



Service Priorities and Programmes
Electronic Presentations

Convention ID: 111

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A CQI patient education project to improve the knowledge of stroke in-patients and caregivers in facilitating hemiplegic arm and hand recovery

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Keywords:

Patient education

Stroke

Arm and hand recovery

Introduction

Stroke was one of the core patient type that utilized rehabilitation services in Hospital Authority. Upper limb dysfunction is of special concern because the impact of this impairment on disability is marked and affects daily function much.

Objectives

To improve the knowledge of stroke in-patients and caregivers in facilitating arm and hand recovery through an arm/hand recovery educational class at occupational therapy department

Methodology

* A Plan-Do-Check-Act (PDCA) cycle as the basic framework. * A quasi-experimental pre-test post-test evaluation through convenient sampling of stroke in-patients and their caregivers * The educational class started since July 2012 and the data collection period and evaluation were till December 2012.

Result

* 61 participants of stroke in-patients (23) and caregivers (38) participated. * Statistically significant difference of an increased knowledge score on arm/hand recovery when comparing the post-test mean 14.5 ± 1.6 with pre-test mean 8.1 ± 2.9 , $t\text{-value} = -15.1$, $p = 0.000$ * Statistically significant difference in the number of participants in achieving a target correct score of 80% in knowledge on arm and hand recovery at pre-test and post-test, Pearson Chi-square $X^2 = 95.8$, $df = 1$, $p = 0.000$ * Fifty six participants (91.8%) reached the target correct knowledge score 80% at the end of recovery class. * 100% satisfaction among the participants when collecting feedback on 6 questions related to the content of the class. This recovery class was effective to improve the knowledge of participants in facilitating arm/hand recovery and participants were satisfied with the content of the training material. The educational class targeted to have early and proactive education of stroke patients and caregivers. Participants benefited from direct face-to-face interactive session with therapist to have a thorough understanding of signs and symptoms of hand dysfunction, stages of arm/hand recovery and goals of training according to their

needs. Both patients and caregivers increased awareness of latest evidence-based arm/hand recovery intervention. Participants were able to know how to generalize the knowledge and carry over at different levels of comprehensive home programme at ward or at home, thus bridging the gap before attending ambulatory care to prepare for successful community reintegration.