



Stroke Education in the NSICU: Meeting Core Measures and Improving Patient Care

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Background & Purpose

Each year nearly 800,000 people in the United States suffer from a stroke. Of those 600,000 are first time strokes and 200,000 are recurrent strokes. Every 40 seconds someone has a stroke and every 4 minutes someone dies of a stroke. It is the No. 5 cause of death and a leading cause of disability in the United States.

Providing stroke education to patients and family members is essential to optimizing recovery, maximizing function status and preventing secondary cerebrovascular events.

The Joint Commission has identified five stroke education topic requirements for Comprehensive Stroke Centers (CSC):

- Personal risk factors
- Warning signs for stroke
- Activation of emergency medical system
- Medications provided
- Follow up after discharge

Purpose

The purpose of this project was to improve the completion rates of patient education and documentation which included the five patient education topics required by Joint Commission CSC core measures in the Neurosurgical Intensive Care Unit (NSICU).

Design & Methods

From October to December 2018 NSICU charts were audited for completion of the five required stroke education topics as identified by the Joint Commission.

Baseline rates for 36 chart audits were reviewed over three months. Multimodal education and resources were provided to NSICU staff including: a presentation and review of the new stroke booklet, review of Joint Commission's five required topics for stroke education and demonstration on how to document the education provided.

In 2019 post stroke education implementation rates were reassessed over two 3-month intervals to compare to baseline rates. From April-July, 44 patient charts were audited and from July-October, 49 patient charts were audited.

Multimodal Education and Resources

The image shows three screenshots of educational materials. The first is 'Understanding Stroke' with brain scan images. The second is 'My Stroke Information' with a checklist for patient goals and follow-up. The third is 'New Smart Phrase Quick Guide' with a 10-step process for completion and a 'CONGRATS!' message.

The updated stroke booklets included a page for patients and family to fill out their personal stroke information.

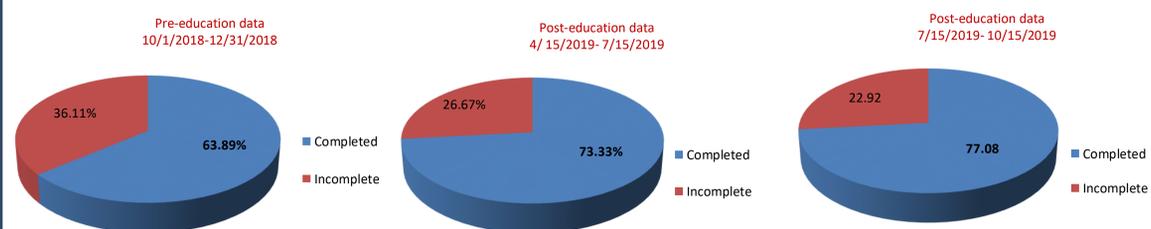
Step by Step guides were created to assist nurses through the stroke education charting process. These were inserted into binders that included a check list and were placed in the basket of each Workstation On Wheels (WOW) for a easy reference.

Analysis

Documentation of all five education topics (personal risk factors, warning signs for stroke, activation of emergency medical system, medications provided, and follow-up after discharge) were necessary for completion of stroke patient education documentation.

Results

The interventions implemented resulted in an increase in documented stroke patient education rates from 63.89 to 77.08%. This demonstrated improved completion rates after education and resources were deployed.



Conclusions, Limitations & Further Study

Multimodal education and resources for staff improved patient education. Through implementation of this project, the NSICU exceeded the 75% Joint Commission stroke education requirements for Comprehensive Stroke Centers.

Limitations

During the time of this project, other initiatives at UCDAVIS Health were implemented with the goal of CSC designation. These other activities may have contributed to increase stroke education and documentation completion rates.

Other educational opportunities also enhanced awareness for education and documentation, for example emails, 1:1 education with staff, and online modules.

Stroke coordinators supported our staff and educated patients and documented their progress.

Patients who were transferred to comfort care status within 24 hours were removed from the data.

Further Study

UCD Health is now a Comprehensive Stroke Certified hospital. Further chart audits are scheduled in order to verify sustainability of stroke education and documentation rates.

References

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