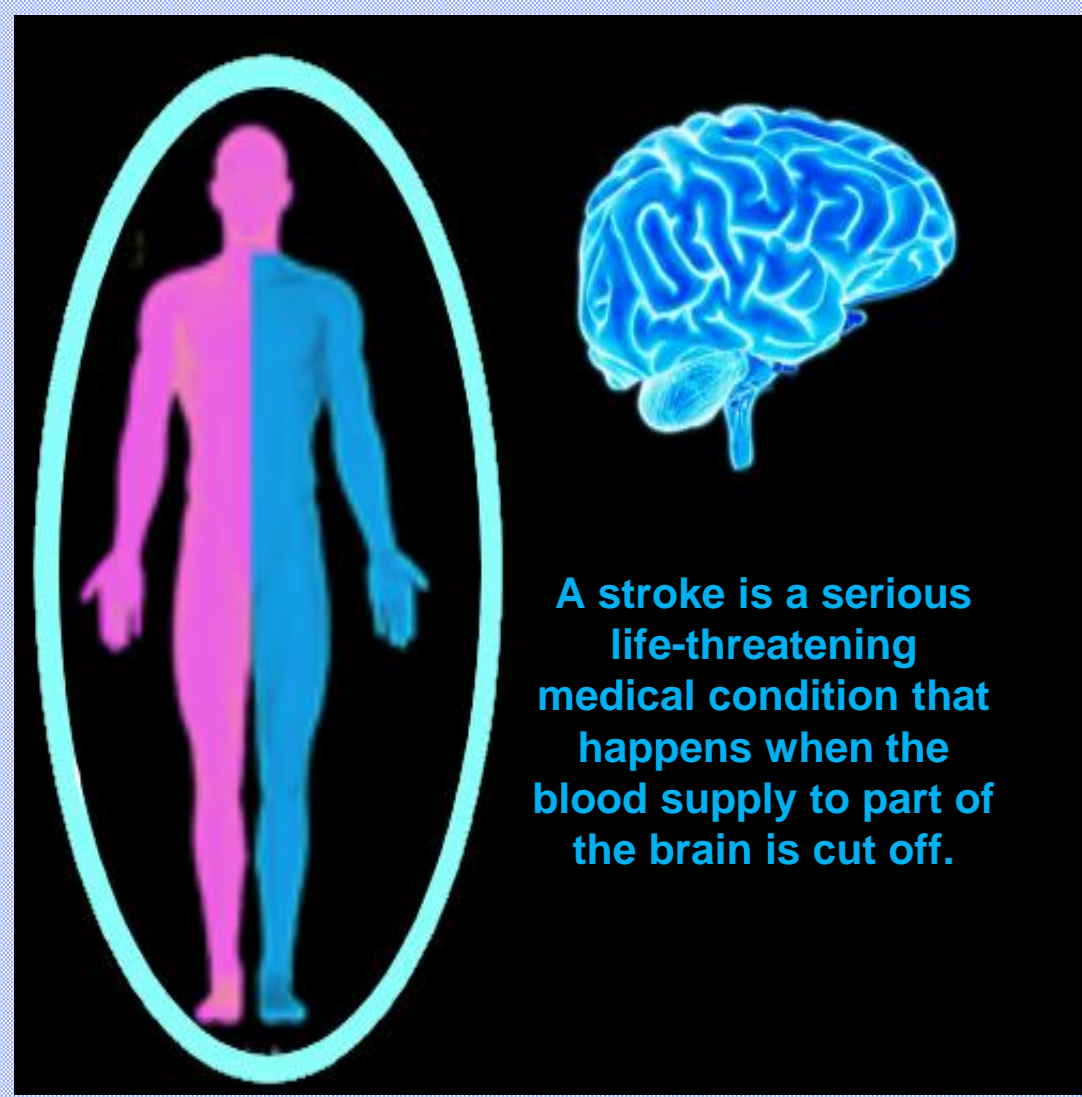


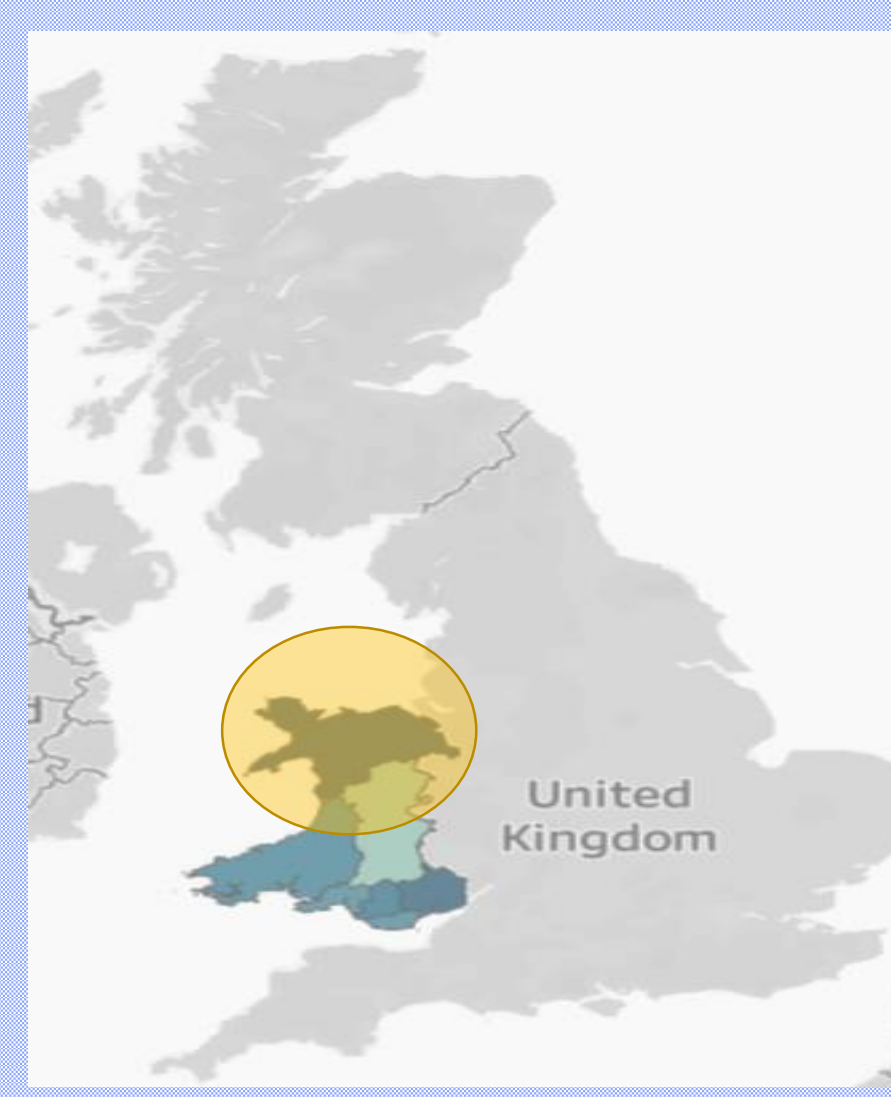
Stroke



Stroke survivors:

Three months after the acute event, about 20% of those affected are still dependent on a wheelchair, and in about 70%, gait speed and endurance are reduced to an extent relevant to everyday life⁽¹⁾

Key Statistics (2,3,4)



- ❖ Stroke strikes every five minutes
 - ❖ 100,000 people have strokes each year
 - ❖ There are 1.3 million stroke survivors in the UK
 - ❖ There are currently almost 70,000 stroke survivors living in Wales.
 - ❖ Betsi Cadwaladr University Health Board (North Wales)
- Prevalence (%) – 2.17%
- 15,435 Stroke survivors registered with GP

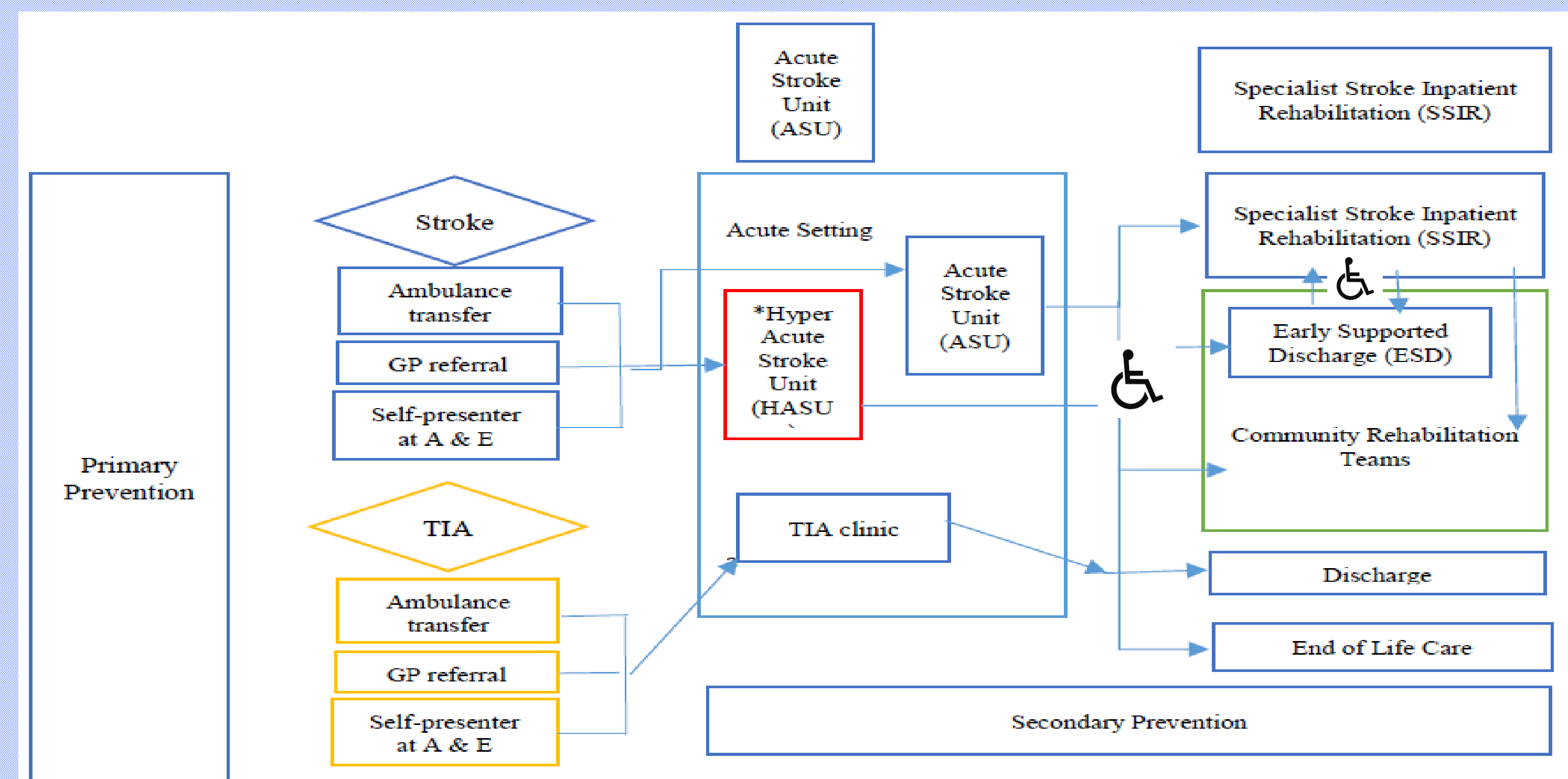
Aims

North Wales is geographically diverse, and that rural and urban areas will likely require differing solutions. North Wales Wheelchair service in partnership with all three localities in the East, West and Central Stroke service in BCUHB and Bronglais service in HDU health board developed a pathway to facilitate early discharge and optimal rehabilitation.

Wheelchair Service identified barriers and adapted pathway to facilitate seamless transfer at various stages within the stroke care pathway.

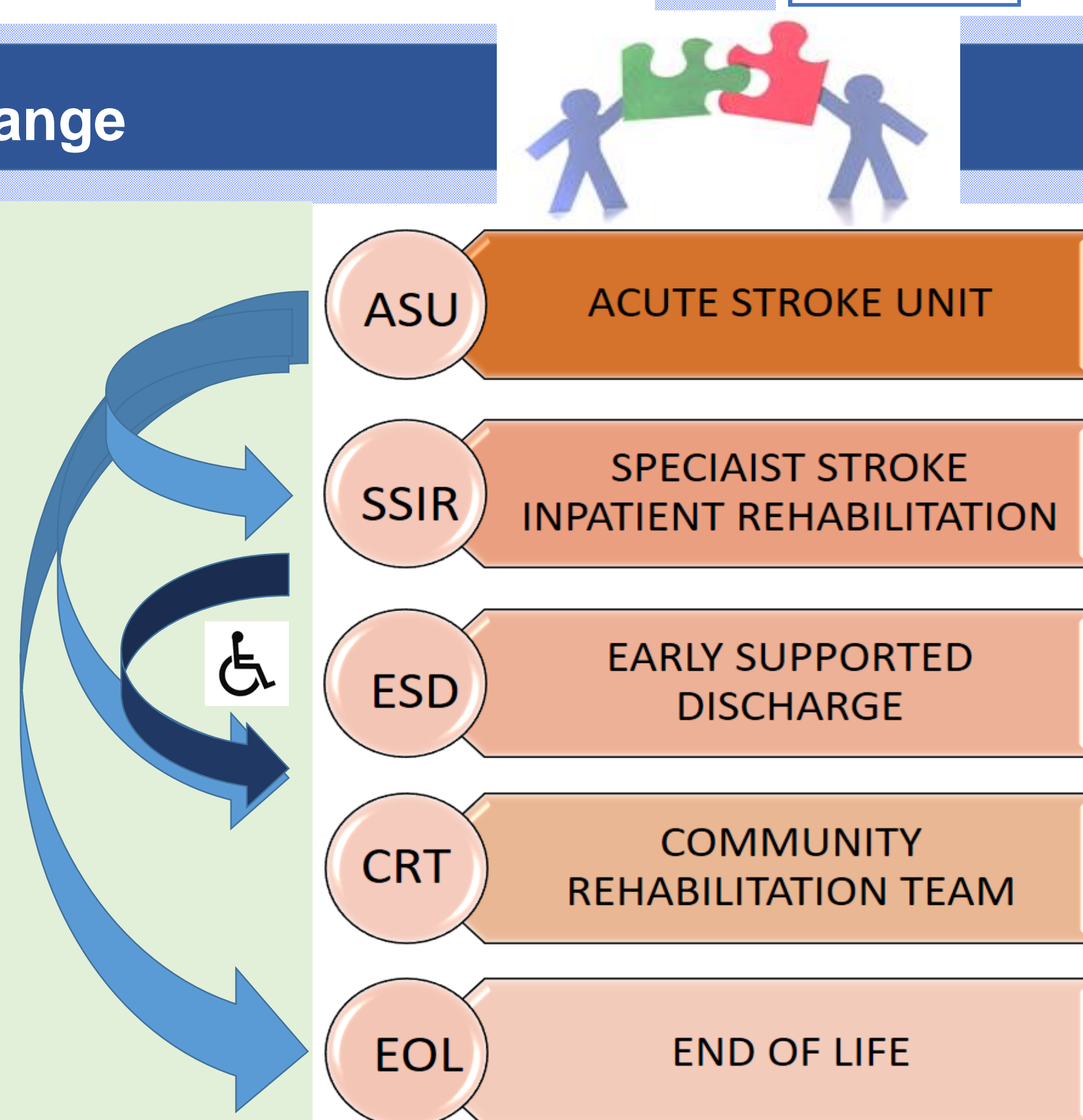
- Acute stroke unit (ASU) to Specialist Stroke inpatient rehabilitation (SSIR)
- ASU or SSIR to Early Supported Discharge (ESD)
- ASU or SSIR or ESD to the Community Rehabilitation team (CRT)
- ASU or SSIR or ESD or CRT to End of life care or discharge

BCUHB Stroke Care Pathway



Wheelchair Service as a catalyst for change

- ❖ To facilitate discharge from the hospital ward or Rehab unit.
- ❖ PAMS Wheelchair service to provide required stock and training on Wheelchair referral process and pathway, Wheelchairs, cushions and accessories.
- ❖ Deliver level 1 Wheelchair service training and team specific training .
- ❖ Stroke team to assess and trial equipment in stock, to use it for therapeutic purpose during patient rehabilitation in the unit.
- ❖ Stroke team to be aware of Wheelchair service process and pathways.
- ❖ Stroke team to provide quality information from the outcome of their assessment/ trial.
- ❖ One arm drive Wheelchair (OAD) request: Action 3 issued as CDI (clinic direct issue) and Wheelchair Therapist to assess and plan the best course of action.



BCUHB Stroke rehabilitation pathway - Stages

- ASU ACUTE STROKE UNIT**
(ASU) care services provide continuous specialist day and night care, with daily multidisciplinary care. Stroke survivors' rehabilitation starts within ASU.
- SSIR SPECIALIST STROKE INPATIENT REHABILITATION**
(SSIR) aims to maximise a stroke patient's intrinsic and adaptive recovery.
- ESD EARLY SUPPORTED DISCHARGE**
(ESD) aim to allow patients to return home from hospital earlier than usual and also to receive more rehabilitation in the familiar environment.
- CRT COMMUNITY REHABILITATION TEAM**
(CRT) include the transfer of care from hospital to home provided through collaboration with health and social services, the independent and third sectors.
- EOL END OF LIFE**

Range of stock provisions to the regional stroke team

Manual Wheelchairs

Powered Wheelchairs

Arm support

Powered

Number of Wheelchairs issued to Stroke survivors in North Wales in one year	
Manual	380
Powered	58
Total	438

Benefits

- ❖ Wheelchair service had a major role at various stages of Stroke Care Pathway.
- ❖ Timely provision of a Wheelchair for safer accelerated patient discharge.
- ❖ Established referral pathways.
- ❖ Minimal barriers to access and minimum delays.
- ❖ Empowered regional stroke team with the resources and the process.
- ❖ Seamless transition of patient within various stages of Stroke Care Pathway.
- ❖ Ongoing training and provision of stock to the Stroke team endowed them to provide quality information about patient mobility needs.
- ❖ Resulted in improved patient functional outcomes.

Feedback

A patient who was reluctant to go outdoors. When trialling the powered wheelchair the gentleman looks so interested, focused and truly engaged. Having use of the powered wheelchair (during therapy sessions only), has really changed the direction for how he perceives himself and having a sense of control again.

One patient does not like to sit out in tilt in space armchair, but enjoys up to an hour in Rea Azalea, and appreciates being able to sit out near the nursing station, or short trip to garden with family and a member of staff.

I was able to arrange with hospital transport to take the powered wheelchair with me to the gentleman. While in town, we practiced access to various areas. It was a huge success and the gentleman expressed feeling like he can now see how he can have a life – expressing how he wants to get back to attending local events, and even plan an Overseas trip.

Patient who we believe has a locked-in-syndrome, awaiting transfer to a specialist unit. We have hoisted in to the powered and non-powered tilt in space wheelchairs most days, and offered a different environment with staff at hand. And are looking to access the garden with family.

Acknowledgements

- Posture and Mobility Wheelchair Service team.
- BCUHB East Stroke Unit
- BCUHB Central Stroke Unit
- BCUHB West Stroke Unit
- Bronglais Stroke Unit

References

1. Stroke. Part II: Time course of recovery. The copenhagen stroke study. Arch. Phys. Med. Rehabil. 1995, 76, 406–412.
2. NICE (2013) Stroke rehabilitation in adults (CG162) (online). Available at: <https://www.nice.org.uk/guidance/cg162>.
3. <https://executive.nhs.wales/functions/networks-and-planning/stroke/>
4. <https://www.stroke.org.uk/stroke/statistics#:~:text=Key%20statistics%3A,stroke%20survivors%20in%20the%20UK>

QR code