



Secondary Stroke Prevention through Patient Engagement in Health Promotion

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Background

- ▶ More than half of all Americans with stroke are noncompliant with their healthcare provider's medication and lifestyle recommendations
- ▶ Successful management of stroke risk factors has the potential to reduce stroke recurrence by 70-80%
- ▶ A review of the literature indicates that the risk of a secondary stroke following a primary event is particularly significant in the first 30 days with a 5-year risk of 25 to 30%
- ▶ Strategies for monitoring, supporting, and educating stroke patients should be implemented early in their care and maintained to reduce the potential for a recurrent stroke

Purpose

- ▶ To develop a comprehensive health care plan for all patients who are discharged with a diagnosis of an Ischemic Stroke or Transient Ischemic Attack (TIA) in order to minimize the risk of a secondary stroke
- ▶ To facilitate patient engagement in comprehensive care that addresses compliance challenges
- ▶ To enhance a patient's motivation with careful assessment of their readiness to make and maintain lifestyle changes along with the necessary tools, caregiver support, and education

Key Components

- ▶ **Patient contact** occurs at 30-days, 90-days, and one year after hospital discharge
- ▶ **Electronic tool** incorporates best practice strategies from national stroke/TIA guidelines and standardizes physician and nurse management of patients through their first year of recovery
- ▶ Uniform **electronic documentation** eliminates the need for cumbersome chart reviews
- ▶ **Data reports** are compiled directly from the patient's Electronic Medical Record (EMR)
- ▶ **Monthly staff meetings** improve communication and coordination of process



- ▶ **Quarterly educational sessions** increase staff knowledge and improve job satisfaction
- ▶ **Follow-up phone calls** for patients who cannot come into clinic
- ▶ **Anticipated outcomes** are a decrease in the occurrence of future strokes, complications, and improvement in quality of life

Patient Engagement

- ▶ Program enables patient self-management between visits and optimizes utilization of trained nurses to educate, coach, assess progress, and answer questions
- ▶ Self management includes knowledge of signs and symptoms of stroke, when to call 911, and understanding risk factors
- ▶ Self monitoring of clinical parameters completed by patients at home
- ▶ Assessment of patient compliance and address non-compliance issues is the nurse's responsibility



Lessons Learned

- ▶ Staff education and user friendly electronic tool essential for success
- ▶ Nursing leadership for process imperative for coordination and communication with discharge planners, schedulers, providers, clinic staff, and information technologists (IT)
- ▶ IT support crucial to integrate the technical infrastructure with quality improvement efforts
- ▶ Administrative support key to facilitate clinic pattern flow and to accommodate change

Outcomes		
30 Day Outcomes	Qtr 3 FY 2009	Qtr 4 FY 2009
Percent receiving antithrombotic therapy or who are prescribed it at the conclusion of the 30 day visit.	96.9	94.5
Percent of patients with atrial fibrillation/flutter who are receiving anticoagulation therapy or who are prescribed it at the conclusion of the 30 day visit.	95.2	95.7
Percent with LDL > 100, or LDL not measured who are receiving cholesterol reducing drugs or who are prescribed it at the conclusion of the 30 day visit.	90.9	91.7
Percent who are prescribed one or more antihypertensives at the conclusion of the 30 day visit.	92.9	97.5
Percent who have Diabetes Mellitus who are on diabetic medication at the conclusion of the 30 day visit.	96	83.3
Percent with history of smoking cigarettes at time of hospitalization that have not smoked by the conclusion of the 30 day visit.	36.4	33.3

Conclusions

- ▶ Optimal stroke care cannot stop at discharge from the hospital
- ▶ Nurse-driven follow-up program not only provides continued education and support for stroke patients but also gathers quality outcomes data
- ▶ Evidence suggests that optimal stroke recovery and prevention of recurrence is dependent upon patient engagement in their plan of care
- ▶ The benefits of prevention and treatment for patients with stroke, cardiovascular disease, and/or associated risk factors are improvement in quality of life, prevention of secondary events, and a decrease in disease related complications
- ▶ Program is a model for achieving better outcomes at lower costs for patients who are at risk for serious illness or who are managing a chronic condition

	Time Frame						
	1 st Qtr 2009	2 nd Qtr	3 rd Qtr	4 th Qtr	1 st Qtr 2010	2 nd Qtr	3 rd Qtr
1. Design Clinical Tool							
2. Develop IT Program Data Reporting							
3. Develop guidelines for appointments/calls							
4. Inpatient to Outpatient Transition							
5. Staff Education And Training							
6. Design Patient Education Resources							
7. Program Evaluation							

References

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