EXAMPLES OF PROFESSIONAL IMPLEMENTATION 2009 – 2014

- 2009 SFNV day: thematic session on therapeutic management, institutional evaluation, care pathway evaluation; presentation of the HAS and the learned societies recommendations
- Improving the quality of stroke management in elderly patients hospitalised in geriatric medical departments, analysis of various organisations (AP-HP Pitie Salpetriere, Reims University Hospital, Charpennes hospital - Villeurbannne)
- Improvement of the intrahospital care pathway for stroke management (Dijon University Hospital)
- Establishment of a regional operational network for stroke management in Picardy (Amiens University Hospital)
- Dissemination of the shared indicators on the website and in communications to professionals. Use of the shared indicators in the EPP procedures (Conseil de l’Ordre des Masseurs Kinésithérapeutes [Council of the Association of Masseurs/Physiotherapists])
- Improving the quality of management of aphasia after stroke through the training of assistants (Collège des Orthophonistes [College of Speech Therapists], FNO)
- Development of a therapeutic training programme for aphasic patients (Collège des Orthophonistes [College of Speech Therapists], FNO)
- Training: Early management of stroke (ANFE)


A THEMATIC AREA AT WWW.HAS-SANTE.FR

The “Pilot Programmes” section of the HAS website provides an area devoted to improving stroke management. This area makes the following available to health professionals and the public:
- Clinical practice indicators and all of the recommendations
- Feedback from professionals, interviews and the work of the HAS BMJ 2010 Symposium on stroke (Stroke Corner and Integrated Programmes)
- The 2010 progress report of the 2009-2014 stroke programme, with 1 leaflet per management phase

TO FOLLOW IN 2011 ... 2012

A thematic meeting devoted to improving stroke management is to be organised. The health professionals involved in stroke management will share their clinical experience, the problems encountered, the actions and the approaches for practice improvement, plus the measures of clinical impact.

"Together, let’s improve practices for stroke management”

A progress report in 2010

Phase 2

THE ACUTE HOSPITAL PHASE

It is estimated that every year, approximately 130,000 people in France are affected by stroke, 25% of them are under 65 years of age.

With 30,000 cases of severe disability and 40,000 deaths every year, stroke is the most frequent cause of non-traumatic acquired disability, 2nd for dementia, and 3rd in mortality.

Immediate management with rapid treatment and rehabilitation subsequently adapted to the patient throughout the chain of care, enables to reduce mortality, disability/handicap and recurrences.

The objective of this programme, carried out with healthcare professionals, is to reduce stroke-related mortality and disability by acting on each of the 3 phases of stroke care pathway:

1. from warning signs to hospital
2. the acute hospital phase
3. the first year after the stroke
WHAT IS KNOWN

In case of stroke, close neurological monitoring is needed in order to follow the patient’s signs progression, particularly within the first 48 h, which is the most evolving period.

Performing additional investigations (laboratory tests, imaging of the brain and vessels, and cardiac investigations) enable to identify the cause of the stroke and to apply the most appropriate treatment.

Aspiration pneumonia is a complication that affects approximately 30% of stroke patients. It is significantly reduced by early screening for swallow disorders.

An assessment of the sequelae is carried out within the first few days after the stroke so that appropriate functional, speech and/or occupational rehabilitation can be applied.

Referral to an aftercare and rehabilitation establishment (SSR), a homecare (HAH) or at home should allow the patient, after leaving the acute care department, to benefit from rehabilitation adapted to his needs and abilities. It will enable him to make the best possible recovery from his deficits.

The patient’s return home must be prepared in conjunction with the outpatient professionals, particularly if rehabilitation is necessary. Continuity of care and of rehabilitation is thus assured, allowing the best possible recovery. Any home modifications should be recommended after the pre-discharge home assessment.

In the case of transient ischaemic attack (TIA: a stroke in which the signs recede spontaneously within the first hour as a rule), additional investigations for the purpose of prescribing the appropriate treatment must be carried out as a matter of urgency, as there is a high risk of stroke recurrence within 24 h.

KEY FIGURES AND LANDMARKS*

Stroke management is organised around the neurovascular unit (NVU), which ensures neurological expertise. In order that all patients benefit from this expertise, they must be cared for in departments that are a part of the care pathway and that implement its own validated care protocols. In the 4th quarter of 2008, only 20% of stroke patients in France benefited from care in neurovascular units.

30% of cerebral infarction patients had a TIA in the previous month, and 10% of TIA patients develop cerebral infarction complications within 3 months following the TIA.

Appropriate specialized management enables reducing disability and mortality by 20%.


PRIORITY OBJECTIVES FOR IMPROVING PRACTICE

- To prevent early and late recurrence of stroke through accurate aetiological diagnosis and appropriate treatment
- To prevent complications, especially aspiration pneumonia
- To apply appropriate rehabilitation as quickly as possible from the acute phase
- To refer the patient, according to his needs, to a structure offering him the best chances of recovery

NEW PROFESSIONAL REFERENCES 2010 - 2014

Shared and consensual clinical practice indicators developed by all the professions involved in stroke management allow to improve and to monitor the progress of practices, based on the key elements of hospital management:

- Is the patient with a confirmed cerebral infarction given emergency aspirin therapy?
- What percentage of patients receive effective heparin therapy? (it is a warning indicator because there is little indication for heparin in stroke patients)
- How long is it before TIA patients undergo an investigation of the neck vessels?
- Are additional functional investigations performed within 7 days after the stroke?
- Is there an assessment of the patient’s needs and a management through rehabilitation? If so, within what timeframe?
- Does the patient have aspiration pneumonia?
- Are cognitive disturbances investigated?
- Is the patient’s care plan drawn up in consultation by the team, the patient and his circle?
- Is the patient referral proposal based on a medical evaluation of the prognosis and needs?
- Is the patient referred according to the optimal referral proposal?
- Is the patient’s living plan drawn up considering home assessment?
- Does the patient get appropriate treatment on discharge, including appropriate treatment of his risk factors?
- Does the discharge report give the contact details of the referral health professional of the care pathway?
- How long is the period between the referral decision and transfer?

These CPI were developed on the basis of numerous recommendations and professional references, according to the CPI method (HAS 2009)

- Initial management of adult stroke patients (HAS - 2002)
- Imaging of acute stroke (HAS 2002)
- Diagnostic management and immediate treatment of adult TIA (HAS 2004)
- Initial management of people who have had a stroke: admission to emergency departments, direct admission to a neurovascular unit or neurovascular intensive care unit, medical management in a care unit, paramedical management in a care unit, Clinical audits (HAS - 2005)
- Initial management of a patient consulting for symptoms of probable TIA present for less than a week (HAS 2007)
- Referral of stroke patients (SOFMER, SFNV, SFGG - 2009)
- Protocols for stroke management in the acute phase (SFNV - 2010)
- ...