

Can you feel it?

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Introduction

- Pilot study conducted within identified care homes
- Incentive introduced - highly qualified district nurse i.e. case manager visited both homes during week to monitor/observe residents, detect early signs/symptoms of illness commencing treatment if required or referring to GP
- Training programme developed for care workers - aim to reduce ambulance call outs, reduce hospital admissions, empower care home staff, develop more proactive approach to management of illness.

Introduction cont

- Educational programme developed with no additional resource, incorporated within Karen's current role
- There are 170 care homes across Shropshire with a bed provision of 4700
- There is a workforce of approx 8000 staff who potentially require training within stroke care and management



DATA

- Data has been assessed from 14 care homes
- Number of Staff trained to date 125
- Number of homes actively taking pulses and sending data equates to 23 in November 2012



Analysis of data

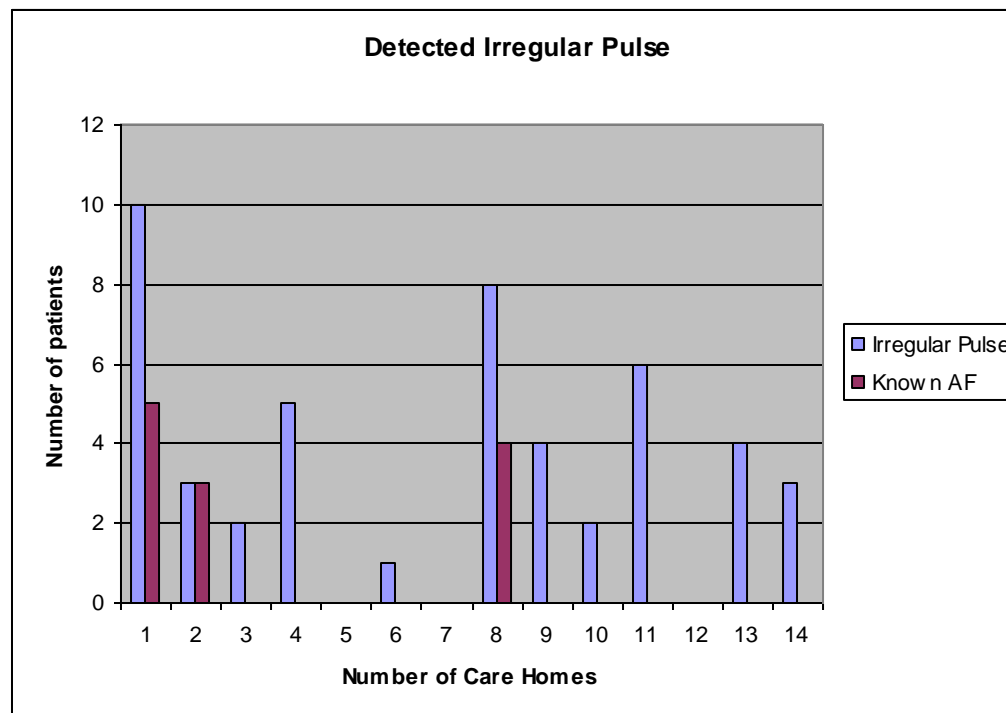
The data quality is poor which is due to a number of reasons:

- IT systems are not in place
- Care home staff are not skilled in the use of computers
- There may be only 1 computer within the care home and this sits within matron's office
- The data spreadsheet needs to be further developed to be able to obtain relevant data



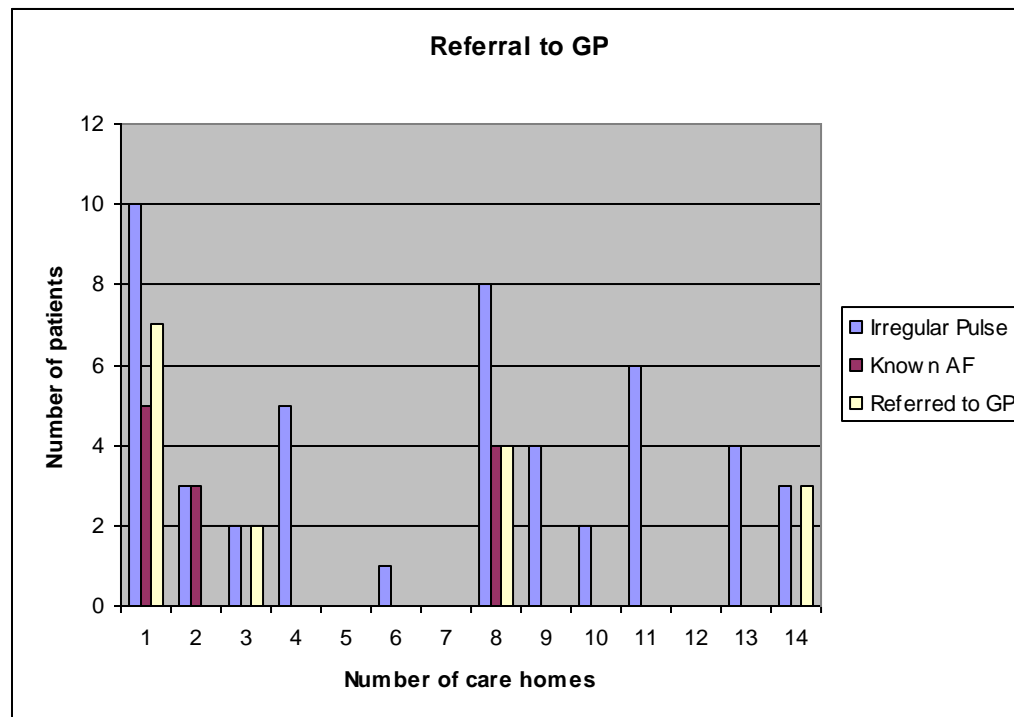
Data Analysis

Table 1 Demonstrates number of irregular pulse detected



Data Analysis

Table 2: Demonstrates that there needs to be improvement in those with an irregular pulse being referred to a GP for management



New European Stroke Clinical Guidelines 2012

- “The efficacy of stroke prevention with aspirin is weak, with a potential harm, since the risk of major bleeding with aspirin is not significantly different to that of OAC especially in the elderly”
- Anticoagulation should be with either well controlled Warfarin (currently standard treatment) or one of the NOACs

Stop aspirin start thinking OAC

- Key message that Warfarin is first line treatment for atrial fibrillation

For stroke prevention in your moderate to high risk atrial fibrillation patients

STOP
thinking aspirin

START
thinking oral anticoagulant

Oral anticoagulation is three times more effective at preventing stroke than aspirin*
It is estimated that there are over 230,000 AF patients treated with aspirin*

Discover how the new AF QOF Indicators benefit your patients and your practice – go to the website for further information

www.stopstart.org.uk
An online resource for stroke prevention in atrial fibrillation for UK Healthcare Professionals

SMF ACADEMY
Developed and funded by
Healthcare Improvement
Partnership
NHS.uk

*Stroke Prevention in Atrial Fibrillation (STOP AF) Study Group. 2011. Stroke prevention in atrial fibrillation: a systematic review and meta-analysis. *Journal of the American Medical Association*. 306:1015-1025.

Benefits

- A number of patients with Atrial Fibrillation (AF) have been identified and are now on an anticoagulant
- There is data to prove that a significant number of AF patients are being managed on Aspirin rather than Warfarin
- Patients who have AF and suffer a stroke cost individually £11900, this project has potentially saved £190,400, unfortunately, due to the poor data quality this cannot be substantiated at this time. The aim is to firm up data collection.

Communication process

- Inform CCG Chairs about this project and share with GPs across Shropshire/Staffordshire
- Some feedback from GPs questioned
“Why would we put elderly people on Warfarin?”
- Promoted training at Care Home Conference
“Independence Day” 4 July at SECC
- Shared with All Parliamentary group at House of Commons
- Share with Health and Well Being board

Outcome

- Increased knowledge of AF within Primary Care
- Increased *equality* important issue
- Are our elderly population being disadvantaged if residing in care homes?
- Cost to the PCT/CCG is increased if someone with AF suffers a stroke i.e. £11900K
- Falls in care homes will decrease, unfortunately we have no data to quantify this
- Less admissions to hospital

Achievements

- Training Package developed and on website
- Data report produced
- Flyer to all nursing homes to publicise project
- Patient Information leaflet produced
- Competency Framework developed
- Action Plan demonstrates achievements
- RCN Accreditation achieved; funded by T&W PCT
- UKFST endorsement
- Independence Day Conference 4 July
- BP machines which detect AF – Social care have purchased 15
- Train the Trainer package developed

Future

- Met with Boots' educational lead from Nottingham Head Office have agreed to put AF training into their e learning package in **April 2013**. 65% of care homes receive training currently from Boots
- Abstract submitted to International Forum on Quality and Safety in Healthcare, invited to present poster at the conference in April 2013 in London
- E learning package put onto the Shropshire OD Website www.shropscommunityhealth.nhs.uk;
- Negotiating putting E learning package onto Local Learning Website at the SHA
- Patient information leaflet to be distributed

Final thoughts.....

- Patient groups within care homes are the very elderly within our society, their needs are not always identified. This project puts them at the forefront of the campaign to ensure all those with AF are detected and managed appropriately and a STROKE is prevented.



Any Questions?

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