



UNIVERSITY OF  
LIVERPOOL



## **RESULTS: The impact of providing VISION resources to healthcare professionals**

*"I did not previously feel I had sufficient knowledge and confidence to correctly identify problems"*

### **Demographics**

An online survey (web link opened 2/6/2019) was conducted to assess the impact of providing VISION resources to healthcare professionals who had applied for a licence agreement to use and download the free VISION resources. There were 20 responses. The majority of these were orthoptists (60%) or occupational therapists (20%). The other 20% (Clinical Neuropsychologist, 3rd Sector Family Support, and Lead Stroke Nurse) a larger proportion of respondents worked in NW England (35%) Wales (20%) and the South East (15%). Two respondents were from overseas.

### **Stroke admissions and screening**

Respondents were asked about the throughput of stroke admissions per year of their units. Seven left this blank or answered N/A. Throughput ranged from 40-1400 stroke admissions per year (with the average number per unit being 460 per year).

Fourteen respondents (70%) stated that their stroke unit routinely screened for vision issues after stroke. Screening was mostly carried out by occupational therapists (35%) or the Nurse/doctor admitting the patient (25%); only 10% of respondents stated an orthoptist screened stroke patients.

### **VISION resources**

85% of respondents had used the VISION free resources since downloading.

There were a range of ways the resources had been used. Several mentioned they were used to provide patient/carer information;

*"For providing information to patients and their family/carers regarding the visual problems they are experiencing"*

*"Showed nurses, student nurses and orthoptist patient exercise book."*

*"Used on the ward, also based our proforma on them. We also use the caring for your prism leaflet in the eye clinic"*

*"We have used the questions to improve our history taking. We have sent posters to the stroke units and wards."*

*"Vision workbooks are a useful tool for patients with hemianopia"*

Respondents were asked to rate which information from the VISION free resources was most useful to them:

### % VISION resources respondents found Extremely/Very Helpful



## Uses of the VISION resources

Respondents utilised the resources in a number of ways; several mentioned sharing the resources with their team and wider workforce and using the resources to plan comprehensive pathways and proformas for handover information.

*“The assessment has given the team greater confidence in identifying problems with vision. People are now being more appropriately referred onto our orthoptic service”*

*“I used these with the team to ensure they are clear about what they are saying about driving.”*

*“Helpful in providing information to patients as they have a lot to take on board. It can be forgotten so it's a great prompt for them, and for their family/carers. From the list above, there are some leaflets I don't seem to have so will be having another look at the resources given as there are some listed above which would be so helpful! “*

*“[My] organisation [are] looking to implement a formal stroke unit pathway. I have made recommendations to include vision screening as part of initial assessment but it hasn't moved past the planning stages so no referral pathway is in place yet. We only assess patients who are referred specifically for orthoptic services and none received since [I] downloaded the resources”*

*“Showed resources mainly activity books, to orthoptist, other nurses on professional forum and to student nurses on their welcome study day together with a presentation about a stroke and vision”*

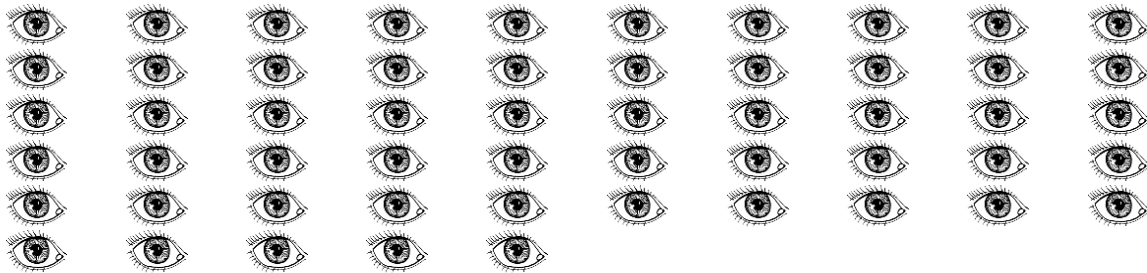
*“As we are now using electronic patient records, patient proformas are difficult to incorporate into practise. Patient information leaflets are very helpful.”*

*“As we are still trying to establish orthoptic sessions for the acute stroke team, this information provides an invaluable resource to help bridge the gap, to educate OTs, others in the stroke team, and patients and their families. “*

*“Mainly to deliver patient information and use of the assessment / referral form. It ensures a comprehensive handover of information to the orthoptist and the flow chart is a clear pathway.”*

## Changes of practice attributed to the VISION resources

Just over half (55%) of respondents stated that accessing the VISION free resources had resulted in a change in their practice.



These changes of practice were wide ranging, from now routinely checking vision after stroke, to using as a proforma for checking vision, increasing confidence and supporting informed decision making

*“Vision is now routinely checked with our stroke patients and it has helped patients to understand the changes in vision”*

*“Yes they are a part of a bigger service change to improve visual information for our patients, referral to ophthalmology and access to ECLLO. I had no activities for vision prior to using your resources so that is an improvement. “*

*“Able to take a more thorough history, great template for testing patients as well. Info leaflets are excellent for patients as well as staff. “*

*“Although not used yet, I have included them in my toolkit. It has increased my confidence at being able to assess a patient that is having difficulties beyond a typical nerve palsy/diplopia”*

*“Patients are more informed regarding partial sight registration and can make an informed decision when seeing the doctor”*

*“The resources helped me to raised awareness about complications following stroke “*

*“We have used the assessment proforma to base our new proforma for bedside assessment on.”*

*“The activity book is really useful to give people a guide to what they find difficult and what they should do more of. We were already using BIOS leaflets but and an examination proforma but it is always useful to have more information.”*

*“As access to orthoptist has now changed, we are needing to do more education around vision. Patients in Bury are often left feeling abandoned with nowhere to turn if they have queries regarding their vision so standardised literature helps”*

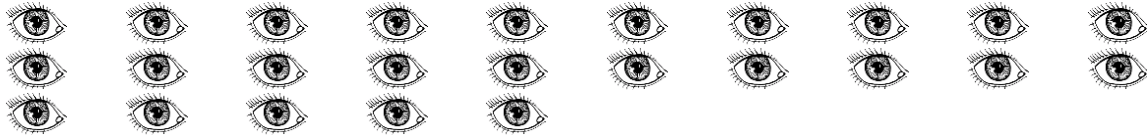
*“OTs able to give more information to patients, and are more confident in making vision referrals.”*

*“We do use the template now which makes or assessments clearer to the multidisciplinary team”*

*“Mainly the assessments have improved as they now consider all elements of the referral form.”*

### **Changes of policy attributed to the VISION resources**

Fewer respondents (25%) felt that accessing the VISION free resources had resulted in a change in their unit's policy but several now provided information leaflets to every patient



*“In conjunction with other leaflets, we now have a policy that all patients are given written as well as verbal information when leaving the clinic”*

*“Patient information leaflets [are now provided] for every patient”*

*“The OTs are providing more vision information to patients.”*

*“It’s on our protocol to give information to patients / family / carers off the back of the resources”*

### **Changes of Service Management attributed to the VISION resources**

One respondent felt accessing the VISION free resources had resulted in a change in service management. Many were attempting to effect change to build more integrated services

*“We do not have a local orthoptic service and have to refer into another service”*

*“Pending - stroke lead has been trying to get a meeting with lead ophthalmologist but we are struggling to get a date sorted. I’ll be attending this meeting. “*

*“Not yet!”*

*“Already developed”*

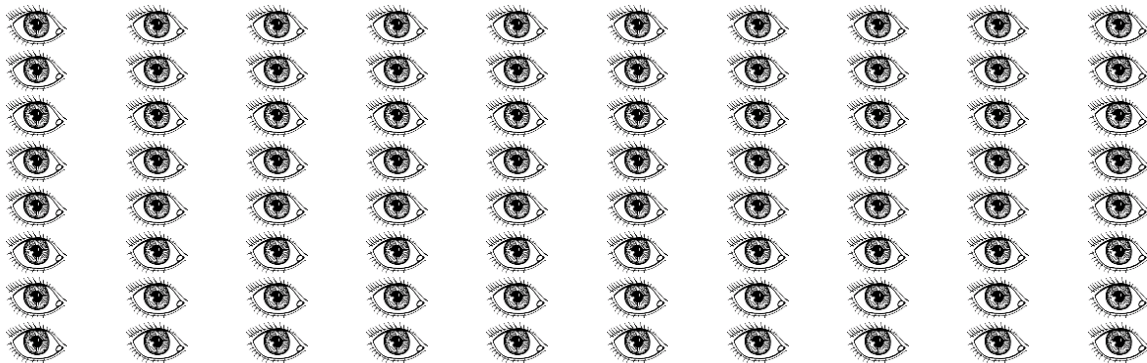
*“These items have helped to enhance our service and publicise visual issues to colleagues in the stroke teams”*

*“We would love to return to this method of practice”*

*“Not yet! We are still trying to set up an integrated service, the Vision free resources are proving invaluable as part of our evidence. “*

*“It’s enhanced our service by education of patients / staff but not changed management”*

80% of respondents felt these changes would not have occurred if they hadn't accessed the free VISION resources



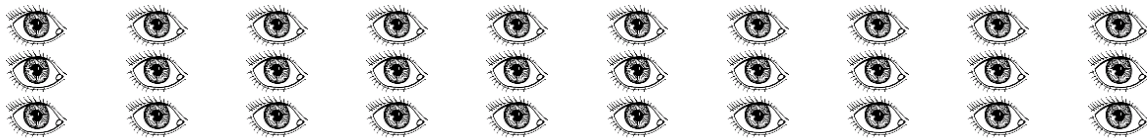
*"I did not previously feel I have sufficient knowledge and confidence to correctly identify problems"*

*"We didn't have any resources in our dept before we got the [VISION] resources but they are a part of bigger changes"*

*"It would have taken a lot longer [without them] and we are grateful to have information produced that has good provenance."*

*"Policy change has altered the service"*

Three respondents (15%) wanted to make changes to the resources



They suggested:

*"Different levels of activity books"*

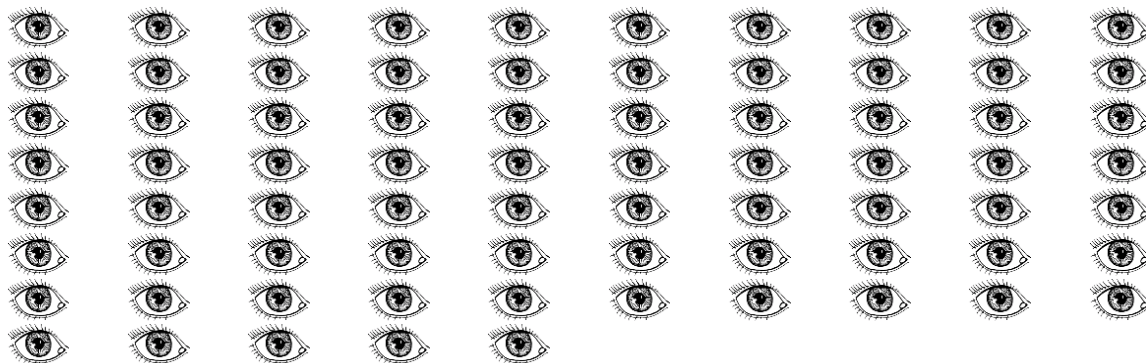
*"Just the size of the vision driving poster so that the letters viewed at 6 metres are accurate"*

*"Template- would be good to have a space where we can document the date of assessment, name/number on page 2 and type of stroke"*

*"I was not aware of some of the leaflets available so perhaps when new leaflets are made available there could be some publicity through BIOS?"*

## Challenges the delivery of vision related care after stroke

75% of respondents felt there were challenges or barriers to the delivery of vision related care after stroke in their department



These ranged from issues due to time/turnover:

*“Quick turnover of patients means we do sometimes miss them before they move on. We have a referral system in place though for clinicians to refer them to our outpatient ophthalmology stroke service. “*

*“Having sufficient sessions throughout the week to ensure all inpatients have access to vision related care including those who are only in hospital for a short time”*

*Fast rotation of patients in a hub and stroke rehab and acute care model*

*“It would be easier if we had a more accessible orthoptic service that we could directly liaise with”*

*“Time! I get an hour a week to see inpatients, it’s just not enough!! Pushing for more...”*

Issues due to lack of resources:

*“lack of ophthalmology on ward”*

*“Not having access to an orthoptist”*

*“Not funded by the ward so limited resources”*

*“Funding to provide orthoptic input to the acute team”*

Issues due to Management of hospitals/health services:

*“Manpower and an imminent reorganisation of health boards will provide a challenge”*

*“Referrals now go through the GP this means a lot of extra work chasing GPs asking them to refer. Waiting for support to establish how vision is impacting upon function. There is no longer a free flowing communication pathway with the orthoptist team”*

*“No appropriate community orthoptic service in the community, patients relying on opticians who often refer to ophthalmology.”*

Only one respondent thought there needed to be more education on the value of vision screening:

*“Education amongst doctors involved with patients suffering stroke. In particular, the value of vision screening”*

90% of respondents had shared information about the VISION free resources with their colleagues.

Specific stories recalled by respondents:

*“[They] have helped to identify people who were worried about telling staff about problems on the ward. It has also helped one patient who was told she had a problem with her vision, to be assessed and find the problem was no longer present”*

*“Mostly having a paper resource for those who can’t go on line especially the activity booklet. Not every older person has internet access so this is a valued resource. “*