



Successful and innovative statewide evidence translation

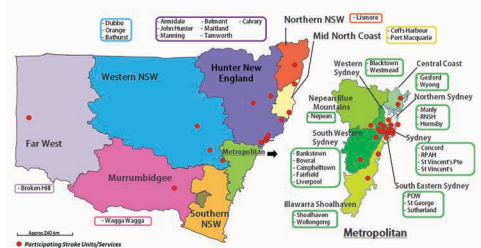
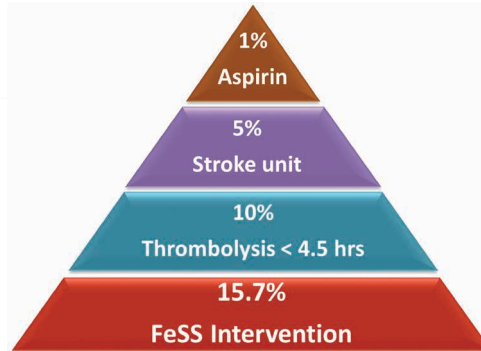
Introduction

The Quality in Acute Stroke Care (QASC) Trial showed that supported implementation of clinical protocols to manage Fever, glucose (Sugar) and Swallowing dysfunction (FeSS protocols) for 72-hours following stroke decreased death and dependency by 16 per cent (p=0.002); significantly improved fever, glucose and swallowing management; and decreased length of stay by two days. We partnered with the NSW Agency for Clinical Innovation (ACI), 15 local health districts (LHDs), clinicians and the National Stroke Foundation (NSF) to implement these FeSS clinical protocols in all 36 NSW stroke services. This 14 month collaborative, translational research project ran from April 2013 to June 2014 and was called the Quality in Acute Stroke Care Implementation Project (QASCIP).

Key activities

QASCIP established:

- 1) A model for strategic collaboration as one of the first translational partnerships conducted by the ACI
- 2) A comprehensive method of recruitment involving key stakeholders
- 3) Use of an evidence-based implementation strategy proven to reduce death or dependency and decrease length of stay
- 4) Involvement of all NSW stroke services
- 5) Involvement of rural and metropolitan hospitals
- 6) Use of existing audit data collection tools and processes
- 7) A model to support translational activities at the local level
- 8) Rapid translation of evidence to practice.



Key achievements

The QASCIP was a landmark translational project that achieved better service delivery by providing multidisciplinary clinician education, barrier assessments and clinical champion support. Results showed significantly improved service outcomes across the state, namely, increased proportions of patients received care according to the fever (pre:68%; post:78%; p=0.003), sugar (pre:23%; post:34%; p=0.009), and swallowing (pre:43%; post:51%; p=0.039) protocols. These findings are clinically important as the original QASC Trial demonstrated the association between improvements in these service outcomes and decreased death and dependency for stroke patients. Hence, we are confident these results likely improved outcomes for patients.

Acknowledgements

- Clinical Champions
- National Stroke Foundation
- Agency for Clinical Innovation
- Nursing Research Institute
- Local health districts

