

## **SSNF Chairperson's Report – 14<sup>th</sup> September 2017**

Welcome to the SSNF 2017 Conference, Life after Stroke. On behalf of the SSNF can I say a big thank-you as always to all of you for coming along and to all our speakers who have agreed to present at the conference and to all of our sponsors.

By now you will all be familiar with the wonderful resource of STARS and today sees the launch of a further Advancing Module on the Management of tone and spasticity after stroke. This is the 19<sup>th</sup> advancing module and we know that this Scottish learning resource is being used across the world by all levels of staff and hope we know that this module will further enhance your skills and knowledge. Have you considered what your role is in the management of spasticity as a nurse and how does Botox help to treat and reduce its incidence? By the end of the day the SSNF hope you will have answers to this and many more questions. The National Stroke Improvement Plan has been updated and for many patients and families the transition from hospital to home is a difficult one. Later this month and in October there will be Quality Improvement Days on Psychology and Self Management. The SSNF would encourage its members to attend these days as they are invaluable in helping to improve the stroke journey for patients and their families.

What are your thoughts, experience and interesting facts from today's conference, share them with us all on our Twitter Wall or Facebook page and let's get #SSNF Conference 2017 trending.

As a nursing forum the SSNF welcomes all nursing staff involved in stroke care and would encourage you to join. As part of your membership we will send you regular updates on events, research and our twice yearly Newsletter. You can join by accessing our website on [www.ssnf.scot/](http://www.ssnf.scot/)

The SSNF Strategy for Stroke Nursing in Scotland 2017-2022 has just been finalised and over the next 5 years we have a lot of work to do. We will at our AGM be looking for new members to join our Committee and to help shape the future of stroke nursing in Scotland. Let any of the Committee Members know if you are interested and we will help mentor you through your first meetings. As always we will continue to work in partnership with CHSS, Scottish Stroke Care Audit, Scottish Stroke Research Network and Boehringer Ingelheim to improve standards, research and care nationally and internationally.

Please visit all the exhibitors at the Conference and collect your stickers for your competition entry and place your completed card in the prize draw box. Finally and most importantly ENJOY THE DAY.



Linda Campbell, Chair of the Scottish  
Stroke Nurses Forum

## Think Swallow, Think Stroke, NHS Grampian



Stroke is a clinical emergency requiring rapid assessment, investigations and treatment. Over 55% of stroke patients will develop dysphagia in the acute stage. Of those with initial dysphagia, 76% will present with moderate to severe swallowing problems and 15% with profound swallowing problems.

Aspiration pneumonia is a major complication of stroke which can be prevented by swallow screening. Dysphagic stroke patients are 3 to 11 times more likely to develop pneumonia and there is a significantly higher mortality rate in the first 90 days after stroke if dysphagia is present.

The Information Service Division for stroke In Scotland (ISD Scotland) introduced a national four hour swallow screen standard for stroke in April 2016. The standard states 100% of patients should be swallow screened within four hours of arrival at hospital. Healthcare Improvement Scotland (HIS) also states "...the results of the screen/test should be clearly documented, including date and time."

A swallow screen working group at Aberdeen Royal Infirmary (ARI) has made this new standard a priority. Core members of the group consist of Speech and Language Therapists (SLT), Mobile Stroke Team (MST) Nurse, Stroke Audit Co-ordinator and Chest, Heart, Stroke Scotland (CHSS) Stroke Education Facilitator. Group members meet closely on a daily basis but also hold formal quarterly meetings. As part of an awareness campaign, the group developed a swallow screen poster, which was hand delivered to every ward at ARI, a large teaching hospital (see poster above).

The poster highlights the four hour swallow screen standard and the risk of aspiration pneumonia following stroke. It emphasises the importance of recording a swallow screen time accurately for every patient with suspected stroke. It reminds staff about the value of completing the pre-screen section of the swallow screen form as this is sufficient documentation when the patient is too unwell for the actual water swallow test.

This swallow screen poster was recently recognised nationally as a useful tool to promote swallow screening for stroke patients. Already the poster has been requested for use by two Scottish Health Boards outside of NHS Grampian. Additionally, the group was invited to present a larger information poster at this year's Scottish Stroke Care Audit Conference in Edinburgh. This larger poster highlighted the importance of conducting swallow screens after stroke care as well as the steps taken at ARI towards achieving this important stroke standard.

The following diagram details the individual steps the working group has taken at ARI:



If you would like further information about any of stroke initiatives at ARI, please contact Hayley Cowie, MST Nurse ([hayleycowie@nhs.net](mailto:hayleycowie@nhs.net)) or Mariane Morse, SLT ([mariane.morse@nhs.net](mailto:mariane.morse@nhs.net)).





### **SSNF Members Attend the Queens Garden Party**

Margo Martin (CHSS Stroke Nurse) and Jane Chalmers (Previous Lead Stroke Nurse) attended the Queens Garden Party on the 4th July 2017 at Holyrood.

Margo was nominated by a patient and his wife for public services to the community. She was very flattered and had a wonderful day. Jane was nominated to attend by CHSS for her years of service to the Fife Stroke Nurse Service.

### **Abseil Forth Road Bridge**

On the 21<sup>st</sup> May Joanne Graham (Stroke Education Facilitator) and Isla McBain (Stroke Audit Assistant) abseiled off the Forth Rail Bridge to raise vital funds for Chest Heart & Stroke Scotland. Both Joanne and Isla were confident about the 165ft, SAS style free-fall drop, until they had to release the iconic landmark from their extremely tight grasp. It is safe to say that there was a moment of panic and regret before reminding themselves of the great cause that they were ultimately raising money for, and how events like these, improves the lives of people in Scotland, affected by Chest, Heart & Stroke illness. After a very quick fall, and a soft landing on the beach below, Joanne and Isla raised a total of £1,215.06 for Scotland's health charity. Both Joanne and Isla wish to thank everyone who sponsored them for this event and would recommend it to anyone who wishes to try it for themselves.

If you or any of your team would like to take part in CHSS fundraising events visit: [www.chss.org.uk](http://www.chss.org.uk) for details of upcoming events

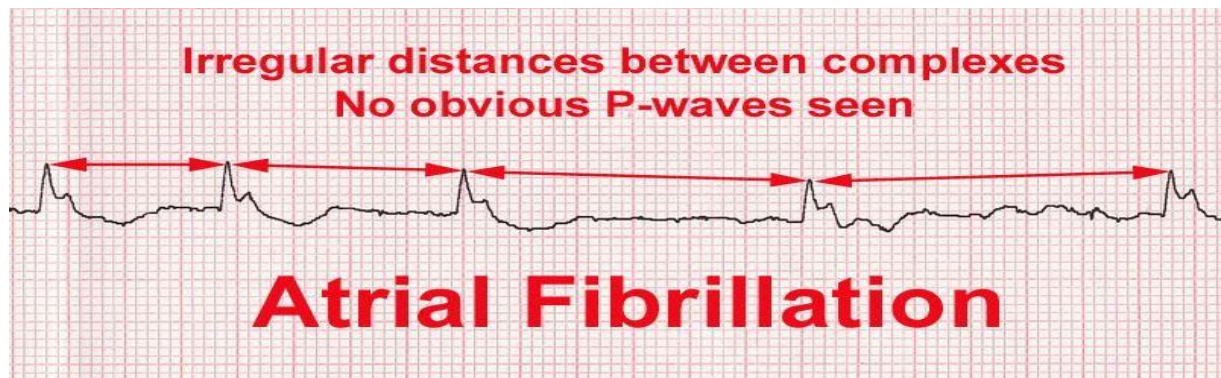


From 2017 each Health Board will be responsible for their own analysis and self – rating and for this to happen a key person should be nominated to take this forward. This will mean that as well as completing the analysis of the local training the education template would be required to be submitted annually before your Health Boards Review Meeting.

Many areas have a validated CHSS trainer and run the CHSS validated stroke courses however there are a number of areas who have developed and deliver their own training that needs 'validated'. The SSNF have also been tasked with reviewing the content and quality of these courses and this will be another substantial piece of work to develop a check template and validation system that is workable for the forum but also for the boards.

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## **AF and Stroke – New Stroke Improvement Standards of Care**



At the conference in 2016 the SSNF presented a session on Atrial Fibrillation and Stroke. Since then a number of new standards have been developed as part of the Stroke Improvement Plan.

These standards are:

- a. Stroke services should have written, locally agreed criteria to select those patients with stroke or TIA who should be offered prolonged ECG monitoring to detect paroxysmal AF.**
- b. Patients meeting those criteria should have prompt access to at least 72 hours of ECG monitoring to detect paroxysmal AF.**
- c. The results of the prolonged monitoring should be available within two weeks of referral for monitoring to facilitate early secondary prevention.**

The Survey Monkey completed by Stroke Physicians in May 2007 showed that no Health Board had a local criteria in place for the management of PAF, access to monitoring for more than 24hours is not available in most areas and that only Tayside had access to (R) Test Machine and for other areas there were long delays for tapes to be read.

So what are the next steps for Stroke MCNs and Health Boards across Scotland. Each area will be expected to:

- Agree a local criteria
- Estimate the numbers using your SSCA data who might meet that criteria
- Examine what the most cost-effective way of monitoring these
- Consider / Trial the use of new technologies
- If there is consensus on technologies then procure this across NHSScotland

NHS Lanarkshire are currently involved in a pilot study with the Department of Health Institute which will look at an ambulatory AF detection device, which can provide cardiac monitoring for 7-14days. This will be a test of change to see if this could work and if it is successful then costs and roll-out will potentially be the next steps. We hope to report more on this pilot in the next Newsletter.



## **New STARS advancing module**

### **Management of tone and spasticity after stroke – a role for everyone**



This module gives a refresher of anatomy and physiology of muscle and the importance of recognising problems with tone and spasticity after stroke. Any member of staff working with people after stroke should be aware of how to position and treat tone issues. This is not only important for the person's recovery but also for health economic reasons. Any intervention with a patient can affect their tone. You will learn about the specialist spasticity clinic team and see a case history with a difference – one case two different outcomes. There are the usual STARS interactives to aid your learning and if you want to complete the test at the end of the module, you will be able to save or print your certificate once you have passed.

The module will be previewed at the SSNF conference in September.

Watch out for a message from the SSNF informing you when this is live and giving you the link.

## **SSCA Update Report Autumn 2017**

The Scottish Stroke Care Audit (SSCA) has been collecting information about stroke care since 2002 and now includes all hospitals managing acute stroke in Scotland. Since its inception the SSCA has helped to drive evidence-based improvements in stroke care which have contributed to falling mortality rates and improved outcomes for Scottish stroke patients. Since its inception the SSCA has helped to drive evidence-based improvements in stroke care which have contributed to falling mortality rates and improved outcomes for Scottish stroke patients.

The SSCA has moved its focus more towards service improvement and safety over the last few years. As improvements in performance against most of the Scottish Stroke Care Standards have occurred across Scotland, the focus has moved towards measuring stroke care 'bundles'. Instead of measuring how an individual fares against any one stroke standard, bundles measure how that individual fares against all relevant Scottish Stroke Care Standards. Achieving this care bundle is associated with reduced mortality and increased likelihood of discharge to usual residence after.

Scottish Stroke Improvement Programme (SSIP) National Report is published annually. This year we published it on the 11<sup>th</sup> July. A summary of the results are in the tables below:

### **Stroke Care Bundle Results**

Scottish Stroke Care Standard (2013)	Required Standard	2015	2016
Percentage admitted to a Stroke Unit within 1 day of admission.	90%	78%	82%
Percentage with swallow screen within 4 hours of arrival at hospital (this measure has changed from 1 day to 4 hours)	100%	N/A	72%
Percentage with brain scan within 24 hours of admission.	95%	91%	93%
Percentage of ischaemic stroke patients given aspirin within 1 day of admission.	95%	90%	90%

### **Scottish Stroke Care Standards relating to attendance at specialist stroke/TIA clinic, thrombolysis and carotid intervention**

Scottish Stroke Care Standard (2013)	Required Standard	2015	2016
Percentage seen at specialist stroke/TIA clinic within 4 days of receipt of referral. (Day of receipt = day 0)	80%	83%	82%
Percentage receiving (thrombolysis) bolus within one hour of arrival at hospital.	80%	51%	55%
Percentage undergoing carotid endarterectomy for symptomatic carotid stenosis within 14 days of the event that first led to seeking medical assistance.	80%	41%	45%

In addition to the annual national report, the SSCA also provides all health boards in Scotland with monthly management reports, which enables them to monitor their progression against the standards and drive quality improvement. There is also an annual conference which was held on the 29<sup>th</sup> August in Edinburgh.

Full details on the annual report and further information are available here:

<http://www.strokeaudit.scot.nhs.uk/index.html>



### **Strokeness Film Project- Survivors not Victims**

Strokeness is a peer support group that is based in Inverness. The group was set up in 2015 with the help of a start up grant from CHSS and in Jan 2016 they became a charity in their own right.

Founder member Alan Reeks wanted to record the work and purpose of the group utilising the medium of film. The aim of the film would be to serve as an information aid for people recovering from stroke and to raise awareness for the general public. In spring 2017 they started collaboration with Yvonne Findlay from Creative Visions Moray to realise this ambition.

A series of film-making work shops were planned and the group embarked on an informative venture to create the film providing fascinating insights into the impact of stroke and the journey of recovery for both stroke survivors and their families. The film making project itself was to provide challenges and experiences which would reveal the many and varied talents of the Strokeness members.

Alan Reeks was to prove a very able and organised film producer. He also revealed a talent for poetry. The youngest group member, Andy Wells, age 17years, revealed his talent as a promising camera operator and took part in the editing of a film trailer. Steven Boyle, who had recently rediscovered his ability to play guitar following his stroke, wrote and composed a song about his



journey of recovery. Steven is also a talented amateur photographer and his amazing photographs of the Highland landscape feature in the film.

The process of producing the film has proved to be a valuable group bonding experience as team members shared their experience for the camera in the company of the other group members. This provided the opportunity to share and discuss. One group member commented that they realised 'They were not alone' when hearing others describe shared difficulties. It also served to encourage and give hope by demonstrating what is achievable. The process was also a very enjoyable social experience for all involved.

The importance of craft work to some group members was demonstrated and some members discovered a talent for story-telling and poetry they did not realise they had. Dr Sonia Allori, who had recently joined the group, composed theme music and worked to compose music for the poems and lyrics written by her fellow members of *Strokeness*. The film making project demonstrated a wonderful team effort by all concerned.

The private première screening was planned as a celebratory social event at the Waterside Hotel on the 27<sup>th</sup> August 2017 which has supported the project throughout. This offered the participants the chance to comment prior to the film being made public as forming part of an information pack for in patients at Raigmore Hospital Stroke Unit. It is also hoped the film will be screened publicly to raise public awareness. The completion date of the film also coincided with the second anniversary of the forming of the *Strokeness* charity. This project was funded thanks to Yvonne Findlay at Creative Visions Moray and both *Strokeness* and the Raigmore Stroke Unit are very grateful to her for this.



*Still photo- from Survivors not Victims with permission of Strokeness*

*Strokeness members will be presenting at the Conference on 14<sup>th</sup> September 2017.*

*Thanks to everyone who has contributed to this newsletter. If you would like any further information on any of the articles or if you have an article you would like to submit please contact: Linda Campbell on [linda.campbell8@nhs.net](mailto:linda.campbell8@nhs.net)*