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Staying on the path to best practice: meeting the Aphasia Guidelines across the Stroke journey

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Aim Statement:
By mid 2017, 100% of stroke patients, being admitted with aphasia to an acute stroke unit within SLHD, will comply with the Australia Aphasia Rehabilitation Pathway when accessing Speech Pathology rehabilitation across the stroke journey from acute to outpatient services within SLHD

Background to problem worth solving
Aphasia: communication disability caused by damage to the language centers of the brain and a common consequence of stroke
Occurring in up to 38% of stroke survivors with significant implications for individual's functioning and quality of life, it may affect an individual’s ability to understand, speak, read and write.

Team members
Sponsor:
• Sarah Whitney A/ Director Allied Health
Project team members:
• SLHD Speech Pathology Stroke Clinical Network - Pip Taylor – Balmain Hospital
• Olivia Martin – Stroke Outreach service
• Jess Lamond – RPA Day hospital
• Claire Madeleine - Concord Day Hospital
• Chelsea Larkman – RPA Acute Stroke services
• Contributions to data collection by Oliva Vun and Samantha Lim (Y4 USYD SP students)
patient / consumer involvement:
• Patients from RPA Chinawaggers aphasia group
• Patients from Concord Talkback aphasia group

Link to National Standard
6. Clinical Handover

Literature review
• Clinical Centre for Research Excellence in Aphasia Rehabilitation. Aphasia Rehabilitation Best Practice Statements 2014. Concise supplement to the Australian Aphasia Rehabilitation Pathway. Brisbane, Queensland

The Case for Change
Patients with acute stroke can be admitted to RPA, Concord or Canterbury hospitals in SLHD
After acute admission there are a number of pathways the patient may take for rehabilitation:

Results
Outcome measures (Pre)

Outcome Measures (Projected)

Overall Outcome of Project
Progress to date:
• Analyzed gaps in standard practice against Aphasia Best Practice Statements (enormous task)
• Implemented some “easy wins” — communication bed sign
• Developing aphasia friendly report template
• Collating all aphasia screeners and assessments to determine standard ones to use across district
• Data base mapping – need to build Red Cap data base (2017/ project)

Plans to sustain change

Done:
• Submitted to the ACI Innovation Exchange
• Poster presentation at Smart Strokes Conference 2016
• Accepted for Oral Presentation and Speech Pathology Australia conference 2017
• Submitted to SLHD Innovations Symposium 2017

Planned:
• Submit to SLHD Allied Health conference 2017
• Submit to local Quality awards 2017 and other relevant quality awards

Plans to spread / share change
1. Standardisation – database of Speech Pathology shared drive of standard care expectations as per Aphasia Best Practice Statements
2. Documentation and Measurement – to develop database in 2017 of all patients with aphasia with “mapping” of what Speech Pathology services are delivered at what point in stroke journey
3. Training – all new staff to be oriented to project aims and guidelines and relevant staff to join Stroke Clinical Network

Testing a Solution via a PDSA Cycle:

1. Set up the date: Investigate what aphasia friendly reports are already in use and trial with aphasia patients
2. Plan the change: Identify perceived gap that patients were not receiving aphasia friendly reports as per recommendations in the AAP
3. Carry out the change: Design and measure all patients with Stroke & Aphasia care: ADHD admitted to SLHD Stroke Unit had 90% that had accessed at least one rehabilitation service within 6 months after initial diagnosis from Speech Pathology Stroke Clinical Network to determine current practice and comparison to AAP
4. Study the data & adjust
5. Evaluate the data: Compare to RAP