Implementing evidence: a case study in community stroke rehabilitation

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Background

National clinical guidelines recommend that people with stroke receive multiple therapy sessions to increase outdoor journeys. In a seminal randomised trial, occupational therapists delivered a median of six therapy sessions, resulting in improved outdoor journeys for people with stroke. Yet local therapists that want to translate this complex intervention into practice face many barriers to implementation.

Aims

The first study aim was to identify barriers to implementation. The second aim was to change community rehabilitation practice so that more people with stroke received sessions to increase outdoor journeys.

Methods

Mixed methods were used. First, qualitative methods were used to identify barriers to implementation. Allied health professionals (n=15) from two community teams participated in semi-structured interviews. Second, file audits were conducted (n=77) to measure baseline practice across five community teams, and individual team feedback provided. Repeat audits (n=53) were conducted one year later, after feedback had been provided, and education delivered to target the known barriers.

Results

Key barriers to implementation were the expectations of patients and their family about treatment, therapists' concern about their skills and abilities, poor knowledge of the evidence and the intervention not being part of the therapists' role. At the baseline audit, only 17% of people with stroke received six or more outdoor journey sessions. At follow-up, the proportion had increased to 30%.

Conclusion

This process of implementation helped to improve practice so that more people with stroke received an evidence-based intervention. Separate patient outcome data have been collected separately.

Acknowledgment

During this study, Annie McCluskey was supported by a NHMRC NICS-HCF Health and Medical Research Foundation Fellowship. The study was also supported by a project grant from the National Stroke Foundation (NSF).