

Life-style Management Programme for Stroke Patients through Patient Empowerment

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What is
A **STROKE?**

What is **STROKE** impact?

Effect of **Stroke**

- Disability
- Recurrent
- Dependence

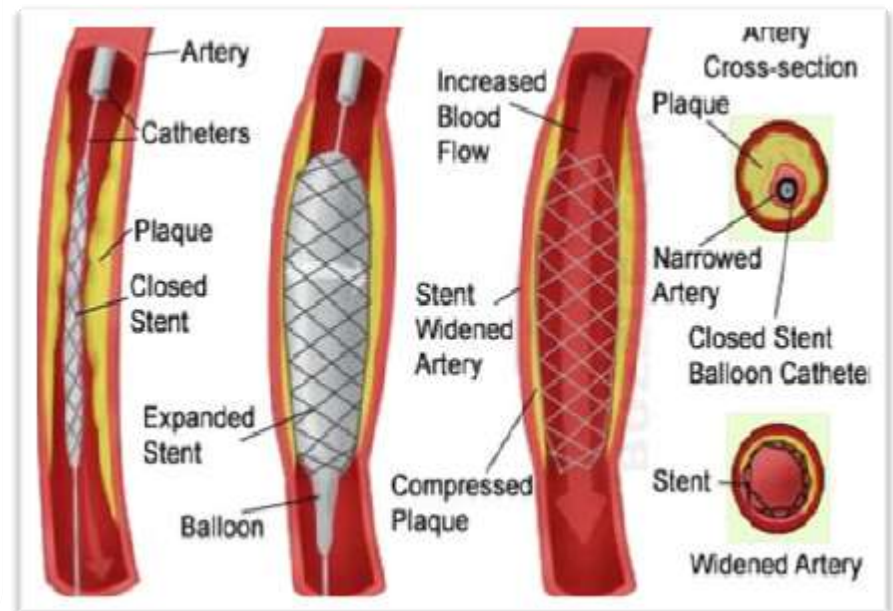


How common is the
Stroke?

- Every 6 seconds
- Every 6 persons



Treatment of Stroke



Treatment of Stroke

Less the 6 % of Stroke patient are eligible for tPA treatment₁

No. of IV tPA performed

Hospital	2012/13	2013/14	2014 2Q	2014 3Q	2014 4Q
PYN	17	42	7	12	12
RH	7	16	4	4	4
QMH	46	44	10	12	5
QEH	53	68	26	17	20
TKO	5	7	1	1	1
UCH	21	41	7	10	10
CMC	2	2	5	2	3
KWH	4	6	2	0	3
PMH	20	30	4	8	5
YCH	12	15	3	2	3
AHN	4	4	3	3	1
NDH	6	16	2	2	4
PWH	54	58	19	21	16
TMH	42	71	18	15	20
Total	293	420	111	109	107

Stroke Thrombolysis Proforma, 2012/13 and 2013/14 Stroke Survey

Treatment of Stroke

Treatment



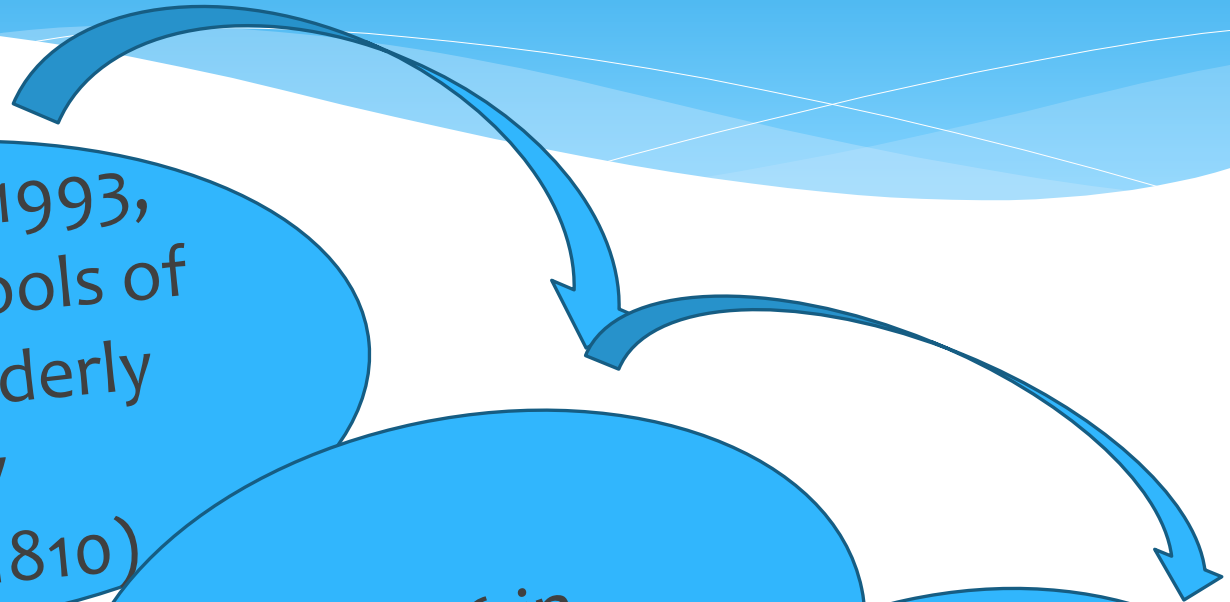
Recovery

History of Life-style Re-design

Initiated in 1993,
use as the tools of
the Well Elderly
Study
(RO1AG11810)

2006 in
Hong Kong

2007, first
class for
Stroke
survivor



Nurse led Life-style Management Programme

- * 1. Facilitate patients to cultivate positivity and goal oriented life
- * 2. Reinforce compliance in stroke risk reduction lifestyle behavior.

Credentialing



Planning - literature review

Risk reduction	Patient empowerment
<ul style="list-style-type: none">• Secondary Stroke prevention through patient education intervention on lifestyle risk factors (2013)₂• Secondary Stroke prevention through patient engagement in health promotion (2013)₃• An exploration of lifestyle beliefs and lifestyle behavior following Stroke (2010)₄• Occupational therapy secondary prevention program for Stroke (UCH)₅• 	<ul style="list-style-type: none">• Long-term efficacy of OLSR program for Stroke (HK2013)₆• Lifestyle self-management course for Stroke survivors and their carers (2012)₇

Design programme and prepare handbook

生

「生活重整」課程鼓勵有意義的生活模式。當然，在日常生活中，我們都會面對疾病與壓力。所以，我們必須按照自己喜好及才能參與不同的活動，創造自己生活意義。



活

總括而言，健康的活法，而均衡需要的生活模式三大類：



重

自我照顧的活動

娛樂與社交活動

有關工作的活動



整

姓名：_____

日期：二零一四年
十月三日至十二月五日



時間：下午一時至四時
地點：明愛醫院
(休慈室)
懷明樓5樓D

聯絡電話：
34087353
江姑娘 / 黎Sir

文字	• 03/10/2014
文字	• 10/10/2014
文字	• 17/10/2014
文字	• 24/10/2014
文字	• 31/10/2014
文字	• 07/11/2014
文字	• 14/11/2014
文字	• 21/11/2014
文字	• 28/11/2014
文字	• 05/12/2014

Hardware – Venue and furniture



Recruit Stroke survivor

Inclusion criteria

- * Stroke survivor with Rankin ≤ 3
- * Discharge home directly
- * Mentally orientated
- * Social isolation
- * Low self esteem
- * Lack of confidence

Demographic Data

- * Only 6 cases willing to join the program, but 1 of them never turn-up, 1 attended 2 classes then defaulted.
- * N = 4
- * Sex : male (100%) female (0%)
- * Age : 60-69 (N=3, 75%) 70-79 (N=1, 25%)
- * Marital status : married (N=4, 100%)
- * Living arrangement : Lives with family (N=4, 100%)
- * Employment : retired (N=4, 100%)
- * Financial support : saving (N=2, 50%) pension (N=1, 25%) DA (N=1, 25%)
- * Days to hospital after onset of Stroke : 0 - 2
- * Time spent in hospital following stroke : 3 - 17
- * Previous stroke : No (N=4, 100%)
- * Risk factor : HT (N=4, 100%) DM (N=2, 50%) Hyperlipidaemia (N=1, 25%) smoking (N=1, 25%) lack of exercise (N=2, 50%)

Start program



Content of the program

Health education, Stroke risk reduction screening, health check, stroke prevention, medication review and compliance



- * Introduce relevant community resources
- * Sharing through peer dynamic and interaction

Reflection 1

參加了小組後，請列出十樣對自己有益的事情（有益思想／什麼體會／有什麼進步呢？／家人、朋友，有什麼好處？）

1	參加小組後對病理的教益有了認識。
2	在醫護指导下，生命好快恢復信心。
3	在出街時有了自由行的胆量。
4	更在思想有了體會和交流。
5	在言語上可以和睦地暢談是非。
6	在醜陋的容貌上找回了一些微笑。
7	家人、朋友有強烈寬慰和鼓舞。
8	在集體旅行中得到快樂歡笑。
9	也在同病相憐中得到共同扶持康復。
10	更令我體會到醫護的偉大而感恩。

Reflection 2

開心格言

我無法駕馭我的命運，
只能與它合作，
從而某程度上使它
朝向我引導的方向發展

訂定行動計劃 十

我這個星期想做甚麼？首先多謝明愛醫院舉辦
這麼有意義的聚會給我們這群中風病患康服者。
為何訂造計劃？並派出優秀醫護人員主持。當初
我半信半疑的心情參加，覺得沒有機會成功。
多久沒做？但經過一段時間，使我完全改觀。
何時做？與其他康復者身體不斷進步，信心增強。
怎樣做？而我本人更加重新投入社會工作，簡盡奇蹟。
感謝江姑娘、何姑娘、黎sir的指導，最後希望
有多大信心完成？明愛醫院高層人員繼續投放
行動計劃得着更多資源和人力舉辦不同類型的
康復課程，造福廣大市民。並祝江姑娘、
何姑娘、黎sir事業更進一步！再見。

Content of the program



Content of the program



Outcome

Client	Pre-programme	Post-programme
1	Unemployed	Find a new full time job
2	No dare to go out without accompany	Frequent go to parks, museum and culture center alone
3	Lack of daily activities	Join the elderly center and participate in group activities
4	Lonely	Become the leader of this group

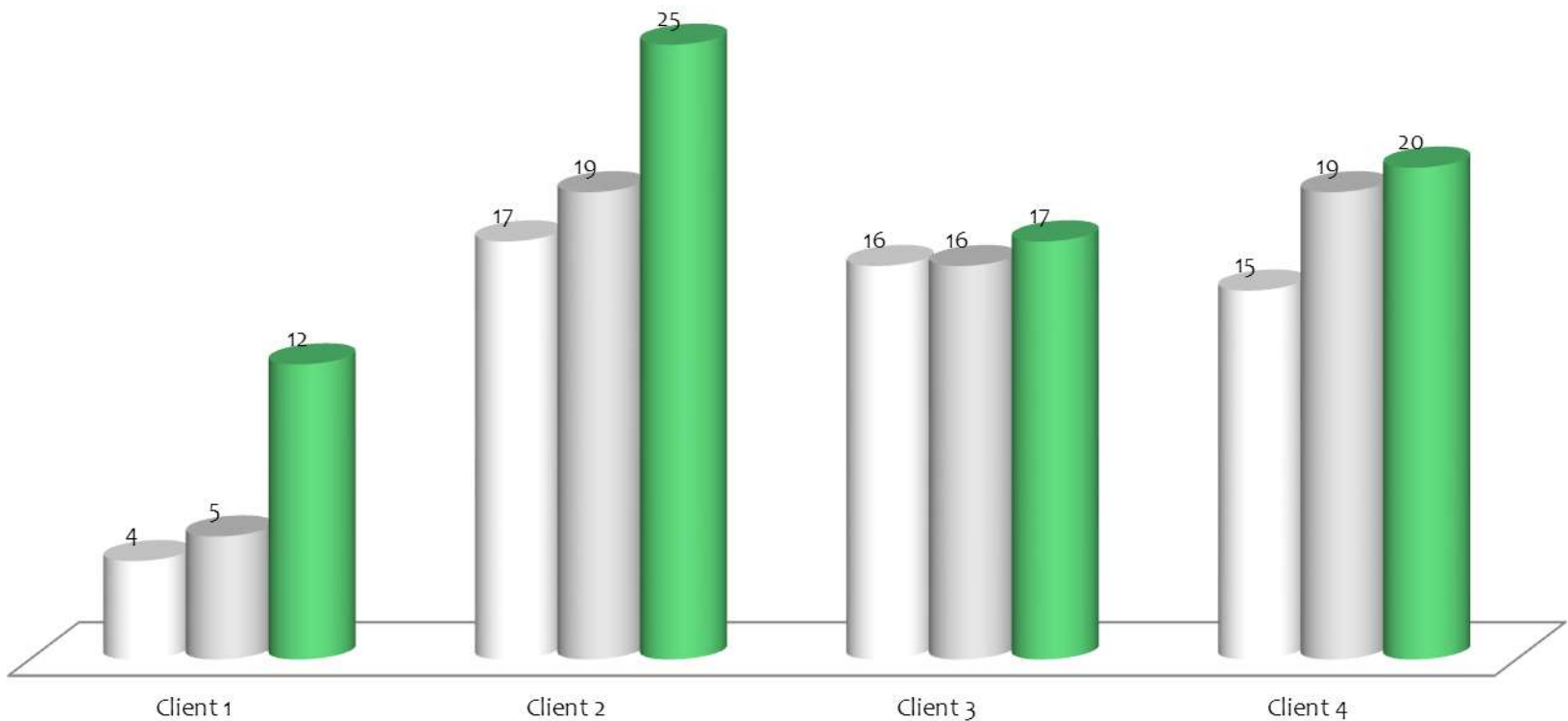
Outcome

WHO5

Pre Assessment

Post Assessment

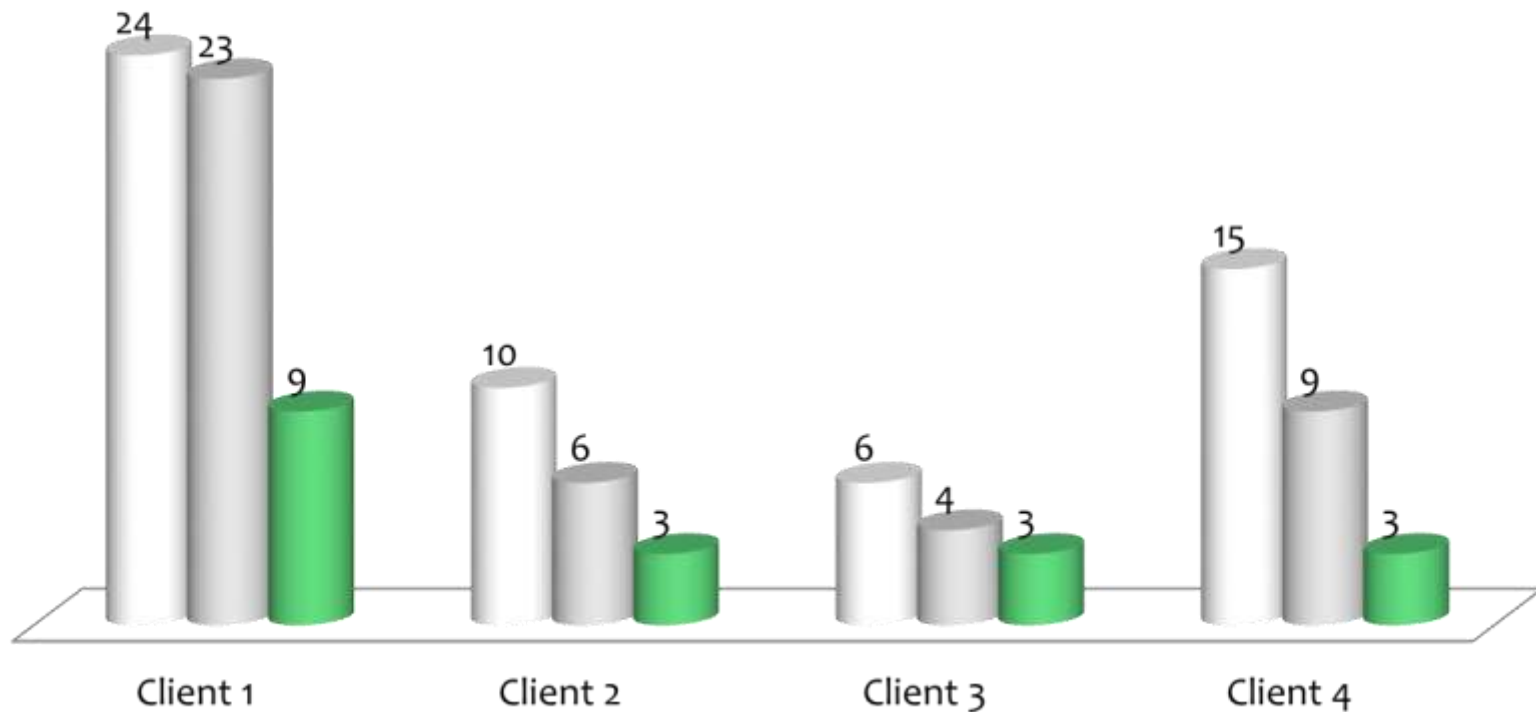
Post 3 Months Assessment



Outcome

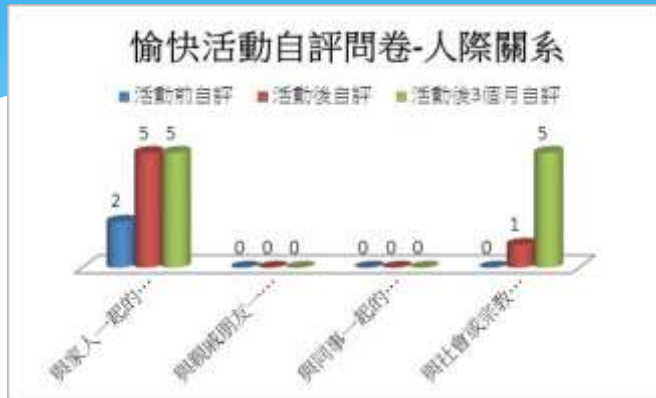
Stroke-Adapted 30-item Version of the Sickness Impact Profile (SA-SIP 30)

Pre Assessment Post Assessment Post 3 Months Assessment

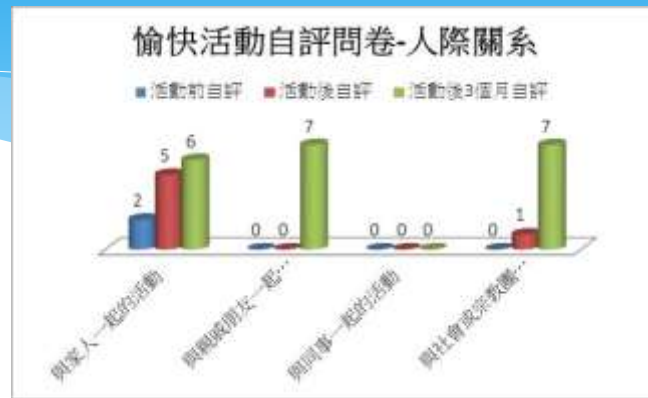


愉快活動自評問卷 – 人際聯系

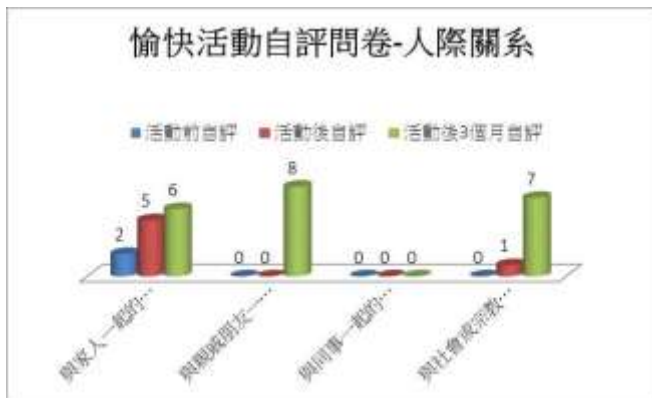
Client 1



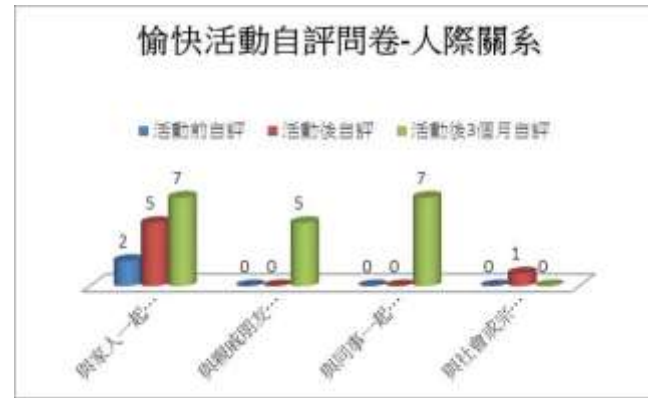
Client 2



Client 3

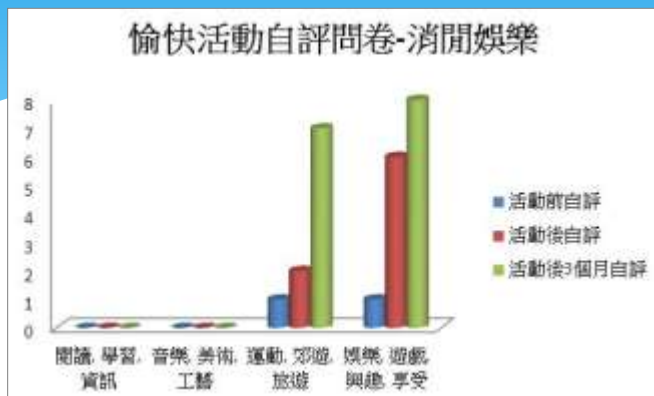


Client 4

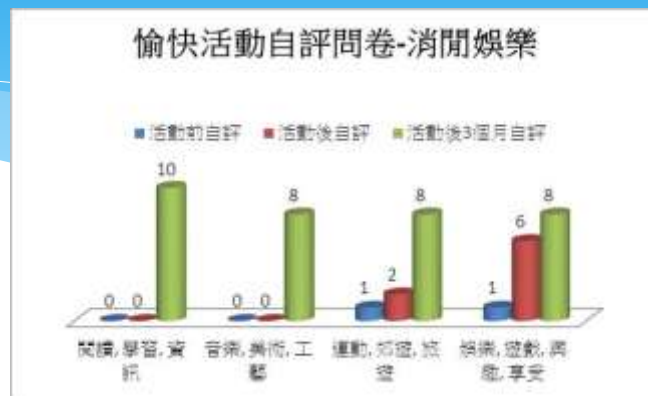


愉快活動自評問卷 – 消閒娛樂

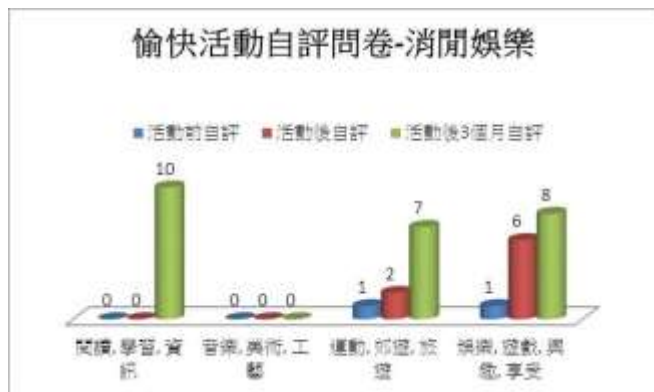
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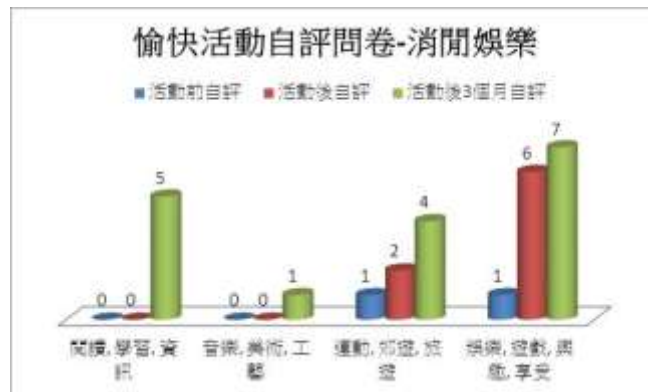
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Client 3

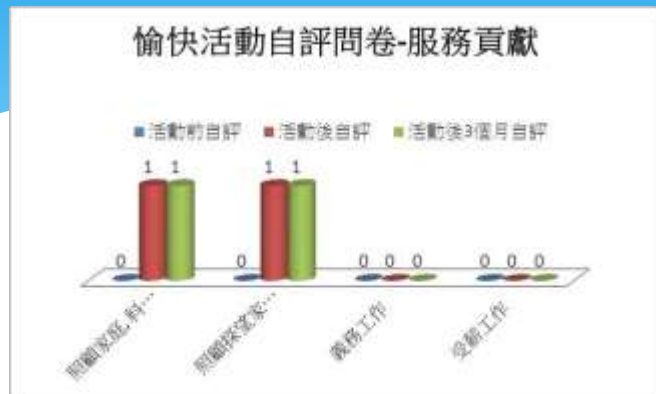


Client 4

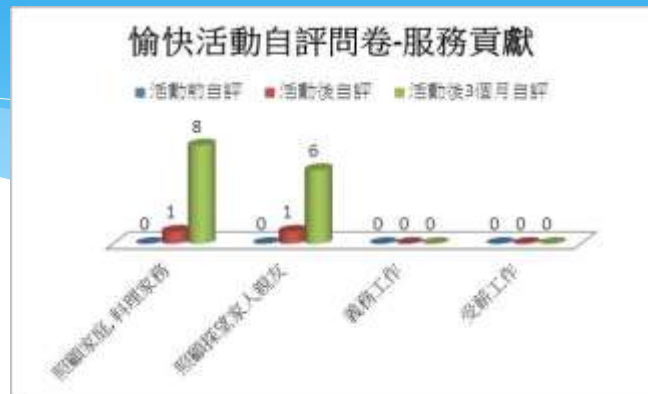


愉快活動自評問卷 – 服務貢獻

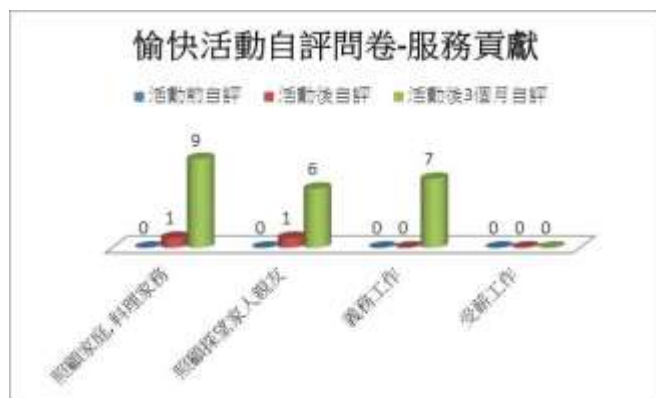
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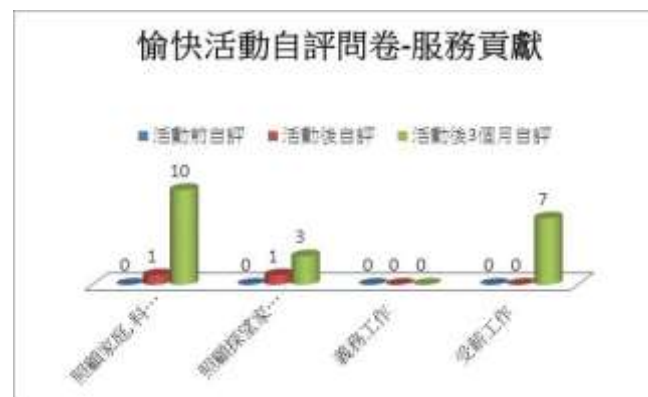
Client 2



Client 3



Client 4



KAP

Questionnaire of Knowledge- Attitude-Practice(KAP)



Conclusions

- * Optimal Stroke care cannot stop at discharge.
- * Patient education is a core business of rehabilitation nursing.
- * When patients understand, they can apply to their life.
- * Nurse driven lifestyle management programme has a significant impact on prevention of secondary stroke and reducing complication.

Recommendations

- * Preferable group size to 8 people
- * Increase outdoor session
- * Encourage caregiver to participate in group
- * Systemic data collection
- * Transcranial Doppler / carotid duplex to rule out cardiovascular risk

Future plan


- * 2 groups per year
- * Train the trainer
- * Collaborate with other specialties
- * Accumulate member to form a self-help group
- * Yearly reunion

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- * 7. Ben Knight Ass Director, Programme Delivery Coventry and Warwickshire Cardiovascular Network



Thank you !!