for the diagnosis, management and rehabilitation on stroke in children. To accompany this guideline a parent / carer guideline will also be available.

After the launch the guideline will be available on the RCPCH website for download: <u>www.rcpch.ac.uk</u>

HEADS- Help Ease Anxiety and Depression after Stroke

In 2016 the Top ten nursing research priorities was published and one of the topics for further research identified was the best way to manage altered mood and emotion after stroke. An exciting new research project will be conducted within the School of Health and Life Sciences at Glasgow Caledonian University. The research will be lead by Dr Maggie Lawrence and Professor Jo Booth.



Here is a brief summary of what this research will investigate:

Anxiety and depression are common after stroke, but people do not always have the skills they need to cope with symptoms. Mindfulness Based Stress Reduction (MBSR) is a standardised, 8-week course that teaches people with long-term conditions skills, including meditation and mindfulness breathing, to help them to self-manage symptoms of anxiety and depression. Skills taught during the course are practiced at home. Although some people find MBSR helpful, many people do not complete the whole course or find it difficult to practice at home. Using 'taster



sessions' and focus groups, we will work with stroke survivors and other experts to make changes to the standard course. Together we will look at what is taught and how it is taught. We will try to identify changes that will help stroke survivors follow the whole course and practice their new skills, and use them to self-manage symptoms of anxiety and depression. When we have made the changes, we will apply for funding for a research project that will help us to find out if stroke survivors follow the adapted course, including the home practice. We will also find out whether stroke survivors think the planned research methods are acceptable.

The research project is currently looking for researchers to be involved in the recruitment, data collection and to organize focus groups for the project. If you are interested please contact : Dr Maggie Lawrence, Senior Research Fellow, on 0141 331 8863 or at <u>maggie.lawrence@gcu.ac.uk</u> or Professor Jo Booth on 0141 331 8635 or at Jo.Booth@gcu.ac.uk

Update on the SSNF Strategy and Work-plan for 2017 to 2022



If you attended the 2016 SSNF Conference you will remember that we asked you to rank the key stroke nursing issues in order of importance and we are now some way on to developing our new 5 year SSNF Stroke Strategy and Work-plan. We hope to finalise this at our May committee meeting.

We have 5 sections within the document:

- Membership and Role of the SSNF
- Stroke Nursing Practice
- Stroke Nursing Education
- Stroke Nursing Research
- Stroke Nursing and Quality Improvement

It is likely that we will also see an update of the Stroke Improvement Plan from the Scottish Government and with the development of the Scottish Thrombectomy Service there will be new roles, new education needs and exciting new opportunities for stroke nursing.





Using Quality Improvement Tools to Support Action on Findings of a National Clinical Audit

A reflective account on how this could help in your area

This was a National Improvement Day organised by the Scottish Stroke Care Audit in Glasgow on the 27th march 2017. It was facilitated by Nancy Dixon, who is a specialist in the subject of measuring and improving the quality and safety of healthcare services.

The day was excellent and well worth attending. It covered a number of topics and methods to measure and implement change that will improve the service delivery to patients and will also help to achieve the standards set by the Scottish Government and SSCA.

It involved reflective practice on how NHS Boards review and act on the findings of the SSCA team and government advisors and follow through advised actions.

Testing the commitment to change is crucial. Can we foresee what the reaction to this would be and the possible difficulties that will be encountered? How do we make more use of our audit figures to develop strategies for key issues? The training advocated the use of force-field analysis as a way to reach an end point. For this it would be helpful to make a list of driving forces and alongside that one that looks at what the restraints. We need to explore how and why these restraining forces hold us back and if we can find a way to work around this.



There were some excellent templates which we used on the day to look at some of the restraints within your service and it is worth exploring this method further with your team to see what you could come up with.

Exception reporting was mentioned as a useful tool at the start of the process of audit however that once the most common known causes are recognised for why you are not meeting the Stroke Bundle then you should wean this out and concentrate on what your true fails are: e.g. patients lying out-with the Stroke Unit. Would a force field analysis go some way to look at actions you could take that could be achievable without huge costs? Would it help if there was engagement from other areas other than the Stroke Unit Team e.g Emergency Departments?

The day then went on to explore Quality Improvement and the stages in a quality improvement project. These were:

Agree on something to improve

Test commitment



Establish a baseline

Analyse how to and act to improve

Measure again to show the effects

Perhaps part of the issue could be that you are trying to do it all and perhaps concentrating on one standard, completing and sustaining a change process would be a sensible way forward. Finding the right tool to do this may be a challenge in itself but several QI tools were shown on the day which could be useful.

Is one of the reasons that your standards remain static is that it is easier just to carry on current practice and not rock the boat. The tools made you think about what could be done differently. Tools used were: Fishbone Diagrams, Process Mapping and Tree Diagram.

It may also be useful to start using Run Charts, which are familiar to most staff due to Safety Bundles. Could you explore these run charts to see if you have trends or patterns, why these occur and look at variations? When you run these is there a common cause to the variation e.g. do numbers admitted to the stroke unit fall at weekends or is there a particular day of the week that more strokes present, if you knew this could you put a process in place that prepares for this?

The obvious starting point for a run chart would be to monitor the swallow screening. It is data that you collect and could be easily plotted. If this is going to improve your meeting of the standard though you have to act on what you find and have a change plan to try. If you just continue to monitor the data and make no changes in practice then it will obviously not improve and will remain at its current level.

The day finished with a tool that could help to set individual Boards priorities amongst the actions using the Cast Model. Again this was a simple tool which works by giving priority to the areas which score the highest. It works by scoring how effective the action will be in addressing the causes of the problem from 1-7, and secondly how strongly you believe that action will be implemented as intended from 1-7. Again the hand-outs for the day give a useful template for use in the workplace.

This was an excellent day and it gave a whole new set of tools to explore to improve standards. As a SSNF member I would thoroughly recommend if you get an opportunity to attend a similar session grab it with both hands.

Further Stroke Improvement Days on Goal Setting, Self Management and Psychology are planned for 2017. Keep an eye on the SSNF website, twitter and facebook pages for the dates.



Chest Heart & Stroke Scotland award-winning Advice Line leads the way

We are delighted to announce that the CHSS Advice Line (Helpline of the Year) has just become the first helpline in the UK to be accredited with the Helplines Partnership Quality Standard for the 6th time and so we have given ourselves a new look!

Remember, if you or any of your patients would like to speak to one of our Advice Line Nurses:

- Call 0808 801 0899 (FREE from mobiles and landlines)
- Email adviceline@chss.org.uk
- Text Nurse to 66777
- Contact us through the CHSS website: <u>www.chss.org.uk</u>

The Advice Line is open from Mon-Fri : 9.30am - 4.00pm

Thanks to everyone who has contributed to this newsletter. If you would like any further information on any of the articles please contact: Linda Campbell on linda.campbell8@nhs.net

