

USING NEW FORMS OF MEDIA TO DISSEMINATE THE 2016 RCP GUIDELINE FOR STROKE

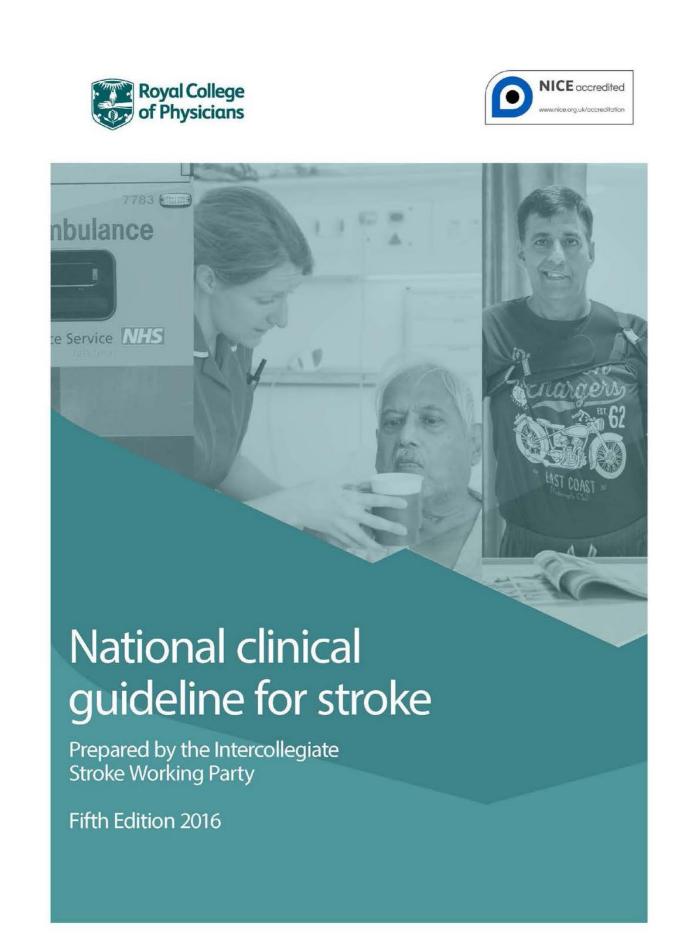
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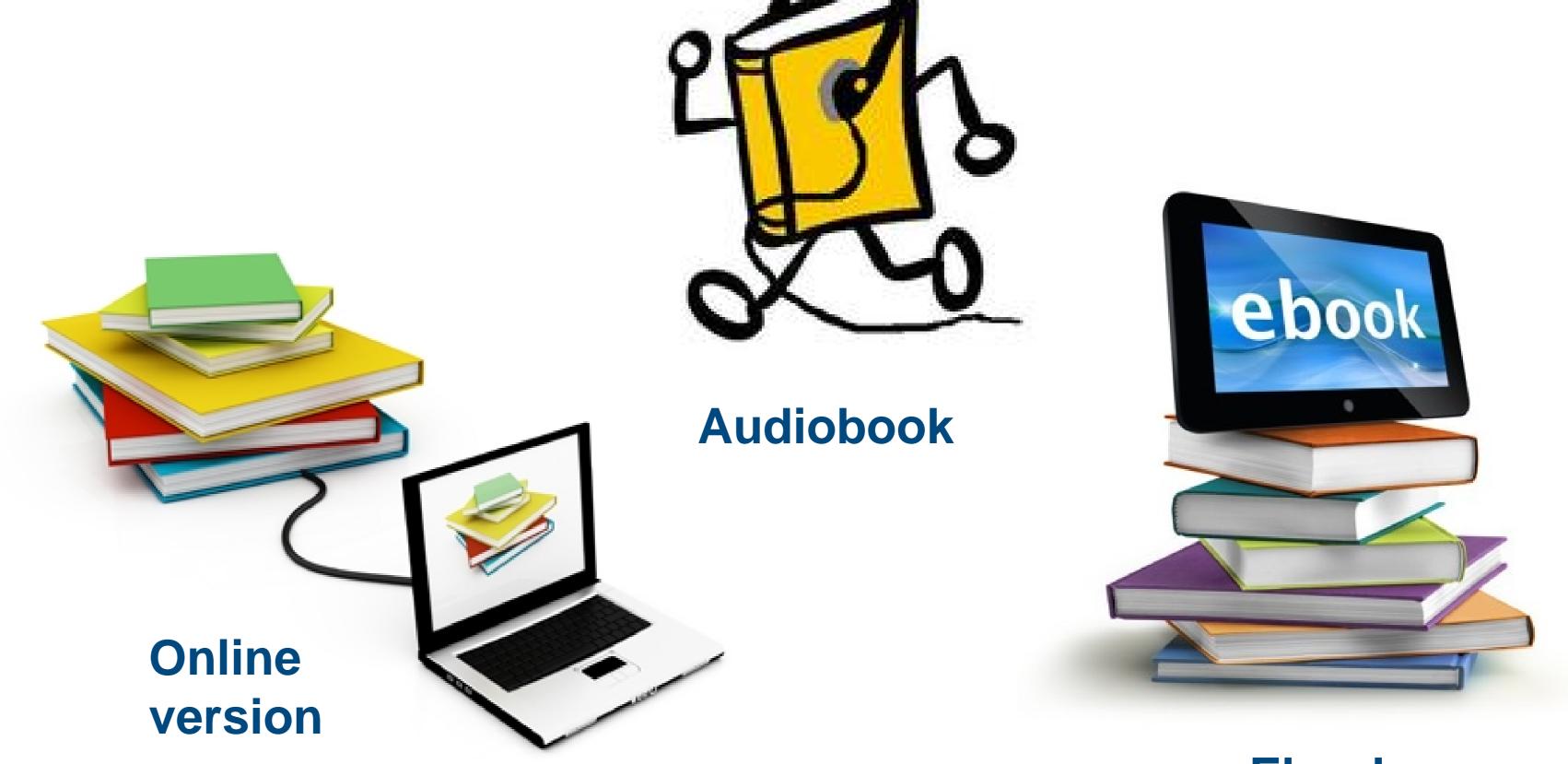
BACKGROUND AND AIMS

The 2016 National Clinical Guideline for Stroke was published by the Royal College of Physicians in October 2016. It is a world renowned publication which provides a comprehensive examination of stroke care and is overseen by the Intercollegiate Stroke Working Party (ICSWP), a multidisciplinary professional steering group. To ensure dissemination was to a wide audience including those not directly involved in stroke, new forms of media were used to enhance the reach, scope and engagement of the Guideline.



METHOD

The ICSWP were consulted about different approaches for producing the Guideline using innovative media platforms such as Ebooks, audio and various different platforms for reading the guideline online. Meetings were held where various production and dissemination solutions were appraised. Close collaboration with patient representatives was maintained to ensure that content was accessible and meaningful to patients and carers.



Ebook

ncy and admission to institutional care (Fearon et al, 2012). The

reatment delivered in practice, and in the impact of ESD teams

ESD team should at least match the levels in the trials that earon et al, 2012) and should be sufficient to deliver treatment at

with stroke is so much shorter than when many of the trials were

al therapy pre-discharge home visits after stroke (Drummond et al,

vided useful data on the costs of home visits and tested an

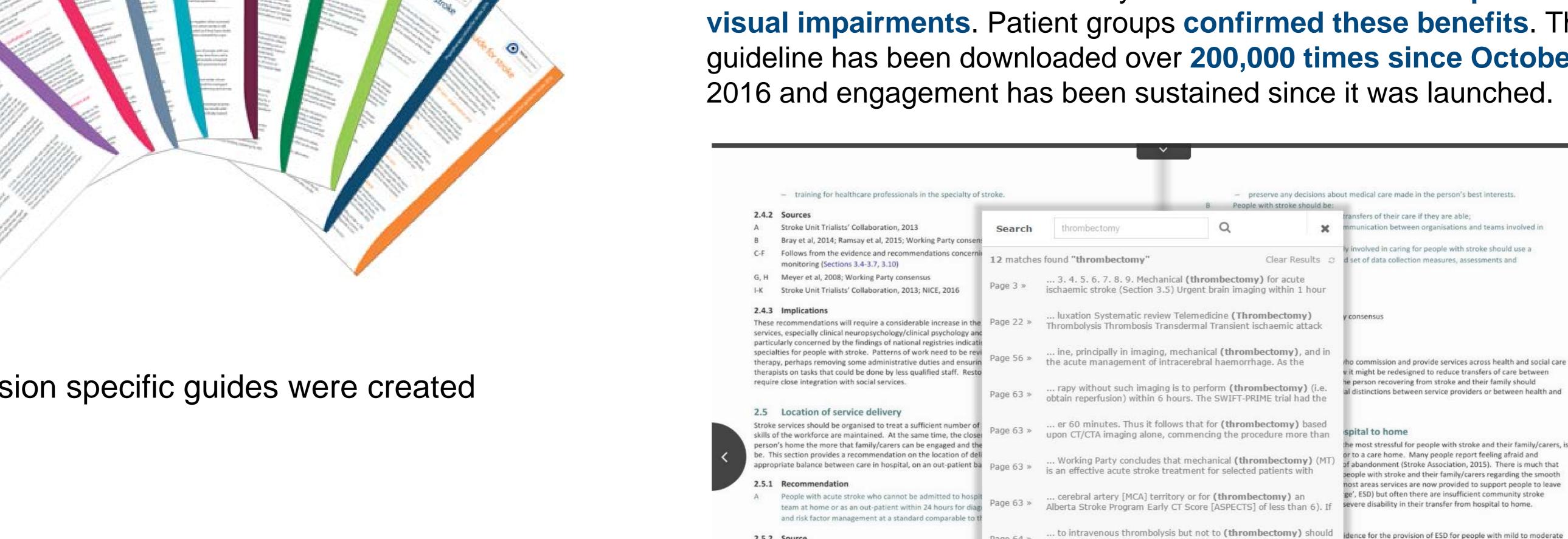
g programme for caregivers of in-patients after stroke (Forster et

ention over usual care, although a subsequent process evaluation

sing photographs or videos.

RESULTS

The Guideline was published as an online, bespoke document. This allowed readers to bookmark pages, make notes, and use sophisticated search functions. Ebooks were created to enable accessibility to the Guideline on-the-go. We created an audiobook as an alternative to a written only Guideline for those with aphasia or visual impairments. Patient groups confirmed these benefits. The guideline has been downloaded over 200,000 times since October



Working Party consensus

2.6 Transfers of care – general principles

Many people who survive a stroke will interact with several differe

primary care, specialist acute stroke services, specialist rehabilitation

generic community services etc. This section covers general print

between these agencies. Transfers of care out of hospital are cover

Transfers of care for people with stroke between different

not require the person to provide information alread

ensure that all relevant information is transferred.

occur at the appropriate time, without delay;

maintain a set of person-centred goals

The guideline included a sophisticated search tool for clinicians You can view the guideline at www.strokeaudit.org/guideline

Page 151 » ... H, Dippel DW, et al, 2016. Endovascular (thrombectomy) after large-vessel ischaemic stroke: a meta-analysis of individual patient

8 hours after symptom onset in ischemic stroke. New England

. Diener HC, et al, 2015. Stent-retriever (thrombectomy) after

.. r providing safe acute ischaemic stroke (thrombectomy). BASP.

intravenous t-PA vs. t-PA alone in stroke. New England Journal of

.. o A, Cobo E, de Miquel MA, et al, 2015. (Thrombectomy) within 2.11).



Various profession specific guides were created

CONCLUSION

Disseminating information about evidence based practice needs to be accessible and engaging. New media platforms enabled novel approaches for presenting the 2016 Guideline for Stroke. This has enhanced the accessibility and engagement with this publication, as evidenced by the wide-variety of platforms from which it can be accessed, and a sustained engagement. Similar approaches could be taken when developing publications in other healthcare settings.

Key learning points from disseminating a National Clinical Guideline for stroke

- Aim to reach a wide audience
- Be aware of and test new media platforms that will help achieve this aim
- Maintain close collaboration with multi-disciplinary professional steering group
- Maintain close collaboration with patient representatives
- Give clinicians and patients options for viewing the Guideline that suit their various needs