

Evaluating the Use of Mood and Cognitive Screening Tools in Lincolnshire Stroke Service

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AIMS

TEAM SET-UP

National Clinical Guidelines for Stroke (2016, 2023) recommend that all stroke survivors are routinely screened for mood and cognitive difficulties, using standardised assessment tools. An initial and repeated audit was undertaken in Lincolnshire Community Stroke Service (LSS) to identify:

1. If stroke survivors were being routinely screened for mood and cognitive difficulties
2. Which standardised assessment tools were being used by LSS staff for screening purposes
3. Which clinical professions in LSS were administering screening tools
4. The time at which stroke survivors were being screened for mood and cognitive difficulties



LSS is a county-wide community service providing short-term, specialist rehabilitation to all stroke survivors in Lincolnshire.

The service is split into 4 main hubs: Lincoln, Sleaford, Louth and Boston.

Each hub has the following staff mix:

- Speech and Language Therapists
- Occupational Therapists
- Physiotherapists
- Assistant Practitioners
- Rehabilitation Assistants

At the time of audit, there was 1.0 WTE Clinical Psychologist (Band 8A) and 0.8 WTE Assistant Psychologist (Band 4) covering the 4 hubs.

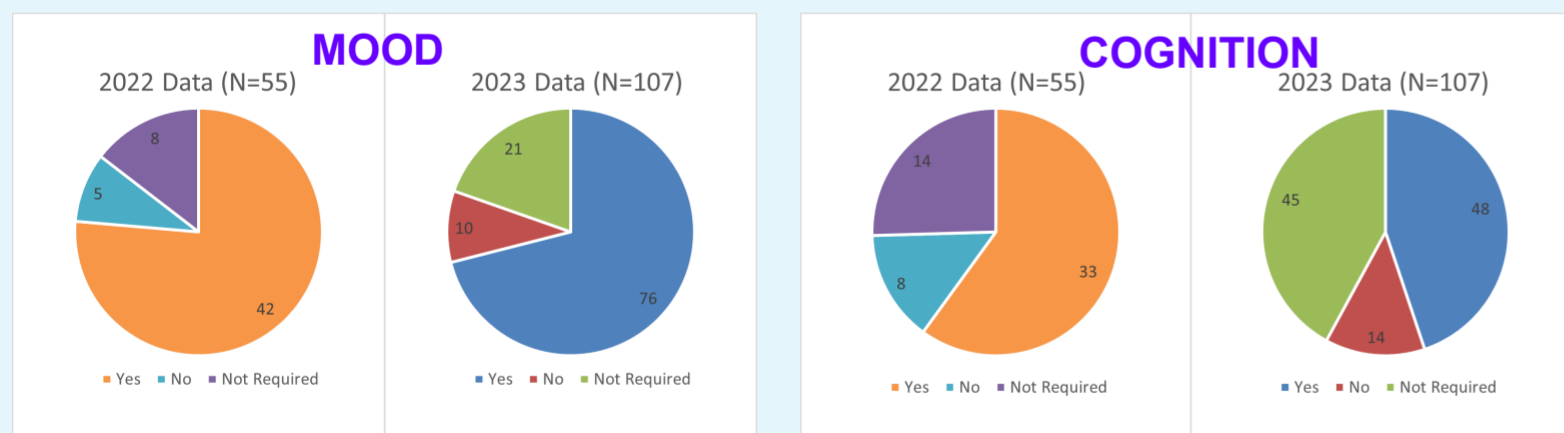
METHODS

1. SSNAP data reports were extracted for all stroke survivors discharged from LSS in January/February 2022.
2. The extracted data was then manually reviewed, to identify data relevant to the four key aims noted above.
3. Alongside this, a survey was sent out to LSS staff asking individuals to rate their knowledge and confidence of screening for mood and cognitive difficulties after stroke, and to identify any training already attended.
4. In collaboration with Clinical Service Leads, more defined mood and cognition screening pathways were developed.
5. Phase 1 training (completed April-August 2022): Psychology provided training to all LSS staff, covering best practice guidelines for mood screening, administering, scoring and interpreting mood screening tools (HADS or SAD-Q10).
6. Phase 2 training (currently in progress): A series of practical workshops aiming to upskill MDT staff in the use of cognitive screening tools, observations of cognitive difficulties and adapting rehabilitation for cognitive impairments (psychology-led).
7. A repeated audit following steps 1-3 was completed for all stroke survivors discharged from LSS in January/February 2023.

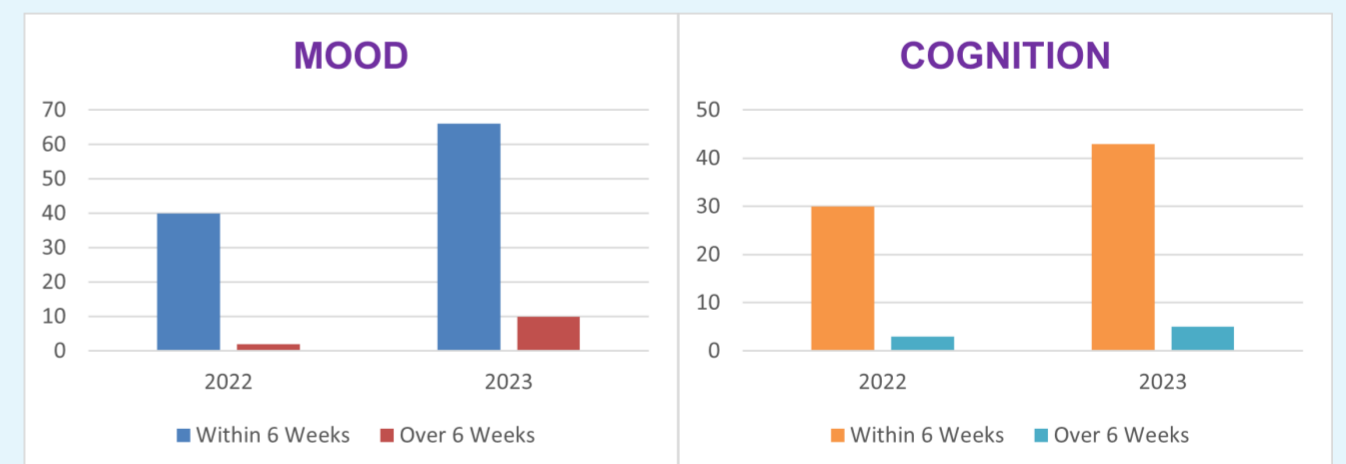
Around 70-75% of stroke survivors are routinely screened for mood difficulties and around 45-60% of stroke survivors are routinely screened for cognitive difficulties in Lincolnshire Stroke Service.

RESULTS

What proportion of stroke survivors were screened for mood and cognitive



When were stroke survivors being screened?

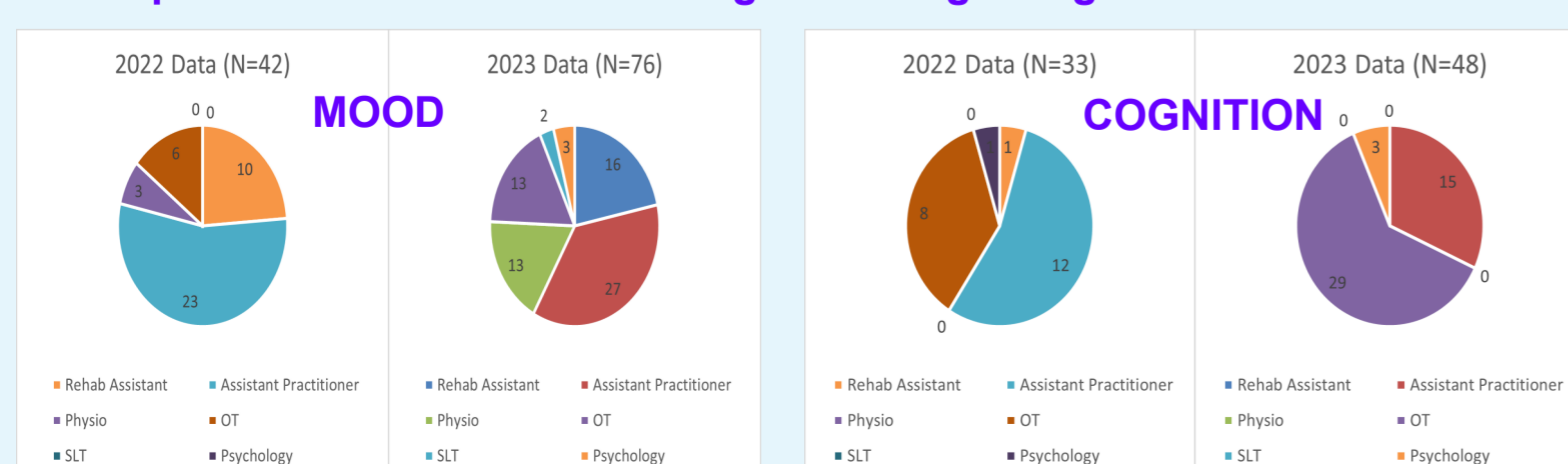


Which standardised assessment tools were being used?

MOOD	2022 (N=42)	2023 (N=76)
HADS	-	56 (74%)
SAD-Q10	-	5 (7%)
Distress Thermometer	40 (96%)	14 (19%)
Other	1 (2%)	-
Unknown	1 (2%)	1 (1%)

COGNITION	2022 (N=33)	2023 (N=48)
OCS	17 (51%)	56 (74%)
Perceptual only (BIT)	13 (39%)	5 (7%)
MOCA	1 (2%)	-
Rookwood	1 (2%)	1 (2%)
Other	1 (2%)	1 (2%)

Which professions were undertaking screening using standardised tools?



CONCLUSIONS AND REFLECTIONS

- Routine screening for mood and cognitive difficulties remains an important part of community stroke care.
- The rates of screening were comparable in 2022 and 2023.
- Reasons for non-completion were more frequently reported following training, e.g., patient declined, patient medically unwell, patient recently screened in acute.
- Of those who were screened, this was most frequently within 6 weeks of referral.
- There was a significant increase in the amount of referrals into the service between 2022 and 2023 (average 19 per week, increased to average 27 per week), at the same time as increased service pressure and staff shortages.
- Training may encourage those professions who do not typically screen for mood problems (e.g., physiotherapy) to undertake screening as part of their role.
- There was a direct correlation between staff who had/had not attended training and self-rated confidence in administering, scoring and interpreting screening tools.
- There is a high turnover of staff in LSS, meaning that repeated training is needed more frequently to ensure consistency.

