

# **Sub Acute Care and Secondary Prevention**

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# Current Work Group Members

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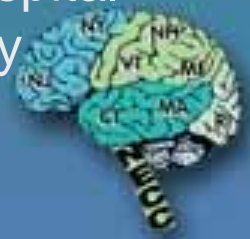
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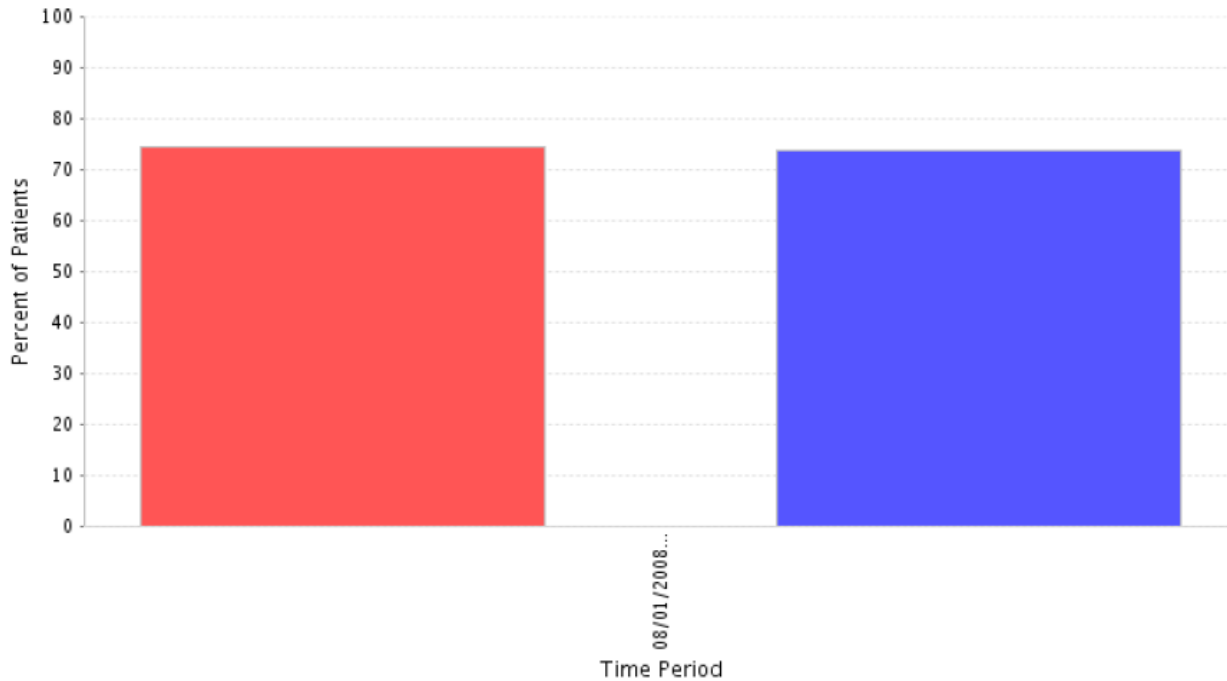
Holy Name Hospital  
New Jersey



## Stroke Education\*

Percent of patients with ischemic, TIA, or hemorrhagic stroke or their caregivers who were given education and/or educational materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.

Time Period: 08/01/2008 - 09/30/2009; Site: Dartmouth-Hitchcock Medical Center (15562)  
 Diagnosis: Ischemic Stroke; Transient Ischemic Attack (< 24 hours);



■ All Hospitals ■ Northeast Region Hospitals

Data For: Stroke Education*				
Benchmark Group	Time Period	Numerator	Denominator	% of Patients
All Hospitals	08/01/2008 - 09/30/2009	165862	223627	74.2%
Northeast Region Hospitals	08/01/2008 - 09/30/2009	45849	62343	73.5%

Date of report: 10/06/2009 14:29:00 GMT-04:00 run by User: Connie Thompson (clthompson) at Site: Dartmouth-Hitchcock Medical Center (15562)

Please note: GWTG aggregate comparative data is intended for internal quality improvement. Permission is required from the American Heart Association and Outcome Sciences, Inc. d/b/a Outcome for external presentation or publication of benchmark data.



# 2008 Summit Identified Priorities

- Up-to-date educational resources and “best practices” for hospital-based stroke prevention and education should be gathered from hospitals across the NECC. This material should be made freely available in a forum that supports interactive dialogue among individuals involved in stroke care.
- A uniform discharge packet should be developed that includes patient and caregiver education materials covering the 5 areas specified in the harmonized consensus measure set (AHA, CDC, TJC) and systems established to ensure that all patients have an opportunity for face-to-face discussion during the inpatient admission.



# Goal

The goal for the sub acute and secondary prevention working group project is twofold.

- Create a user-friendly approach to the sharing of educational materials and best practices for those involved in stroke care in the northeast.
- Identify best practices for dissemination of stroke education materials with a standardized patient education packet. Standardized packets and best practices will be used to develop a small-scale study to determine the usefulness of the education process for patients and caregivers.



# Recent workgroup activities

- Education survey
- Survey results
- Literature review
- DC packet samples from Region
- Other educational resources
- Internet Resources
- Internet Resources 2
- Other efforts to optimize discharge
- Development of an assessment tool for DC packet content and process
- Development of an assessment tool for caregiver/pt discharge needs
- Buzzword site



# Stroke Patient Education Survey

AHA/ASA and NECC conducted a survey in the Spring of 2009 to establish a baseline for the number of hospitals in the region providing patient education packets for stroke patients/families

	<b># Acute Care Facilities</b>	<b># Surveys Sent</b>	<b># Surveys Received</b>	<b>Response Rate</b>
<b>NECC Region</b>	<b>~462</b>	<b>314</b>	<b>128</b>	<b>41%</b>



# Stroke Patient Education Survey

- Does your institution use a patient education packet for stroke patients?

	<b>YES (%)</b>	<b>NO (%)</b>
<b>NECC Region</b>	<b>84</b>	<b>16</b>

- Where does a stroke patient receive the stroke patient education packet?

<b>ED (%)</b>	<b>ICU (%)</b>	<b>Stroke Unit (%)</b>	<b>General Medical Unit (%)</b>
<b>19</b>	<b>44</b>	<b>70</b>	<b>66</b>



# Stroke Patient Education Survey

- At what time from first medical contact does the patient receive a stroke education packet or related materials?

<12 hrs after presentation/ diagnosis (%)	Within 24 hrs of admission (%)	Within 48 hrs of admission %	Day of Discharge %
18	52	31	24

- Is the education packet reviewed with the patient and/or caregiver?

Reviewed with Patient (%)	Reviewed with Caregiver (%)
99	95



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# Next Steps

- Modify/develop tools to assess discharge and educational materials
- Review sample packets
- Create a discharge packet template and process map for hospitals to use
- Recruit hospitals to pilot the packet
- Evaluate efforts



# Feedback and Discussion



# How can you get involved?

- Participate in the Work Group
- Participate in the Writing Group
- Work with NECC to have your facility be a pilot facility for the project.

