# Best Practice in Stroke Rehabilitation

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By standardizing best practices, we can consistently promise the best patient outcomes, providing quality care in a timely manner.

# GOALS

Eliminate variation in care of the stroke patient that can lead to inconsistent outcomes by

- Using best practice interventions consistently in all disciples
- Reducing length of stay
- Improving quality outcomes
- Discharge more patients to the community rather than to another level of care







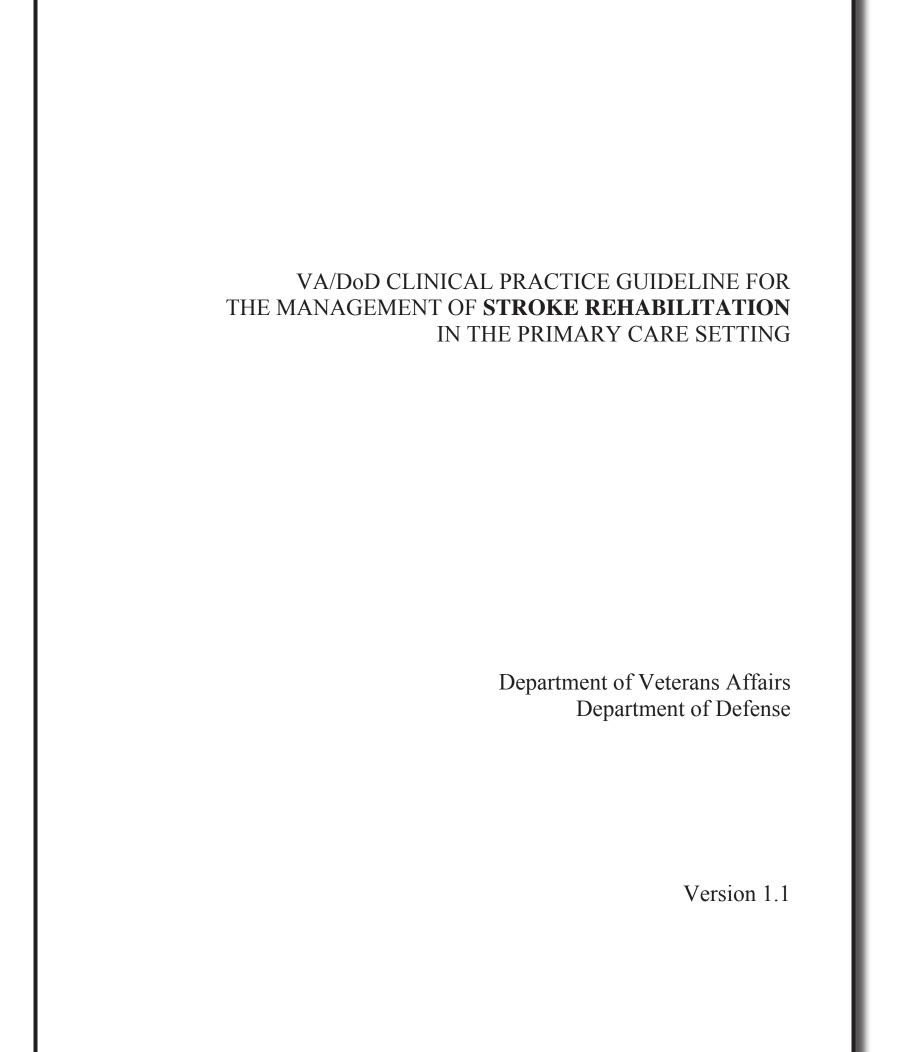
## STEPS

- Aligned current practice with the VA/DoD Clinical Practice Guideline for the Management of Stroke Rehabilitation in the Primary Care Setting used in Veterans Administration hospitals.
- 2 Differences between our current practice and the VA/DoD Guideline were researched in literature, and evidence based practice interventions were developed or continued.
- **3** Education for Staff
  - a. New interventions (eg. Bowel and Bladder care formalized into clinical guidelines, Depression screening, Family education binder).
  - b. Documentation changes for interventions that are tracked.
  - c. Ongoing updates as we continue to tweak and monitor our score card.
  - d. Education regarding best practice affecting acute arena were shared with the Neurology Unit.
- 4 Focus on Length of Stay:
  - a. Reinforced appropriate LOS at each care conference.
  - b. Timely Family conference if indicated.
  - c. Identify barriers to timely discharge at each care conference.
- Rehab Stroke Admission Order set was developed in Computerized Physician Order Entry:
  - a. Pre-checked elements to ensure best practice interventions are ordered.
  - b. Links for all of the best practice elements.
- 6 Enhanced Communication with Families:
- a. Discharge date reviewed with patient/family and posted in room.
- b. Weekly goal sheet reviewed and posted in the patient's room.
- c. Patient Rehab binder revised.
- Family Rehab education binder developed, including a contract statement encouraging involvement
- Documentation is linked to the score card to track compliance.
- 8 Implemented interventions in October 2013.

		Discharges in sample	Discharges in sample	Discharges in sample	Discharges in sample
GMC-Davenport Compliance to Process Measures		n = 17	n = 7	n = 7	n = 14
		Jan-14	Feb-14	Mar-14	Apr-14
1	% of Patients Assessed for Rehab in 24 Hours of Request	N/A	N/A	N/A	N/A
2	% of Patients Who Arrived to the Unit by Noon Who Had All Assessments Completed Day 1	67%	0%	33%	50%
3	% of Patients Assessed by Therapies within 24 Hours of Receipt of Order	59%	86%	57%	93%
4	% of Patients Who Received Dietary Consult within 24 hours	88%	86%	86%	100%
5	% of Patients Who received Bowel and Bladder Training	100%	100%	100%	100%
6	% of Patients Who Completed the Depression Screening within 48 Hours	65%	86%	100%	86%
7	% Patients Who Had Swallowing Assessment Completed	94%	100%	100%	93%
8	% of Patients With Communication Disorder Who Received Training by SLP	100%	0%	100%	71%
9	% of Patients With Cognitive Deficit Who Received Training	88%	17%	83%	45%
10	% of Patients Who Have Neurofeedback Assessment Completed	100%	100%	100%	100%
11	% of Patients Who Have Daily Monitoring for Skin Integrity	100%	100%	100%	100%
12	% of Patients Who Receive 3 Hours of Therapy Daily	94%	100%	100%	71%
13	% of Patients Who Were Presented at Care Conferences Within 4 days	88%	71%	100%	100%
14	% of Patients Who Have Secondary Prevention Strategies Addressed	100%	100%	86%	93%
15	% of Patients Who Have Mobility Issues AND Received PT Training	100%	100%	100%	100%
16	% of Patients Who Have Self Care Issues AND Received OT Training	100%	100%	100%	100%
17	% of Patients Who Have Family Checklist Completed and Goals Achieved	87%	86%	86%	93%
18	% of Patients Who Were Discharged by Estimated Discharge Date	94%	71%	100%	100%

#### RESULTS

- Initial score card results showed failure to capture data that was needed, so tracking was revised. We began receiving complete data in January of 2014
- Score card was tracked daily and best practice interventions and documentation reinforced.



	Clinical Outcome Measures	Baseline	Jan-14	Feb-14	Mar-14	Apr-14
1	% of Patients Returning to Acute Care	6.3%	5.9%	0.0%	0.0%	7.1%
4	% of Discharges to home	66%	76%	43%	71%	64%
5	ALOS	19.86	21.12	20.43	13.29	12.93

New sepsis protocol implemented resulting in more discharges to acute

**VA Stroke Protocol**