



Service Priorities and Programmes
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Nursing Role in Enhancing the Quality of Acute Stroke Service

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Introduction

Stroke is a leading cause of disability that can be devastating for patients and their families. Approximately two thirds of stroke survivors continue to experience functional deficits that are associated with diminished quality of life. Current evidence suggests thrombolytic therapy is beneficial to clinical outcomes after an acute ischemic stroke. As the therapeutic window is short and a coordinated rapid response is needed, a proficient and specialized person is preferred for case selection. For this reason, stroke nurse was introduced in Sep 2011 in RHTSK. Furthermore, patient with AF is another concern in acute ischemic stroke. Atrial fibrillation (AF) and atrial flutter account for ~10% of all strokes and 50% of cardio-embolic strokes. Stroke associated with AF carries a poor prognosis as more than 50% of the survivors remain with a severe deficit, and recurrence may be as high as 12% per year. Although AF is the most frequent cause of cardio-embolic stroke, this arrhythmia remains under-diagnosed, as it is often asymptomatic. Because anticoagulant treatment dramatically reduces the recurrence rate, detection of AF after stroke is essential. A skillful and experienced nurse plays an active role to facilitate an effective and efficient workflow on case screening for thrombolytic therapy, detection of AF, and extend nursing service from inpatient to outpatient.

Objectives

Facilitate more eligible cases received thrombolytic therapy. Facilitate a multidisciplinary approach management. Detect symptomatic and asymptomatic AF after acute ischemic stroke and Transient Ischemic Attack (TIA). Enhance the quality of stroke care, from in-patient to outpatient service.

Methodology

The clinical pathway for thrombolysis service was developed and the thrombolysis guideline was revised in line with American Stroke Association (ASA), aim at facilitating an effective and smooth collaboration among departments and professionals. Stroke nurse would perform most screening procedure for eligibility of thrombolysis and coordinate for the care. In the study of "detection of AF in acute stroke patients" in 2012, stroke nurse shared the role to monitor, document and report the progress of the study. Furthermore, stroke nurse also participated in stroke clinic for post stroke patient. A comprehensive assessment form was developed. The

aspects of physical, psychological and social were included. Stroke nurse would perform a comprehensive assessment to post stroke patients, follow up the progress of disease and control the risk factors, reinforce health education, prevent complication, arrange investigation, monitor the drug compliance and provide suggestion to neurologist in stroke clinic.

Result

From Oct 2011 to Dec 2013 (27 months), 80 potential cases were screened and 31 eligible cases were received thrombolytic therapy. Compared with the baseline, from Mar 2006 to Sep, 2011 (67 months), ~400% increasing the use of thrombolysis service after the workflow modification. The review study of "detection of AF in acute stroke patients" was conducted in Acute Stroke Unit (ASU), from April 2012 to September 2012 (6 months), 135 acute ischemic stroke and TIA cases were recruited, 7 cases were newly diagnosed AF and the pickup rate ~5.2%. All of these patients were considered to start anticoagulants. Shared stroke clinic (Stroke nurse and Neurologist) was implemented in Jul 2013, to provide a comprehensive follow up to post stroke patients. From the period Jul 2013 to Feb 2014 (7 months), 78 attendances were followed in the clinic, 32 satisfaction surveys in return with significant positive feedbacks obtained. Conclusion The improvement program provides a mechanism for quality assurance for stroke care. A specialty nurse and systematic workflow is likely to improve the quality in managing patient who suffered from acute stroke, enhance teamwork, ensure patient safety and achieve the best possible outcomes for patients and their family.