Service Priorities and Programmes

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Patient Empowerment Programme on Prevention of Recurrent Stroke

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Introduction

Introduction Secondary stroke (or in other words, recurrent stroke) constitutes about one quarter of all strokes. Therefore, in order to minimize the chance of patients' suffering from secondary stroke, it is important for us to provide intervention to patients that aims at reducing possible risk factors to prevent further stroke.

Objectives

Aim and Objectives 1. To enhance patient / carer's knowledge on the risk factors of stroke, which may prevent the reoccurrence of stroke. 2. To enhance patients' understanding on the risk factors of stroke, which may produce changes to some of their daily living habits and reduce the risk of stroke 3. Set up an education kit for Prevention of Recurrent Stroke

Methodology

Methodology This education program has started in the Geriatrics and Rehabilitation Ward of Haven of Hope Hospital since March 2014 for three months. We recruited 12 in-patients who suffered from stroke to join this educational programme. Based on the information provided by the patients, the nurse will fill in a self-developed "Data Collection Form" (Appendix1) so that all the information including the assessment, the specific stroke education to be delivered and evaluation of patient's knowledge can be easily accessed and reviewed. For the baseline pre-assessment before the education was given (T1), patients were assessed the level of knowledge on the risk factors of stroke they acquired by using an assessment form (Appendix 2). There are 10 items on this form. Patients would be given one mark for each correct answer. A total score was computed which was based on the marks each patient got (ranged from 0 to 10). Then, specific education program was developed for each patient according to individual needs after stroke. The nursing staff was responsible for providing the educational session to each patient at the bedside. The post-education assessment

using the same assessment form of pre-education assessment was conducted after the 1st education session (T2). Knowledge of the contents covered by the program was reconsolidated at one week later after first education session and the last week of rehabilitation before discharge. The second post-education assessment was conducted upon patients' discharge (T3). Data was input to SPSS (version 17.0) for analysis. T-test was conducted to examine if there is any significant change in the total score of knowledge on risk factors of stroke.

Result

Results Mean age of 12 stroke patients involved was 63.8 years old (SD 9.7). Majority of them were male(33.3%) were male. Average educational level was 9.5 years, and their mean score of their cognitive status is 25.5(SD 3.07). Half of them suffered from ischemic stroke and the remaining stroke survivors are hemorrhagic type. The most common risk factors of stroke identified, were: inadequate exercise (91.7%), hypertension (83.3%), diabetic mellitus (75%), as well as hyperlipidemia (66.7%). Mean score of patients that indicate their knowledge level on risk factor of stroke was 3.51 for pre-education assessment (T1), 5.90 for the first post-education assessment (T2), and 6.08 for the second post-education assessment (T3). Significant increase in the knowledge was found between T1 and T2 ($p<0.05$), but no significant increase was found between T2 and T3. Discussion and Conclusion Findings indicated patients' knowledge level on risk factors of stroke can be enhanced after attended the education program developed by the nurses. It can be considered as one of the ways that may minimize the risk of patients in suffering from secondary stroke.