

Redesigning Stroke Services at WDHB

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Aim:

To apply a process of clinical systems redesign to improve stroke services at Waitemata DHB. Ensuring that people with stroke and their caregivers consistently receive the best possible care, in the environment most appropriate for them.

Background:

- Stroke is the leading cause of disability in adults, and is the third largest killer (more than 2000 deaths in NZ per year).
- Waitemata DHB admits 700+ patients with stroke each year.
- While WDHB has made progress in developing stroke services, current stroke care does not match national and international guidelines.
- In 2008 this project was set up to improve care for people with stroke. It is a joint initiative by the Adult Health and Home and Older Adult services.
- Representatives from Primary Care, the Stroke Foundation and the Ministry of Health have also contributed to the project.

The four days was the most invigorating time that I have spent in all the 12 years that I have worked within the DHB.

- HOAS Staff Member

Our Vision

- Rapid response for patients with suspected stroke
- Rapid access to diagnostics
- Coordinated integrated care across the entire patient journey
- Organised stroke services in a dedicated stroke unit
- The patient is pulled through the system according to their needs
- Commitment to early mobilisation: early rehabilitation
- Community stroke services developed to support early transition from hospital to home
- Services geared towards enabling the patient to regain control and self-manage their health needs

Results:

Participants developed a Vision for stroke services describing the essential elements of the future state for stroke care (see below left for details).

Action plans were developed during the event identifying actions for immediate implementation, as well as medium and long term actions and goals.

14 working groups, with diverse membership from across services, have been established to progress the identified actions. Project managers from AHS and HOAS are working with the groups to ensure a coordinated approach. The project is due to be completed in June 2009.

Thank you for yesterday! At first I was so worried about speaking in front of all those people but I actually enjoyed it!

- Consumer Participant

Methodology:

The project used rapid improvement event methodology.

A Rapid Improvement Event (RIE) is a mechanism for making radical changes to current processes and activities within very short timescales. RIEs bring together all staff who work within a patient journey to identify areas for improvement and problem-solve solutions. It is about empowering frontline staff to make changes in the way they work; recognising that the people who do the work often have the solutions (rather than solutions being imposed from above), and that they are the people who can make the change happen.

60 clinicians and support staff from across the district attended a 4 day event in Nov. 2008 to map the current patient journey for people with stroke, and to design the future state for stroke care. A number of consumers and caregivers who had suffered a stroke also attended the event to share their experiences with staff.

Summary:

This was the first time WDHB has been involved in a Rapid Improvement Event – overall it was a great success. Hearing first hand accounts from patients and families enabled staff to reflect on their services and consider how these could be delivered in a more patient centred way. Staff valued the opportunity to work across organisational silos to develop shared solutions to common problems. Having all the key stakeholders together in the room enabled thorough discussion and quick decision making. Staff came away from the event with a better understanding of the current process, and having identified a number of areas for improvement. Despite this being a 'Rapid' Improvement Event, we have since learnt that the real work begins after the event!

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