Stroke Family/Whānau pilot project

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We read with interest the report of an audit carried out at North Shore Hospital's stroke services by Yeo, Zhou and Ratnasabapthy (Vol 129, No 1431, 11 March 2016), which contributes valuable data with respect to acute and inpatient care. This retrospective examination of case notes from 72 patients looked at five domains of care: case-mix, processes of care in the first 72 hours, discharge results, therapy intensity and post discharge community cares.

The audit highlights changes in acute care delivery. Despite dedicated stroke beds at North Shore Hospital increasing by 150% since the last audit carried out in 2009/10, an important deficiency in ongoing treatment and rehabilitation of stroke survivors, particularly after discharge, was identified. There were significant delays in access to community rehabilitation, especially for physiotherapy and occupational therapy when compared with Australian and UK post-discharge stroke services.

We hope to add to this emerging discussion by signalling some recent work undertaken as a trial of a stroke navigator service. There are two points to consider from the published audit. Firstly we note the lack of ethnicity data. This represents a problem in light of New Zealand health statistics showing that incidence rates are increasing, particularly for Māori.1,2 The inclusion of ethnicity data in audits such as this is important in understanding service provision and the design of targeted services. Secondly, qualitative data about patient experience and satisfaction regarding communication, partnership, care coordination and physical and emotional needs3 are required in order to provide a complete picture of service provision. The gap we may be able to fill is in addressing these two points.

Both ethnicity and the provision of qualitative data about patient experience have been the focus of a pilot project run in collaboration with the Waitemata District Health Board (DHB). The Stroke Family/Whānau project has been ongoing since 2010. Phase one (2010–2011) surveyed health professionals and family/whānau of stroke survivors to ascertain information and education needs through identifying current practice and resources, the appropriateness, accessibility, timelines and information/knowledge gaps.4 Phase two (2011–2015) was a longitudinal qualitative study of the experience of living as a stroke family/whānau and aimed to provide new understandings of the long-term experiences and needs of extended family/whānau. Preliminary findings5,6 align with other research completed both in New Zealand and overseas, and data analysis is currently being completed.

As a result of the preliminary findings from phases one and two, which indicated that improving education, support and outcomes for family/whānau will reduce the burden of stroke on individuals and the community, Phase three (2014–2017) of the project was initiated. The overall hypothesis was that provision of a stroke navigator service would improve outcomes and quality of life for stroke survivors and their family/whānau. Phase three included the development of the stroke navigator role in consultation with various stakeholders. Following this, the stroke navigator role was trialled in a small participant sample (n=7) who received the intervention compared with a comparison group (n=4) over a six-month period. Consistent with the recommendations of our Māori stakeholder group, we aimed to recruit 50% Māori, and we used a Māori stroke navigator supported by the He Kamaka Waiora team who are part of the Waitemata DHB.

Preliminary analysis of the recently completed pilot has shown that the stroke
navigator intervention provided support for rehabilitation and focused on individual family/whānau needs. During initial consultation, health professionals expressed concern that the navigator role could overlap with other roles within the stroke team. However this was not the case; the navigator filled identified gaps in service provision for stroke families in both inpatient and community services.

We anticipate that ongoing research within the Stroke Family/Whānau project will supplement the data gained from the Yeo et al audit. An emphasis on individual and family needs and preferences in accordance with commonly agreed guidelines for the continuation of rehabilitative services are crucial to ensure that the stroke survivor maintains the gains achieved through inpatient rehabilitation.

Competing interests:
Nil.

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