Advanced Practice Summary Report

Project title	Implementation of a sustainable Upper Limb management program post stroke.
Health service	Northeast Health Wangaratta.
Project aim	Improving patient outcomes with upper limb deficits through the use of standardised assessment tools.

Key outcomes	• Positive impact on practice through all appropriate stroke clients admitted to inpatient and outpatient rehabilitation services were assessed using standardised measures. Improvements were measured in many patients.
	• Increased the % of therapists that reported that they were regularly completing the Box and Blocks from 38.4% to 77.8%, the Motor Assessment Scale from 61.5% to 77.8% and the Nine Hole Peg Test from 38.4% to 77.8%
	• Increased the use of repetitive task specific practice, which is an evidenced based intervention that people with UL deficits should be offered (recommended by the Clinical Guidelines for Stroke Management 2010).
	• Reduced the need for patients to access Constraint Induced Movement Therapy (CIMT) in metropolitan areas.
	• Given the successfulness of the pilot group and support from management at NHW, it is envisaged that the CIMT will continue to run 1-2 times per year. The number of clients included will be dependent on stroke clients who are deemed suitable for CIMT. In addition, it is envisaged that further staff will be trained in providing this intervention given the education resource has been developed. Given this, clients within Northeast Victoria will no longer need to travel to metropolitan areas to receive CIMT.
	• The CIMT resulted in patients receiving required frequency and intensity of therapy 5 days a week as recommended by Rehabilitation Stroke Services Framework:
	  • 90% of patients with UL receive an interdisciplinary approach in comparison to only 30% pre group.
	  • The CIMT group received therapy 4 times per week in comparison to only 1.8 sessions prior to CIMT introduction.
	  • CIMT patients received 135 minutes of therapy per week compared with only 50 minutes of therapy a week prior to CIMT introduction.
	• The data from the project indicates generally that clients with upper limb deficits are being seen more often than prior to the upper limb group.
	• Improved continuum of care for patients post stroke with upper limb deficits as they transition from inpatient rehabilitation to community rehabilitation.
	• Clients were able to meet therapists and clients and attend the outpatient setting prior to having their first appointment. This assisted in reducing anxiety for clients. Therapists also reported knowing the clients who are being referred for ongoing therapy as being beneficial.
	• Increased scope of practice/skills in Allied Health senior clinicians.
	• Credentialing, competency and capability working party deemed CIMT as Advanced Practice and two therapists were credentialed.

Total investment	Funding provided plus in-kind support: $35,950 • Funding costs included: Staffing and other costs • In-kind support costs included: Nil

Resources developed	1. Competency outline 2. Competency presentation 3. Competency questions with answers 4. Competency questions 5. Competency readings 6. Outcome measures 7. Constraint Induced Movement Therapy (CIMT) sign off 8. Publication Constraint Induced Therapy 9. Simulated session sign off