Stroke Nursing Education Series

Stroke Education and Documentation

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So WHY is this important?

Joint Commission Accredits our medical center as a Comprehensive Stroke Center (visits every 2 years)





Description: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

Rationale: There are many examples of how patient education programs for specific chronic conditions have increased healthful behaviors, improved health status, and/or decreased health care costs of their participants. Clinical practice guidelines include recommendations for patient and family education during hospitalization as well as information about resources for social support services. Some clinical trials have shown measurable benefits in patient and caregiver outcomes with the application of education and support strategies. The type of stroke experienced and the resulting outcomes will play a large role in determining not only the course of treatment but also what education will be required. Patient education should include information about the event (e.g., cause, treatment, and risk factors), the role of various medications or strategies, as well as desirable lifestyle modifications to reduce risk or improve outcomes. Family/caregivers will also need guidance in planning effective and realistic care strategies appropriate to the patient's prognosis and potential for rehabilitation.

Type Of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following:

1. Activation of emergency medical system

2. Follow-up after discharge

3. Medications prescribed at discharge

4. Risk factors for stroke

5. Warning signs and symptoms of stroke

NYS Measure PSC 7:

NYS measures have the same 5 required points as The Joint Commission with emphasis on individualization of education including *personal risk factors* and *mediations prescribed* NYS PSC 7: Stroke Education: Percent of patients with Stroke or TIA or their caregivers who were given education and/or educational materials during the hospital stay addressing ALL of the following: personal risk factors, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.

Measure Steward: Get with the Guidelines Quality

Denominator

Include

 Patients with a diagnosis of Ischemic stroke, TIA, subarachnoid hemorrhage, Intracerebral hemorrhage, or Stroke not otherwise specified

Exclude

- Age < 18 years
- Stroke occurred after hospital arrival (in ED/Obs/inpatient)
- Comfort Measures Only documented
- Patients who are discharged/transferred to hospice, discharged/transferred to another acute care facility, patients that expire, and patients that leave against medical advice
- Not admitted as an inpatient
- Clinical Trial
- Elective Carotid Intervention

Work List

Summarv

🚯 MAR

Step 1: Click Education Tab

| Education | | (⁰) |
|----------------------|---|------------------------------------|
| Assessment Education | | |
| Assessments | | ☐ Show only incomplete assessments |
| 11/02/23 1113 | Tambe, Jessica, RN - RN (Nurse)182616-54751 | 🗈 Copy to New 🗙 Delete |
| 09/22/14 0359 | | 🕞 Copy to New 🛛 🗙 Delete |
| | | |
| | | |
| | | |
| | | + Create New |
| Assessment | | |

Notes Flowsheets

tep 2: Create New Learner ssessment for current dmission

Some patients will have ultiple learning assessments ue to previous admissions, nsure there is a current carning assessment for the urrent admission, as we know apacity and cognition status is ever changing)

| | LEARNING ASSESSMENT |
|--|---|
| PRIMARY LEARNER | |
| Primary Learner Name | 0 0 |
| Relationship | 🗅 📄 Patient 📄 Family 📄 Significant Other 📄 Co-learner 📄 Mother 📄 Father 📄 Guardian 📄 Foster Parent 📄 Other |
| Does the primary learner have any barriers to learning? | No Barriers Reading Language Visual Hearing Physical Emotional Cognitive Financial Spiritual Other |
| What is the primary language of the primary learner? | English Spanish Arabic Nepali Chinese (Mandarin) Vietnamese Russian American Sign Language Somali Turkish Karen Other |
| Is an interpreter required (yes, if Patient has preferred language other than English and does not refuse interpreter services)? | Yes No |
| How does the primary learner prefer to learn new concepts? | Listening Reading Demonstration Pictures/Video Other 9 |
| CAREGIVER | |
| Caregiver Name (if applicable) | |
| Relationship | 🗅 📄 Patient 🗋 Family 📄 Significant Other 📄 Co-learner 📄 Mother 📄 Father 📄 Guardian 📄 Foster Parent 📄 Other |
| Does the caregiver have any barriers to learning? | Image: |
| What is the primary language of the caregiver? | English Spanish Arabic Nepali Chinese (Mandarin) Vietnamese Russian American Sign Language Somali Turkish Karen Other |

Step 3: Insert appropriate details about Primary Learner, Caregiver and Co-Learner if applicable.

Ensure your patient is listed in the learning assessment.

- If the patient has significant deficits that impair them from retaining education or stating it back to you (intubated, vented, encephalopathic etc.) and have a caregiver or family member actively involved, the family can be the primary learner and the patient can be the co-learner since the family will be the learner retaining information.
- Education should be documented every shift

How to Document in Stroke Education Record

- Needs to include the five required points
 - Risk factors for stroke (individualized)
 - How to activate EMS
 - Prescribed Medications (individualized)
 - Stroke warning signs & symptoms
 - Need for follow-up



| ⋲ 📄 🗐 Summary 🕥 Work L | ist 📀 MAR | Flowsheets 🔋 N | lotes 🛛 🙆 Res | ults Review Education |
|-----------------------------|-----------|----------------|---------------|-----------------------|
| Education | | | | |
| Assessment Education | | | | |
| Clear Selections Active | All | | | |

Initiating Stroke Education

- Click Education Tab
- Click "Add Title"
- Search "stroke"
- Click "IP Stroke Education Record"

| Add <u>T</u> itle | stroke |
|-------------------|---|
| | Recent |
| | IP STROKE EDUCATION RECORD [3042620000] |

Then you will see an incomplete blank stroke education record to insert in the chart:

 When inserting the stroke education ONLY select pertinent points that apply to the patient!

Ex: Pt has hx of HTN, Afib and Smoking, had a CT head done, awaiting MRI and angiogram \rightarrow



Now that the stroke education template is individualized and inserted in the chart we need to document on it:

× Delete

documentation

etc.

Clicking the Title "Stroke Education Record" selects the entire education record, you can also click on the subtitles 🗹 😳 Stroke Education Record such as "Stroke Basic Facts" or "Stroke workup" to document on individual sections instead of the whole template Stroke - Basic Facts

Able to state type of stroke

- C Able to state signs and symptoms of a stroke/TIA
- How to activate Emergency Medical System for stroke/TIA

C Written Stroke Education Booklet Given

- C Stroke workup: Able to state stroke workup testing

RI/MRA

- CT Scan
- 🔽 📿 Angiogram
- ▼ 🖉 😳 Current Patient Specific Risk Factors: (Teaching Sheet given fo...

✓ C Hypertension

✓ C Hypercolesterolemia

C Excessive Alcohol Use

✓ ✓ C Medications: States understanding of need for

Antiplatelet medication

Cholesterol medication

▼ ✔ C Therapies: Understands purpose and goals of therapies

Physical Therapy

Occupational Therapy

Speech Therapy

Swallow Therapy

- Safety: Family/Patient able to state reason for precautions
 - 🖌 📿 Fall

C Aspiration

Seizure

▼ ✓ Complications: States interventions needed to prevent complic...

Aspiration

Constinution

Patient education should be documented every shift

If you are administering stroke specific medications, explaining that OT is going to see pt. today or implementing safety precautions etc. document it under stroke education to get credit for what you are doing \bigcirc





Not started

Here is an example for you:

- C Stroke Basic Facts
 - Oble to state type of stroke
 - C Able to state signs and symptoms of a stroke/TIA
 - How to activate Emergency Medical System for stroke/TIA
 - Written Stroke Education Booklet Given
- C Stroke workup: Able to state stroke workup testing
 - MRI/MRA
 - CT Scan
 - C TEE/TTE
 - C Angiogram
- Current Patient Specific Risk Factors: (Teaching Sheet given for each)
 - Hypertension
 - Hypercolesterolemia
 - Excessive Alcohol Use
- - Antiplatelet medication
 - Cholesterol medication
- ▼C Therapies: Understands purpose and goals of therapies
 - 2 Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Swallow Therapy
- ▼C Safety: Family/Patient able to state reason for precautions
 - C Fall
 - C Aspiration
 - C Seizure
- ▼C Complications: States interventions needed to prevent complications
 - C Aspiration
 - Constipation
 - Deep Vein Thrombosis
 - Skin Breakdown
- Discharge Planning: States Understanding
 - Homecare plan and agency involvement
 - Follow-up appointment(s) after discharge
 - Discharge medications

The stroke education record to the left is individualized and only includes points specific to the patient!

This person also inserted their own point not included in the pre-made template to include the risk factor of "Excessive Alcohol Use"

The medications listed are the stroke specific medications prescribed for this patient (not all the options listed)

Stroke Education

IP STROKE EDUCATION RECORD

Stroke Education Record

- √ ✓ Stroke Basic Facts
 - Able to state type of stroke
 - Able to state signs and symptoms of a stroke/TIA
 - ✓ How to activate Emergency Medical System for stroke/TI/
 - Written Stroke Education Booklet Given
- - MRI/MRA
 - CT Scan
 - ▼ TEE/TTE
 - Angiogram
 - Carotid Ultrasound
- - Hypertension
 - Diabetes Mellitus
 - Smoking
 - Coronary Artery Disease
 - Atrial Fibrillation
 - Hypercolesterolemia
- - Antiplatelet medication
 - Anticoagulant medication
 - Diabetic medication
 - Cholesterol medication
 - Anti-hypertensive medication
- ▽ I Therapies: Understands purpose and goals of therapies
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Swallow Therapy
- ▽ I Safety: Family/Patient able to state reason for precautions
 - 🔽 🔹 Fall

IP STROKE EDUCATION RECORD

- III Stroke Education Record
- - Able to state type of stroke
 - Able to state signs and symptoms of a stroke/TIA
 - ✓ How to activate Emergency Medical System for stroke/TIA
 - Written Stroke Education Booklet Given
- ▽ Stroke workup: Able to state stroke workup testing
 - MRI/MRA
 - CT Scan
 - ▼ TEE/TTE
 - Angiogram
 - Carotid Ultrasound
- Risk Factors: (Teaching Sheet given for each)
 - Hypertension
 - Diabetes Mellitus
 - Smoking
 - Coronary Artery Disease
 - Atrial Fibrillation
 - Hypercolesterolemia
- Medications: States understanding of need for
 - Antiplatelet medication
 - Anticoagulant medication
 - Diabetic medication
 - Cholesterol medication
 - Anti-hypertensive medication
- ▽ 🗹 📄 Therapies: Understands purpose and goals of therapies
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Swallow Therapy
- ¬□□ Safety: Family/Patient able to state reason for precautions

ONLY click the points that pertain to **YOUR** patient







Updating the Stroke Education Record

| On hospital day 3 | |
|--------------------|-------------------------------------|
| our patient was | |
| tarted on an anti- | |
| ypertensive that | |
| vas not prescribed | d |
| on admission, how | V |
| lo you add this | |
| ooint? (| Add <u>T</u> itle Add <u>P</u> oint |
| | |

- Click "Add Title"
- Search "stroke"
- Click "Antihypertensive Medication" Under Medication

- ¬ Medications: States understanding of need for
 - Antiplatelet medication
 - Anticoagulant medication
 - Diabetic medication
 - Cholesterol medication
 - Anti-hypertensive medication

Then click "Accept" that will update the Stroke Education record and include "Anti-hypertensive under the Stroke Education Template heading "Medications"



Adding your own point to Stroke Education Record

Patient has excessive alcohol use that is also a risk factor for stroke but not in the pre-made template, how do you add in your own point?



- Click "Add Point"
 - Click Add My Point Add My Point
- Type in the "Name for My Point" box ex: "Excessive Alcohol Use"
- Click which subheading the point should be under, in this example it should go under Current Patient Specific Risk Factors



Then click "Accept" that will add your own unique point to the Stroke Education Record



But it takes forever to initiate stroke education...



Select some education to get started.



You can also select MAR History from the sidebar to insert the appropriate ordered stroke specific medications into the Stroke Education Record

When in the education record, click this little side arrow ← this opens the Sidebar... THEN click More

Then select "Handoff (DATA)



This takes you to the Primary Team Handoff as well as the Neurology Team Handoff– so you will easily be able to see what tests they plan on ordering, risk factors of the patient and more so you could easily insert the education record.

Active Issues

Embolic right MCA and fetal PCA territory stroke secondary to acute plaque rupture with thrombosis and occlusion of the right ICA and distal embolization:

- Antithrombotic: pending angio/carotid intervention (new)
- LDL: ***, on atorva 80 (40 at home)
- A1c: ***
- CT/CTA: R ICA origin occlusion, R M2 cutoff, fetal R MCA with MF narrowing
- MRI: ***
- ECHO: ***
- Diet: No diet orders on file

Discharge

• You can resolve the education at discharge and click

be, Jessica, RN at 4/11/2

be, Jessica, RN at 4/11/2

Number

4

2

3

1

5

×



▶ 🗹 🔗 Discharge Planning: States Unde...

QR code for additional resources This PowerPoint is on the QR code now

