

ACHIEVING 'TEAMWORK': A GROUNDED THEORY INVESTIGATION IN SELECTED STROKE UNITS IN THE NORTH OF ENGLAND

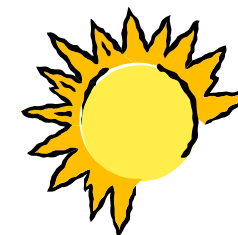
This article will summarise some interim findings from ongoing qualitative research into the achievement of 'team work' in two stroke units in the region. Co-ordinated multidisciplinary team working is considered to be one of the cornerstones on which the successful outcomes of stroke units are built. The processes involved in achieving successful teamwork in stroke units however, have received little attention in research terms. Much of the established literature in the social sciences paints a negative and at times depressing picture of professionals in conflict with each other, struggling to preserve disciplinary boundaries and seeking to retain power and influence over their area of professional practice. The root causes of these barriers to the achievement of effective team working are seen to be separate professional education and socialisation, traditional medical dominance in clinical practice settings, and the concern of professions allied to medicine to retain hard won autonomy in their clinical practice. These factors it is argued, make teamwork and the realisation of patient centred care difficult to achieve. The current research asked how the two stroke unit teams achieved teamwork. The data collection to date has involved participant observation (200 hours), semi-structured interviews (n= 20) and documentary analysis. The two units are rehabilitation units as opposed to acute units and have been open for more than four years. The units are very similar in terms of number of beds, range of team members, level of equipment, space and resources.

Interim findings suggest that these are effective teams in the sense that they have moved beyond

being a multidisciplinary group working in parallel, to being integrated interdisciplinary teams where a commitment to collaborative action, for and with the patient, is moving toward fully realising many of the National Service Framework standards for stroke care. But how have the teams achieved this? A number of themes seem important at this time, these can only be mentioned here but perhaps this commentary will stimulate debate about their relative importance. Most team members appear to have made an active commitment to work in stroke unit, this seems to be based on positive views and experiences of rehabilitation as an area of care where there is time and the need, to understand, get to know and work with the whole patient. For these team members, person centred care appears to be more than policy based rhetoric. This shared value appears to underpin collaborative team working, where breaking down or blurring professional boundaries is seen as the only way to bring about the required standard of care for patients. Thus most team members commented that there was 'no need to be precious' about passing on disciplinary skills and knowledge if it was for the patients benefit. The teams have invested heavily in shared education and training for all grades of staff, which appears to have resulted in understanding not only the roles and actions of other team members, but also the rationale underpinning their work. Team members seem more likely to comply with, or carry out care prescribed by other professional groups if they have this understanding of the rationale for care prescription. Communication is clearly important for all teams but the distinctive feature in these teams appeared to be the value of opportunistic dialogue. Observations indicated that frequency of contact, shared working and being easily available to other team members mean that planning, goal setting and revision, and also

problem solving, was occurring on a continuous basis and did not rely only on formal team meetings. Conflict and disagreement was not absent, but the well established professional relationships developed over long periods of time in these units, appeared to have resulted in a team culture where disagreement and challenge was not perceived as criticism or threat and was actively worked through to 'get a result'. These comments barely scratch the surface of the processes observed and discussed with team members in the two units, but at this stage they do suggest that some stroke units teams clearly do not conform to the established wisdom that conflict is more likely than collaboration. The study continues and it is hoped that the findings will contribute to the evidence base relating to development and maintenance of effective stroke unit teams.

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SUNY (Stroke United Network Yorkshire)

The National Service Framework for Older People makes a number of recommendations about the provision of services for stroke patients including the evidenced-based recommendation that all general hospitals should have a specialist stroke service in place by 2004. However a number of

knowledge gaps remain and further research is required to extend the evidence-base to establish improved treatment strategies for stroke patients and their families.

A collaboration of 16 stroke units/teams across Yorkshire has been formed to develop processes and procedures to undertake multicentre trial evaluation of rehabilitation interventions (SUNY Stroke United Network Yorkshire). To date much rehabilitation research has been undertaken in single centres. This has inherent limitations including individual expertise, special commitment and enthusiasm of the rehabilitation staff, patient selection and a distinctive local setting. The SUNY collaboration enables large numbers of patients to be recruited, facilitates exploration of specific interventions on selected groups of patients and enhances generalisability of research findings. We hope that the Network will also disseminate information and advice about research methods and provide training opportunities.

SUNY is open to all. Please contact Anne Forster, Dept. of Health Care for the Elderly St Luke's Hospital, Bradford for further information
Tel: 01274 365311, email A.Forster@Leeds.ac.uk.

All ideas, comments, suggestions welcome!

LEEDS STROKE DATABASE – AN IMPORTANT INFORMATION RESOURCE FOR DECISION MAKING

I was appointed as the Manager of Leeds Stroke Database just over a year ago, taking over from Pauline Brunyee who was until then Project co-ordinator. Under the management of Pauline, the

department achieved a great deal and developed into a formidable information resource since its formation in 1994 with the help of all the stroke Consultants and other administrative and Nursing staff.

As the Manager of the Leeds Stroke Database my task now is to introduce new ideas, systems and procedures to:

- Continue and improve the efficient running of the department
- Continue and improve the data quality
- Ensure that all necessary data is captured and processed
- Work together with all the Stroke Consultants and other medical and administrative staff towards achieving the Stroke Services Standard as laid down in **Standard 5 of the National Service Framework for Older People.**

For a database to be effective and regarded as an important information resource for decision-making, all the necessary processed data/information must get into it. At present any Leeds resident who has a Stroke and is admitted to Leeds Teaching Hospitals (LGI, SJUH, SEACROFT HOSPITAL, WHARFEDALE HOSPITAL and CHAPEL ALLERTON HOSPITAL) will be on database with the exception of patients with **Transient Ischaemic Attack (T.I.A)** who at present are not included in the database.

But what about those patients who suffered Stroke in the community who are not admitted to any of the hospitals?

Leeds Stroke Database will only be useful and effective when valid and accurate information is being drawn from it. Two of the major aims of the Database are to provide information through the six monthly reports and other ad-hoc reports to all stake holders, both internal and external to the Trust to facilitate decision making and service provisions and to facilitate Stroke research, but always with the **express permission of patients concerned.**

If we know how many patients in Leeds have suffered a Stroke at any point in time and the severity of their Stroke, it will then be possible to plan effectively for their care. This of-course applies equally to community as well as hospital services. Plans to collect information about patients treated at home with Stroke in the community were initiated a few years ago however, as at present we are still finding it difficult to collect information on all patients treated at home. Only few GP practices have continued to notify us of such patients.

Leeds Stroke Database needs the co-operation of all GP's practices in Leeds to make this system work. At present a standard **Stroke notification form** for patient's name and D.O.B and GP's stamp and contact together with **Patient information leaflet** (which explains the purpose of the database) are sent to GP's who are prepared to assist us in this way. The form can be faxed or posted to us, or details given to us over the phone only if after given the patient information leaflet to the patient he/she **agrees to be included in the database.** A copy of the Stroke notification and patient information leaflet is enclosed with this newsletter to all GP's practices in Leeds.

To plan effectively for Stroke services in Leeds we need to know about all Stroke patients in Leeds. If you can help in anyway or if you have any ideas on how the system can be developed further please contact me by e-mail: olasupo.ogunyinka@leedsth.nhs.uk or by phone on 0113 3928079 or at the address below:

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LEEDS STROKE NEWS

Following a successful expression of interest, a formal bid has been submitted to the HM treasury's **Invest to save scheme**. The bid is for just over £1.2million to fund a 3 year pilot of a multi-agency community rehabilitation and reintegration scheme for those with neurological and other long term conditions. A large number of individuals from health, social services and the voluntary sector helped pull the formal bid together in time for the deadline. Successful bids should be informed by February 2003, with the funding provided from April 2003 to 2006. Thanks to everyone who helped with this bid.

A whole system redesign of stroke services event is planned for the end of January 2003. More than 100 people from all aspects of stroke services including LTHT, PCTs, Social Services and the voluntary sector are expected to attend. The event has the backing of Neil McKay, Chief Executive at LTHT, Keith Murray, Director of Social Services and Chris Reid, Chief Executive of Leeds West PCT on behalf of the 5 PCTs as the lead PCT for commissioning stroke services. Priorities for change identified by participants at this event will direct future planning for stroke services in Leeds. For further information, please contact Debbie Neal, Stroke Project Manager – Tel 0113 3059449, or E-mail debbie.neal@leedswest-pct.nhs.uk

Debbie Neal – Stroke Project Manager

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CERTIFICATE IN STROKE CARE

BOOK NOW! BOOK NOW! BOOK NOW!

Enrolment for the Certificate in Stroke Care is now under way. If you would like information about the course please contact Anne Forster on 0113 3435654 E-mail: a.forster@leeds.ac.uk or for application forms Elizabeth Yates on 0113 3431213 E-mail: e.syates@leeds.ac.uk

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Welcome to the latest edition of "Leeds Stroke Review"

This edition features an article on “**A grounded theory investigation in selected stroke units in the North of England**” by David L Clarke – Lecturer in Nursing, School of healthcare studies, University of Leeds. **SUNY (Stroke United Network Yorkshire) project** by Dr Anne Forster – Principal Research Fellow, School of healthcare studies, University of Leeds and an article on “**Leeds Stroke Database – An important information resource for decision making**” by Olasupo Ogunyinka – Manager – Leeds Stroke Database.

If you would like to submit an article for the next edition of the Leeds Stroke Review please contact Olasupo Ogunyinka at the address below.

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