Integrated Mood and Neuropsy (iMAN) screening for Stroke Patients in sub-acute rehabilitation hospital

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Introduction
NICE Guideline in Stroke Rehabilitation (2013) suggested screening on mood and cognitive functioning are key priorities for the optimal rehabilitation course of patients. With the contribution of PCA of CP Department and support from nursing staff of concerned wards, a 2-tier manual referral program was launched in April 2014 to facilitate early detection potential mood problems and cognitive impairments. Indicated patients would be referred to clinical psychologist for detailed assessment if case MO considers appropriate.

Objectives
1. To enhance the proportion of patients being screened for mood and cognitive impairments. 2. To ensure efficient communication system between wards and CP department. 3. To ensure needed patients would be referred for CP assessment and intervention. 4. To evaluate the effectiveness of the screening tools used in the screening.

Methodology
The present study captured the data of the first-tier screened patients to indicate the coverage and efficiency of the program. Descriptive analysis would be provided for the outcome indexes. In addition, the overall distributions and clinical correlates of the clinical scores would also be presented by descriptive statistics and correlational analyses.

Result
1. On average (May to Nov), 70% (max by month: 94%) of stroke patients were
referred for iMAN screening. The percentage recorded is comparable with the recent stroke service review in UK, i.e. 73% for mood screening, but less than those for cognitive screening (84%) (Royal College of Physicians, 2014). 2. Among the referred patients, the average lag time of making referrals by ward nurse is 1.3 days (SD=2.9) upon admission. Upon receiving a manual referral, PCA managed to attend to the patient for screening in within 1.8 days on average (SD=1.5). 3. 64.5 % patients were screened positive for having potential mood problems (HADS: Mean= 18/42, SD=7.3; GDS: Mean= 7.8/15, SD= 3.9). Among them, 38.5% of the patients were noted to have clinical mood or adjustment problems and warranted clinical psychology service. 4. 78.7 % patients were screened positive for having potential cognitive/neuropsychological impairments (Mean=18.2, SD=6.3). Among them, 23.3 % of the patients were preceded for comprehensive neuropsychological assessment. (39.4% for dementia assessment). 5. 42.5 % patients were screened positive for having both mood and cognitive/neuropsychological impairments. Among them, 26.5 % of the patients were preceded for mood and/or comprehensive neuropsychological assessment. (10.8% for dementia assessment). 6. Among all screened-in patients, 17.8% has completed pre-discharge (T2) assessment, and 1.7% completed 6-mth follow-up (T3) assessment. 7. Limitations of the study. Due to the limitation on human resource, the provision of the service is fluctuated by availability of the 0.5 PCA on duty. The T2 and T3 follow-up, which monitored the short-term progress and the mid-term condition of the patients, were short of adequate hands to be fully implemented. Royal College of Physicians (2014). How Good is Stroke Care? First Sentinel Stroke National Audit Programme (SSNAP) Annual Report. Author. Retrieved from http://www.strokeaudit.org/Documents/Newspress/SSNAP-Annual-Report-%28April-2013-March-2014%29.pdf NICE (2013). Stroke Rehabilitation: Long-term Rehabilitation after Stroke. Retrieved from https://www.nice.org.uk/guidance/cg162/resources/guidance-stroke-rehabilitation-pdf