

# Implementing Evidence in Practice: A Case Study in Community Stroke Rehabilitation

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## Background

- Approximately 53,000 Australians experience a stroke each year<sup>1</sup>
- Many experience difficulty getting out of the house & lose confidence outdoors :
  - **90% + cannot walk far or fast enough** to cross a road safely when they go home<sup>2</sup>
  - **50% fall** in the first 6 months<sup>3</sup>
  - **40% do not return to driving**<sup>4</sup>, and few use buses or trains
- A randomised controlled trial<sup>5</sup> provided **up to 7 occupational therapy (OT) sessions (median = 6)** for people with stroke, targeting community mobility and transport (including escorted journeys). This 'outdoor journey intervention' **doubled** the number of journeys taken by people with stroke
- The outdoor journey intervention is recommended as best (evidence-based) practice in the Australian (2005) national guidelines for stroke

## The Intervention

\* Escorted Journeys with a Therapist

\* Bus & Train Travel Training



\* Advice about Scooters



\* Help with Return to Driving



\* Transport & Travel Information

## Aims

- To compare current practice with 'best practice' in community mobility and travel training after stroke
- To identify barriers to evidence uptake

## The Evidence-Practice Gap

- Only 17% of people with stroke received the intervention at a 'dose' likely to improve their community participation.

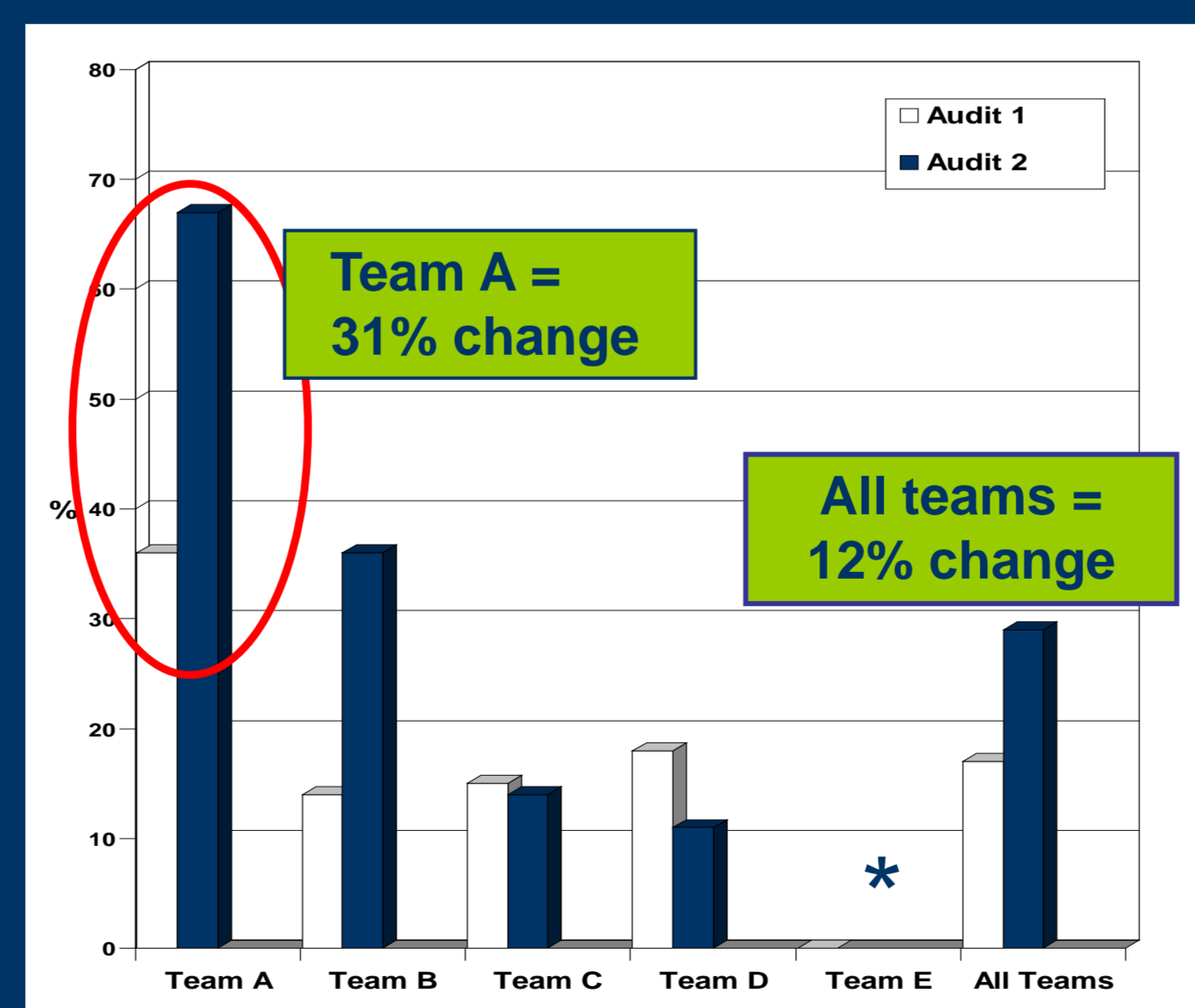
## Methods

- **File audits** (n=77) conducted retrospectively for 2006/07, to determine current practice.
- **Interviews** were then conducted with 12 team members across 2 services, to identify barriers to change.
- **Implementation strategies** used to help change practice included: a half-day training workshop, reminders [stickers/ posters], audit/ feedback.
- **File audits** (n=49) repeated for people with stroke seen in 2007-08.
- **Sample:** Five community rehabilitation teams in Sydney. Occupational therapy (OT) and physiotherapy (PT) files audited. All team members interviewed.

## RESULTS

### Uptake of the Intervention

- **Question:** What proportion of people with stroke received the evidence-based outdoor journey intervention, at a 'dose' likely to change health outcomes (ie **6 sessions or more**)?
- **Answer:** A modest change in practice was achieved over 12 months from 17% to 29% (a 12% change). Team A changed the most, providing multiple sessions of the intervention to 67% of people with stroke, compared to 36% one year earlier (a 31% change)



\* Team E: 0/10 files (0%) at baseline; no files available for audit one year later

**Figure 1.** Practice Change over 12 Months: % People with Stroke receiving **6 or more sessions** of the Outdoor Journey Intervention based on File Audits (Before = 77 files; After = 49 files)

## Barriers to Implementing the Outdoor Journey Intervention

### Skills & Knowledge:

I've never done transport training....it might be risky...what if someone has a fall in the shopping centre?

### Team Roles

I wouldn't think to refer to occupational therapy for transport training....I've never seen them do that

### Resources

We can be staffed part-time, full-time, or not at all...what if we start a new service then have no-one to run it?

### Social Influences

Sometimes family members won't let the person go out... they're worried what might happen...

## Key Messages

- The 12% change in practice achieved across teams, is considered a good outcome after one 'phase' of implementation<sup>6</sup>
- The 31% change achieved by Team A is an excellent outcome in response to the audit-feedback cycle, reminders and education. This change means that:
  - 31% more people with stroke were receiving MULTIPLE sessions to help get them out of the house
- Barriers to change were different across teams, requiring different strategies

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## References

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