

IMPLEMENTATION OF A WEAK-SIDE ROOM SET-UP FOR PATIENTS WITH STROKE TO IMPROVE AWARENESS OF THE AFFECTED SIDE



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Introduction

- Often patients who have had a stroke resulting in unilateral weakness also demonstrate concurrent neglect of the affected side.
- By placing frequently used objects, talking to the patient, and having the patient transfer in and out of bed all on the affected side, stroke patients are encouraged to become more aware of that side.
- The goal of this project was to heighten patients' awareness of their affected side in order to improve their overall functional recovery.

Description of Innovation

- Clinical staff were educated on appropriate room set-up for patients with unilateral weakness due to a recent stroke through a 15-minute class.
- Staff implemented the weak-side room set-up for their patients prior to admission. All furniture, including the bedside table, dresser, and closet was positioned on the affected side.
- Staff then educated patients and families on the specific room set-up as part of their stroke education.



Room set up for right hemiplegic stroke

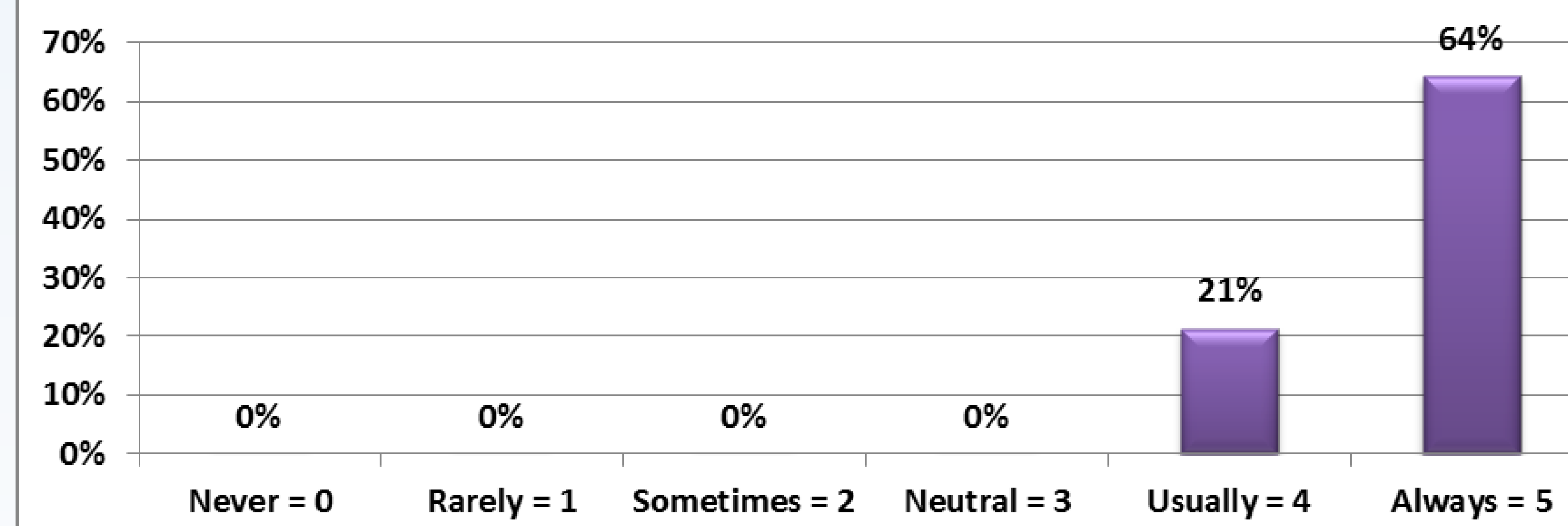
Closet, dresser, and bedside table placed on patient's weak side.

This room set-up also maximizes space on the patient's weak side to allow for transfers in and out of bed on the weak side.

Outcomes

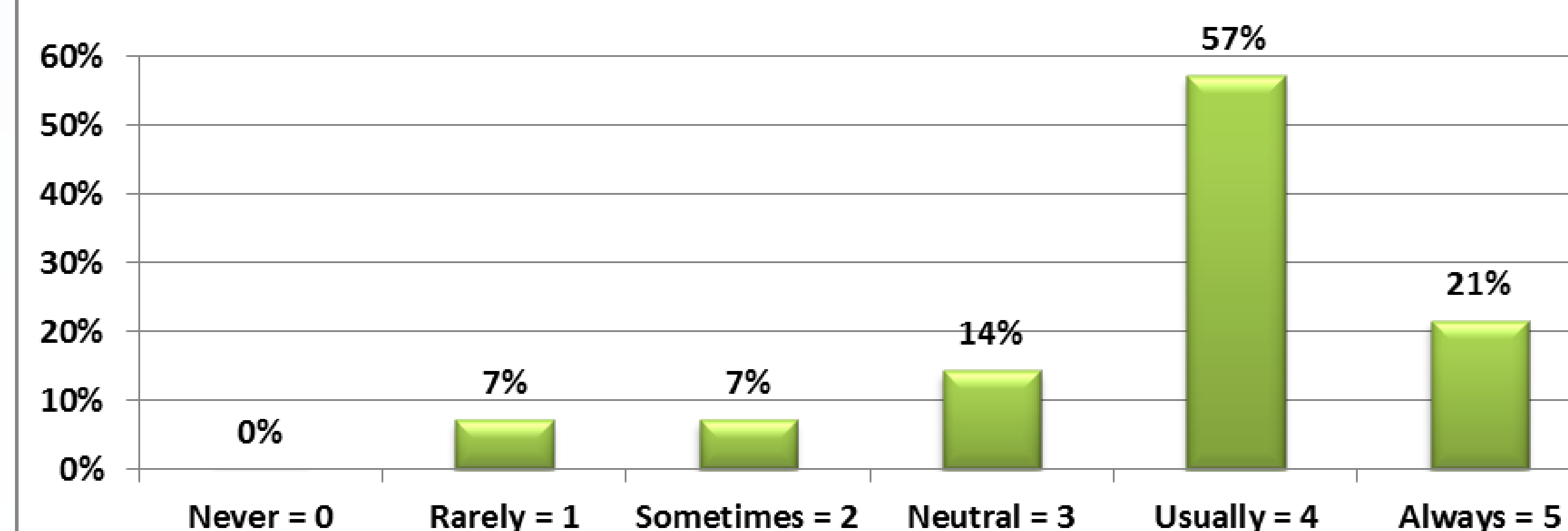
- Improvement in Functional Independent Measure (FIM) scores (FIM change) from admission to discharge had a greater improvement in the post-implementation group (29.9) as compared to the pre-implementation group (17.8).
- Average admission FIM scores in the post-implementation group were lower (50.6) than in the pre-implementation group (55.4), showing patients with stroke were more severely impaired upon admission in the post-implementation group.
- Patients in the post-implementation group made greater overall progress despite being admitted more functionally impaired.

From the staff's perspective, do you think the patient improved more quickly due to the weak-side room set-up?



Post-implementation staff evaluations found 100% said patients "usually" or "always" improved more quickly as a result of the weak-side room set-up.

From the family's perspective, did the family feel like the patient did better during their rehab stay because of the weak-side room set-up?



78% of staff stated the family perceived the patient "usually" or "always" did better during their rehab stay because of the weak-side room set-up.

Implications and Significance of the Innovation for Practice

- Implementation of the weak-side room set-up may have been a contributing factor to the improvement in overall FIM scores.
- Implementing weak-side room set-up to encourage awareness of the affected side can potentially speed recovery and overall functional improvement in patients recovering from a stroke.

Recommendations for Future Action

- Continue to reinforce the need for appropriate room set-up for patients who have suffered a stroke through shift huddles and compliance audits.
- Continue to educate patients and families in patient-specific set-up needs to be applied in the home setting after the patient is discharged, thereby improving safety in the home and supporting continued functional improvement.
- Assure all new rehabilitation staff, including nursing and therapy, are educated in weak-side room set-up techniques upon hire.

Limitations

- There is no direct measurement of how the specific room set-up contributed to FIM change or if it led to a faster functional improvement.

References

Davis, J. (2003). One-sided neglect: improving awareness to speed recovery. *Stroke Connection Magazine*, Mar/Apr.

Acknowledgements

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