

Utilizing 7- day Post Discharge Phone Call to assess the Patient or Caregiver Stroke Education Knowledge



PURPOSE/BACKGROUND

The Joint Commission (TJC) requires Comprehensive Stroke Center (CSC) to perform a 7- day post discharge follow- up phone call (Call Back) for stroke patients discharged to home. Addressing the patient's education is part of TJC Stroke Center Certification standard. At our institution we provide written stroke education materials from AHA /ASA to the patients or caregivers addressing the specific stroke diagnosis, individual risk factors for stroke, activation of EMS, secondary stroke prevention, medications and discharge follow up plan. In addition, interdisciplinary stroke team members reinforce individualized stroke education during daily clinical bedside rounds.

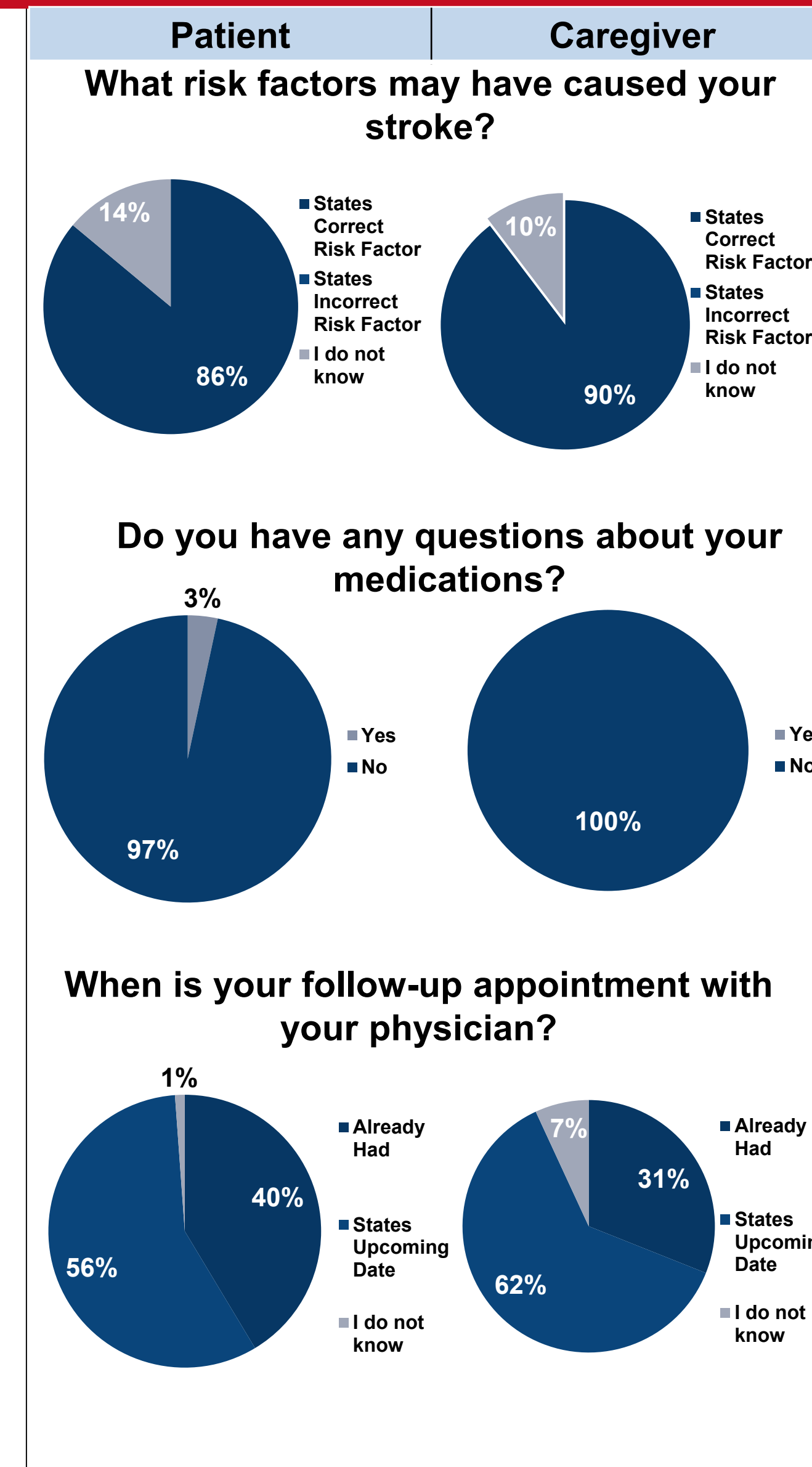
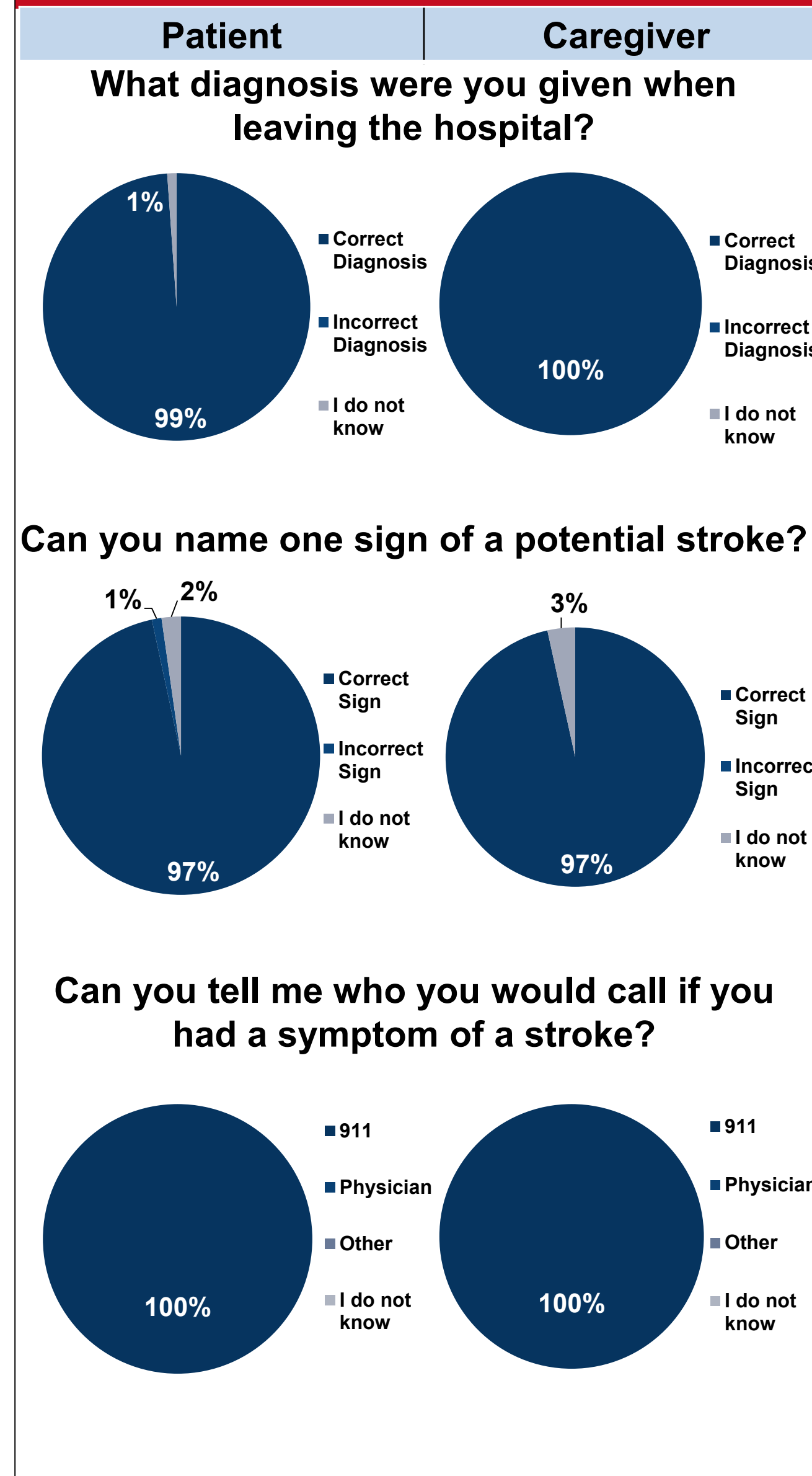
OBJECTIVE

To evaluate patient or caregiver knowledge of stroke education provided by interdisciplinary stroke team members based on the responses to 7 day post discharge questionnaire.

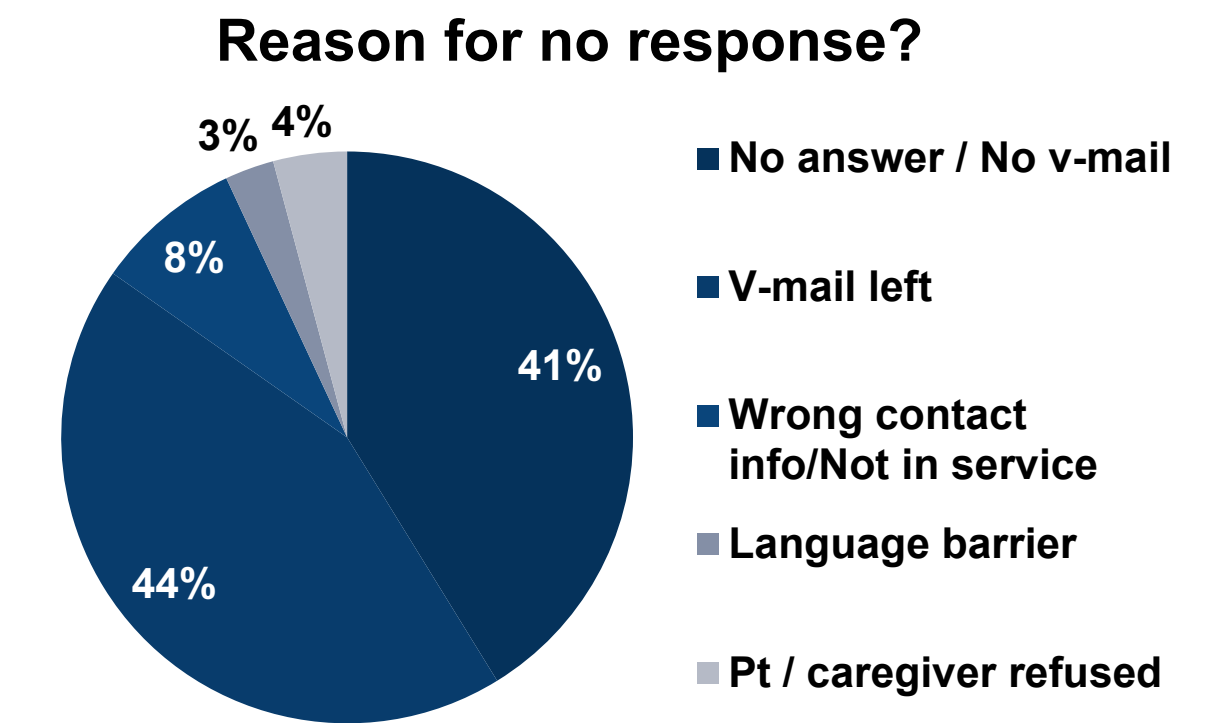
DESIGN/METHODS

All stroke patients who are discharged home are called by day 7. We developed a Call Back questionnaire designed to assess the effectiveness of the stroke education provided to patients or caregivers. The questions are depicted in the result section. In addition we collected data on who responded to the questionnaire and reason for no response. The responses are de-identified and entered in excel spread sheet. The data from Q1 2017 to Q2 2018 is used for stratified analyses of the response to each question. Quarterly rolling trends are represented in a pie chart report format and disseminated during Stroke PI meeting.

RESULTS



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The aggregate number of calls made N = 317 and number of responses n = 94; percentage response rate is approximately 30%. The low response rate was mostly due to: no answer; and wrong contact phone number. The ratio of responders is 80% patients to 20% caregivers. The results identified opportunities for improvement in the following areas: individualization of stroke risk factors; reviewing discharge medications list and facilitating scheduling of follow up appointments.

CONCLUSION

Using a standardized questionnaire for the Call -Back has been valuable in re-focusing patient or caregiver stroke education. Future project will be implementation of new strategies to improve Call -Back response rate, teach the patients or caregivers the risk factor responsible for the stroke and schedule follow- up appointments in the stroke clinic 14 days post discharge.

ACKNOWLEDGEMENT

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