

Staff understanding and perceptions about the role of neuropsychology in a hyperacute stroke unit

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Background

Post-stroke mood difficulties and cognitive changes impact activity, participation, and can have detrimental long-term consequences (Ayerbe et al., 2013; 2014; Stolwyk et al., 2021). Neuropsychology is considered a core component of multidisciplinary teams (MDTs) in stroke rehabilitation (National Institute for Health and Care Excellence, 2023) and the National Clinical Guideline for Stroke (Intercollegiate Stroke Working Party, 2023) recommends 0.28 WTE of neuropsychology per 5 beds.

Despite this, neuropsychology is not available in all hyperacute stroke units (HASUs). The impact this has on prognosis is apparent, as patients are often discharged with unmet needs, particularly in relation to mood and cognition (Crow, 2018). Despite the limited literature in this area, previous studies have highlighted the necessity of neuropsychology input on a HASU. Martin et al. (2021) recognised cognitive assessment as the main neuropsychology need on a HASU, followed by mood and family support. Khan-Bourne et al. (2017) identified 'mood/emotional issues' as the most common referral reason, followed by 'cognitive difficulties', then 'behaviour'.

To better understand the clinical need for neuropsychology in a large HASU in the North West of England, a Quality Improvement (QI) project was undertaken.



Aims

(1) Ascertain staff understanding about the role of neuropsychology in a HASU

(2) Elucidate staff priorities regarding HASU neuropsychology input

(3) Determine how neuropsychology input should be delivered

Methodology



Setting

Hyper-Acute Stroke Unit



Mixed Methods

Electronic survey distributed via email

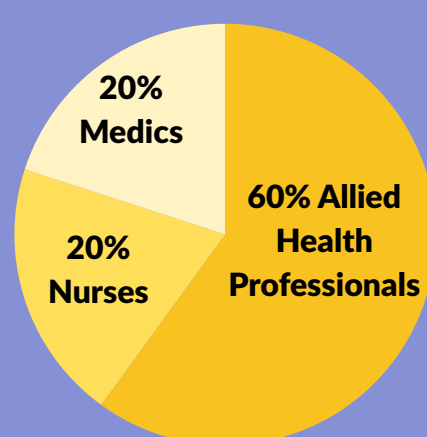


Analysis

Descriptive statistics

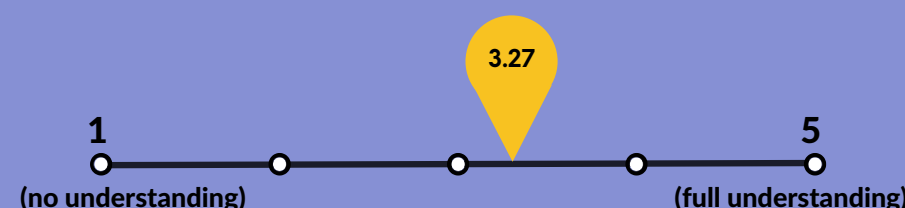


Sample (N = 15)

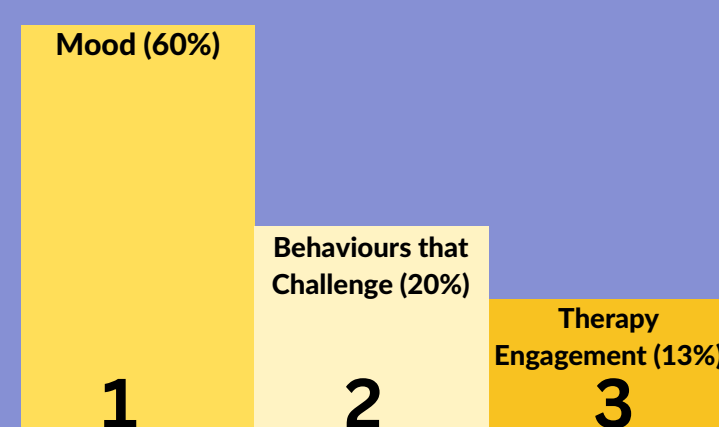


Results

(1) Staff ratings of their understanding of the role of neuropsychology



(2) Priorities for neuropsychology input



(3) How could neuropsychology support be best delivered



Discussion

The survey highlighted the perceived need for neuropsychology provision on a HASU, particularly prioritising mood.

Whilst the mean score for understanding of neuropsychology suggested a moderate level of awareness regarding the role, there was room for improvement. This would clarify when and how to involve neuropsychology, thereby improving referral quality, efficiency, and patient care. Results relating to referral priorities were somewhat commensurate with Khan-Bourne et al. (2017), but in contrast to Martin et al. (2021), whom found that cognitive assessment was a priority. This could be due to differences in local stroke pathways, or methodological discrepancies. Qualitative data highlighted that neuropsychology input could be multifaceted, including direct patient work, joint sessions, and indirect approaches, such as MDT consultation or staff "upskilling". Considering these suggestions, a blended approach to neuropsychology delivery may maximise its impact, especially where staffing is limited.

The present findings must be interpreted with caution, due to the small sample size, which lacked nursing staff representation. Any replication of the study should aim to utilise a higher proportion of nursing and medical staff to capture their perspectives, supporting integrated care planning and strengthening any potential case for change.



Future Directions

- Requesting "dummy" neuropsychology referrals for HASU patients for a period would help triangulate the present findings and identify gaps between perceived and actual practice.
- Undertaking Patient and Public Involvement and Engagement is recommended, to gain the perspectives of previous HASU patients' and their families. This insight will ensure any proposed neuropsychology input aligns with lived experience.

These next steps would provide a stronger basis for targeted intervention and subsequent justification for neuropsychology provision. However, given lack of funding in the NHS at present, interim support is required. Based on this work, this will include psychoeducation around the role and remit of neuropsychology, supporting the wider MDT to access relevant training, and providing a resources hub to be utilised in the absence of dedicated neuropsychology support.

References

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