IMPROVING STROKE TRANSITIONS OF CARE THROUGH APN-LED SHARED MEDICAL APPOINTMENTS

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Background

Stroke patients are at risk for recurrent strokes and readmissions, making transitional care from hospital to home critical to achieving improved patient outcomes.

Purpose

Shared medical appointments (SMAs) led by advanced practice nurses (APNs) have demonstrated improved outcomes and increased patient satisfaction for chronically ill patients. SMAs have not been studied as a transitional model or with stroke patients, so the purpose of this study is to fill this gap by evaluating the effectiveness of an SMA transitional model for stroke.

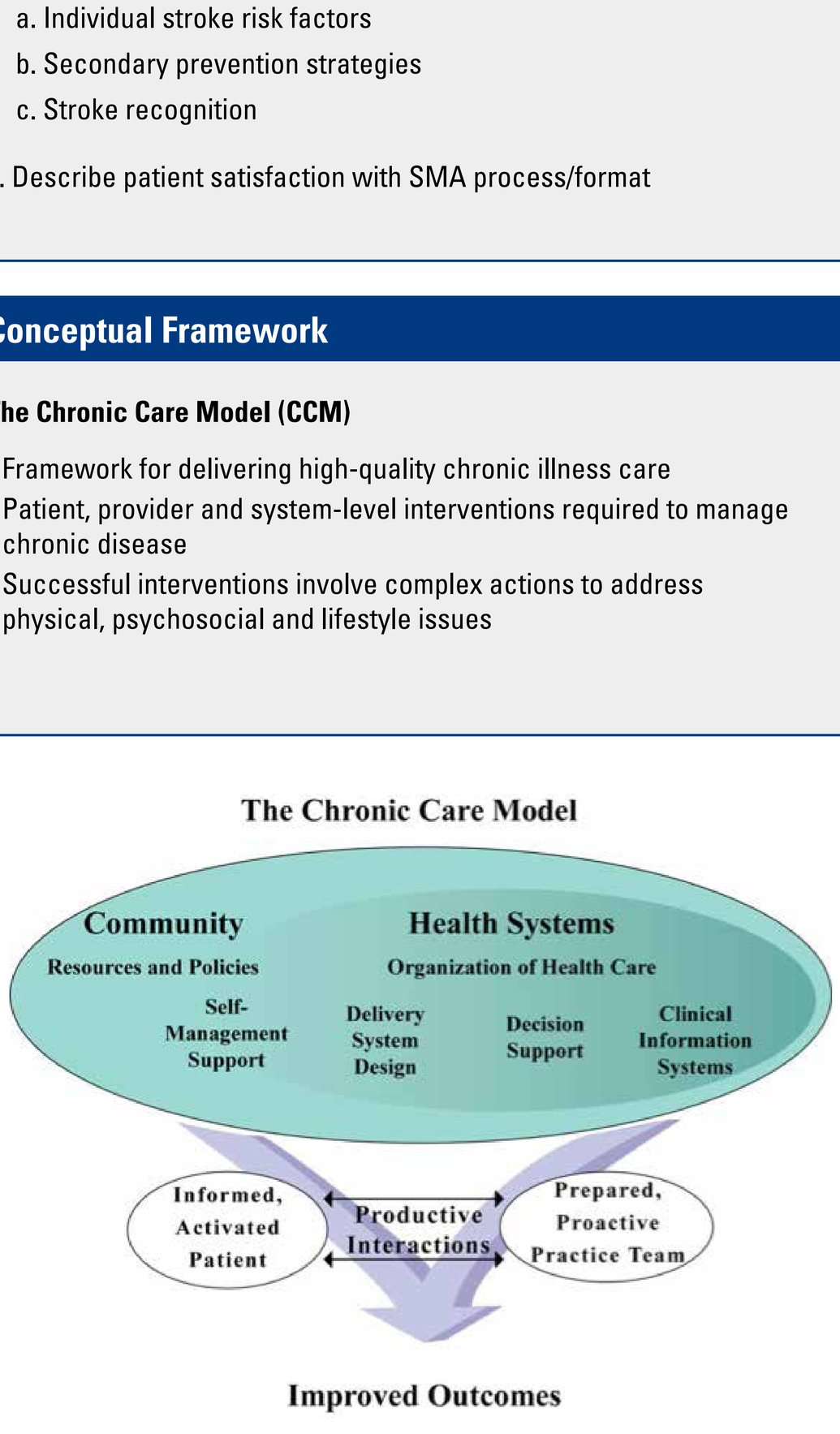
Study Aims

1. Determine if stroke/TIA patients perceive an impact on understanding:
   a. Individual stroke risk factors
   b. Secondary prevention strategies
   c. Stroke recognition
2. Describe patient satisfaction with SMA process/format

Conceptual Framework

The Chronic Care Model (CCM)

- Framework for delivering high-quality chronic illness care
- Patient, provider and system-level interventions required to manage chronic disease
- Successful interventions involve complex actions to address physical, psychosocial and lifestyle issues



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Methodology

Process Map

Patient Selection
- Diagnosis of stroke or TIA
- Discharge to home or assisted living
- Appropriate for participation in group setting
- Education on SMA format
- Agree to participate/ appointment made

Post Discharge Follow-up
- Phone call within two business days
- Reminder call prior to SMA
- SMA held 7-14 days post discharge

Shared Medical Appointment (90 Minutes)
- Arrival and registration
- Check-in with facilitator
  - Vital signs/weight
  - Med reconciliation
  - Confidentiality statement signed
  - Concerns/questions for SMA
- 1:1 Provider Assessment
  - Focused assessment
  - Private concerns addressed
- Check-in with facilitator
  - 6-10 patients
  - Address patients individually
  - Discuss risks, meds, prevention
  - Encourage group discussion/support

Research
- Informed consent prior to SMA
- Survey following SMA (two instruments)
  - Impact on understanding
  - Patient satisfaction

Study Group: N=20

Inclusion criteria:
- Diagnosis of stroke or TIA
- Age >18
- Discharged home or assisted living
- Speak and read English

Exclusion criteria:
- Hospice patient
- Deficits that impair group participation
  - Dementia
  - Severe aphasia
  - Severe cognitive deficits
  - Total NIHSS of >8 on discharge

Instruments:

Survey with two instruments
- Eight-question patient satisfaction with SMA format using 5-point Likert scale
- Five-question yes/no response to perceived impact on understanding

Data Analysis
- Patient satisfaction: descriptive statistics to describe patterns
- Impact on understanding: frequency distribution

Conclusion

- Stroke patients discharged to home are at high risk for complications and readmissions
- SMAs address topics essential for transitioning to home and have improved outcomes for chronically ill patients
- Transitional SMAs may improve outcomes for stroke patients discharged to home

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