

Stroke Care Plans and Personalized Education

Risk Factor Identification

Sources to help identify risk factors	
Internal <ul style="list-style-type: none">• EHR- home medications, medical history• Case Management, Provider, and Neurology notes• Patient• Family	External <ul style="list-style-type: none">• Care Everywhere• EMS Records• Community Needs Assessment• GWTG Data• CDC Risk Factor Maps
Questions to ask to identify risk factors	
<ul style="list-style-type: none">• Do you know what a risk factor is?• What are your risk factors?• Do you know what a stroke is?• Do you have a PCP?• Do you see your PCP for regular visits?• Why do you go see your PCP?• What medications do you take?• What are those medications for?• Has anyone ever told you that you snore at night or stop breathing for short periods?• Do you know what your goals are (BP, BS, LDL)? <p>Has anyone ever told you that you have high blood pressure, high cholesterol, or high blood sugar?</p>	
Strategies to help identify risk factors	
<ul style="list-style-type: none">• Use layman's terms (high blood pressure vs. hypertension)• Elicit their understanding of stroke and how risk factors are associated with stroke.• Know your community health status to clue you in to what is more prevalent in your area.• Ask about the symptoms rather than the risk factor (for sleep apnea ask about snoring or if anyone has told them they have irregular breathing while sleeping).• Find out if they know their blood pressure, blood sugar, and cholesterol goals.• Ask the same question in different ways: do you have high blood pressure? What is your blood pressure usually? Is that good or bad? Why do you take amlodipine?• Ask questions to ensure information in the EHR is accurate.• Involve the entire care team.	

Teaching Methods for Patient Education

Effective Teaching Methods for Patient Education	Ineffective Teaching Methods
<ul style="list-style-type: none">• Teach back with demonstration to confirm understanding• Specific, concise handouts• Stroke Booklets, but only if you are able to personalize them	<ul style="list-style-type: none">• QR Codes• Large stroke booklets or handouts with too much information that has not been personalized (overwhelms patient)

<ul style="list-style-type: none"> • Volunteers- mainly for pt experience. Pt's more willing to open up • PT/OT/SLP assisting with continuing educational thread 	
Effective Staff Education	Ineffective Staff Education
<ul style="list-style-type: none"> • Teaching during rounds • Daily updates at huddle board • Symposia and conferences with engaging speakers • "Hot Topics" (like a 4P) • Required hours • Staff survey • Out of the box ideas (Escape Room) 	<ul style="list-style-type: none"> • Emails • Large chunks of information • Online CBLs that are easy to click through
Methods and Media for Stroke Education	
<ul style="list-style-type: none"> • Ischemic Stroke Booklet • AHA/ASA "Let's Talk about Stroke" • Risk factors page – leave on units and make it interactive to allow patients to write in the book. They can check their risk factors. • What to expect during the hospital stay: who will see them, tests they will receive, etc. <ul style="list-style-type: none"> -Life after stroke -B/P Log -BE FAST -Workbooks -iPad so patients can watch stroke-assigned videos -TVs that patients and families can log into 	<ul style="list-style-type: none"> • Packet with magnet, pen, nurse's card, information on stroke support groups • Documents to meet Joint Commission requirements.

Innovation and Design for improved risk factor education in the Electronic Health Record

EHR Functionality	Education Materials
<ul style="list-style-type: none"> • Partnership with EHR company to build Stroke Friendly Foundation/Default • Create automations within the EHR linking patient risk factors to education <ul style="list-style-type: none"> ○ Link Risk Factor Education Plans to the Problem List/H&P ○ Automate Education template through use of order sets ○ SDOH connected to Risk Factors ○ Auto print on AVS 	<ul style="list-style-type: none"> • "One-Pager" document that is customizable to patient (can AI help?) • Utilize QR codes/My Chart • My Chart would be smarter with ability for patients to see and address their risk factors • Automatic assignments into patient portals • Prompts for stroke patients • Videos automatically ordered with stroke diagnosis

<ul style="list-style-type: none"> ○ Lab results to trigger in risk factors and other consults needed (LDL – dietician consult) • Utilize a co-morbidity care plan • AVS Template with hard stops for completion by RN 	<ul style="list-style-type: none"> • Message in My Chart at discharge with a PDF of stroke booklet that stays in My Chart for future reference/use •
Communication of Education Completed/Ongoing/Needed	Terminology/Verbiage
<ul style="list-style-type: none"> • RN and Interdisciplinary Handoff SBAR of Education progress • Interdisciplinary documentation and accountability of risk factor identification, education, and documentation on care plan/education plan. • Manual/visible checklist for education for patients – visible to patient, family, care team 	<ul style="list-style-type: none"> • Select language that resonates with patients <ul style="list-style-type: none"> ○ Brain attack vs. Stroke ○ Rephrase risk factors – life and health factors that place you at a higher risk of having a stroke
Processes	
<ul style="list-style-type: none"> • Utilize Discharge Unit to finalize education prior to patient leaving hospital • Hire a Navigator 	

Continuity Post Discharge

Programs for Risk Factor Modification after Discharge	Venues for general education
<ul style="list-style-type: none"> • Perform SDOH assessment prior to discharge to determine how they impact risk factor modification. Target education/interventions on barriers impacting management strategies. • Smoking cessation programs. • Coordinated weekly face-to-face classes for risk factors and disease management. • Target families and caregivers with risk factor modification education/strategies. • Phone call follow-ups to provide additional education and assistance with risk factor modification/strategies. • Have community resource guides with lists of services related to risk factors: DM, dietary, food, medication, exercise, transportation (AHA App for locating available community resources). • Offer EMS and Community Paramedic programs – enroll while in hospital; designed to provide ongoing education, home safety assessment, medication 	<ul style="list-style-type: none"> • Annual stroke luncheons • Stroke survivor and caregiver conferences • Farmers' markets • Health fairs – community events, industry, targeted populations • Traveling Healthcare vans • Parish nurses

reconciliation, obtain resources (equipment/ramps/transportation).	
Helping patients with multiple risk factors, chronic disease management	
<ul style="list-style-type: none"> • Electronic record notifications/education – i.e., My Chart • Silver Sneakers (Medicare population) – free meals, activities, education • Mobile Health Clinics – targeting geographic or specific populations • Social media – daily posts to engage population • Apps for monitoring blood glucose levels, blood pressure – feedback loop • Virtual rehabilitation – risk factor education 	
Coordination of Care with Primary Care Provider (PCP)	
<ul style="list-style-type: none"> • Engage PCP office to offer additional information to reinforce risk factor modification provided in acute care (posters, materials, disease management). • Coordinate transitions from Stroke Clinic, Bridge Clinic to PCP office. Timing: 1 visit, 6 months, 12 months 	
Continuity Post Discharge	
<p>Stroke Follow-up Clinic</p> <ul style="list-style-type: none"> ▪ Include case management <ul style="list-style-type: none"> ○ Assure medications are filled. ○ Schedule follow-up appointments. ▪ Close loops-include community paramedics and community health workers (CHWs) in team-based care and engage them for post-acute ongoing education and care. 	

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