

# Research

What I discovered and how it could change practice

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Stroke RN Wd 24  
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# What we will look at

- ▶ The study - what and why
- ▶ What I discovered
- ▶ What we could do better

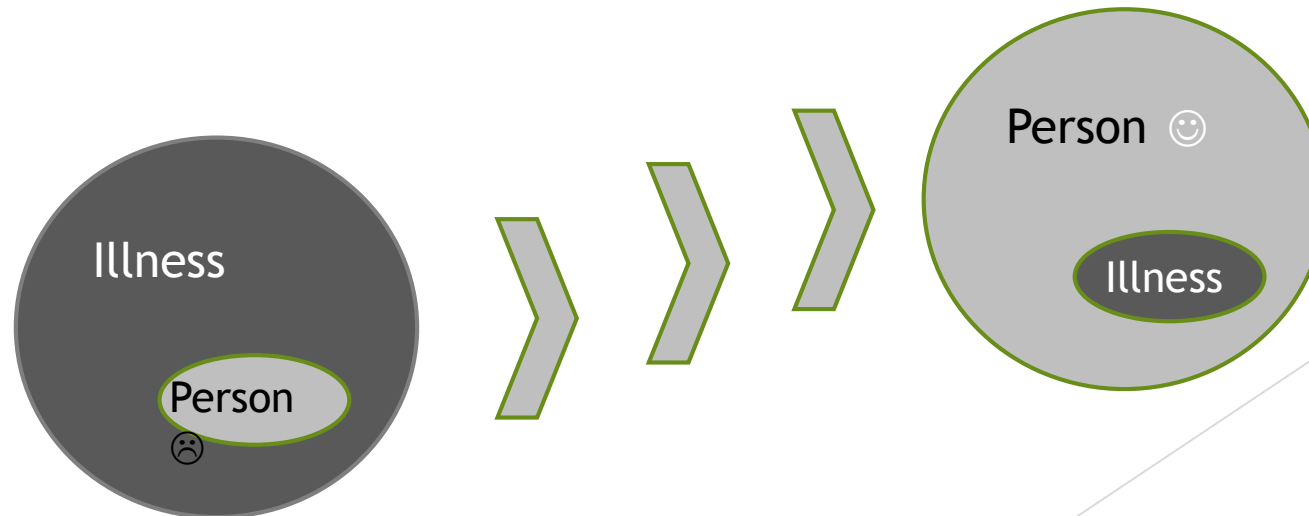


# TaCAS trial (Taking Charge After Stroke)

- ▶ New Zealand wide
- ▶ Medical Research Institute of NZ from Wellington
- ▶ Principal Investigator Harry McNaughton (Neurologist, Wellington Hospital)
- ▶ Randomised, single- blinded
- ▶ Non Maori, Non Pacific adults > 16 with acute stroke discharged to community living, not fully recovered from stroke (Modified Rankin Score>0) and living independently prior to stroke
- ▶ 400 patients 3 arms
- ▶ Control/1 TCS / 2 TCS
- ▶ Follow up by phone at 6 months and with a visit at 12 months post stroke

# Take Charge Session

Traditional Goal Setting	Take Charge
Semi-personal	Completely personal
Structured	Loosely structured
Teacher/coach/counsellor	Reflects person's own thoughts
Focus on what is do-able	Focus on what the person wants
Complete plan of future action	No plan is OK



# Challenges of research for me

- ▶ Didn't like cold calling
- ▶ Found it difficult to call to make appointments one or two weeks after discharge
- ▶ Finding where some people lived. More geographically challenged than I thought
- ▶ Getting the paperwork correct

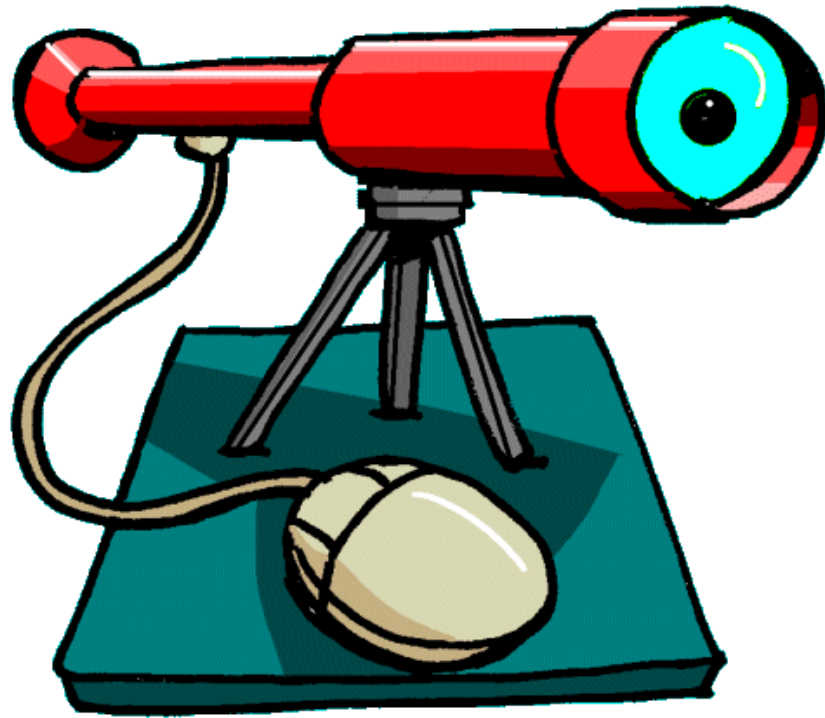


# What I enjoyed

- ▶ Seeing people in their own homes, what they had around them, what they were interested in, their photos and momentos
- ▶ Having the time to talk to people and hear their stories without rushing them.



# Issues I discovered







Driving



**Gains**



# Confidence and Isolation



Family

# Things we should consider at discharge so we can improve the patient journey

- ▶ It never 'only' a month that you can't drive - it has a massive impact on peoples lives
- ▶ Gains made in hospital don't always carry over into 'at home' life
- ▶ Patients confidence in the artificial environment of the hospital may be very different in the reality of being at home
- ▶ How isolated is the patient going to be
- ▶ Families and their feelings should always be considered

# What I would like to see

- ▶ More encouragement for patients to go on leave before discharge. You don't know what you don't know until you have to try to do it.
- ▶ More discussion with the family re their worries and concerns
- ▶ A visit to the patient early after discharge to check that everything is okay. A phone call is very easy to fob off and often people don't want to be a bother.
- ▶ A specific discharge coordinator

# Book

- ▶ BEING MORTAL - Illness, Medicine and What Matters in the End  
By Atul Gawande

# Finally

- ▶ Ask your patient and their family what is most important to them it may not be what you think.

