The Problem
The CMS/TJC Stroke Quality Measure “stroke education documentation prior to discharge” goal was not being met at BIDMC. The goal for this measure is 75% and actual measure proved 50-60% compliance. This could indicate that stroke/TIA patients were not receiving the national standard of patient care related to stroke recognition and secondary prevention education prior to discharge. The required documentation includes stroke signs/symptoms, EMS activation, personal modifiable risk factors, need for follow up care and medication. All patient care areas that admit stroke/TIA patients are impacted. This measure reflects both the Quality and Safety of Care.

Aim/Goal
The goal of this project was to ensure, within three months of project initiation, that stroke patients are receiving stroke education prior to discharge as demonstrated by meeting the national secondary stroke education documentation compliance rate of 75%.

The Team
W. Cohen DNP, RN; S. Gordon DNP, RN
L. Sullivan RN, BSN; M. Harrington RN, AD; L. Williamson RN, BSN
S. Aneesh RN, BSN; S. Joyner RN, MSN; C. O’Connor RN, BSN
C. Kristeller RN, MSN; J. DiLibero RN, MSN

The Interventions
- Review secondary stroke prevention education measure results from September 2013 to July 2014
- Review current nursing practice for providing stroke education to patients.
- Review stroke education packet and previous attempts to drive compliance
- Formed “BIDMC Stroke Work Group” to problem solve solutions and share data September in 2014
- Educated Nursing Staff on floors that admit patients with stroke/TIA and supplied them with Stroke/TIA Education Packets
  - Education focused on why discharge education is important and what is specifically needed for stroke
- Stroke Clinical Program Coordinator rounded on patients on floors other than Farr 11, spoke with and mentored nurses for secondary stroke prevention education and documentation beginning in July 2014
- Stroke Work Group Members encouraged their colleagues to perform and document stroke awareness and secondary prevention education

The Results/Progress to Date

Lessons Learned
- Stroke patients are receiving stroke education prior to discharge, but documentation needed to be improved.
- Systems involving the placement of inpatients are complex and require constant adjustment. For example, when all floors receiving stroke/TIA patient admissions were thought to be in-serviced an additional floor began to receive stroke/TIA inpatients.
- Each medical/surgical unit has slightly different processes that must be adapted to incorporate a new or updated process.
- A process change takes time, persistence and leadership support.

Next Steps
- Update of current stroke awareness and secondary prevention education packet
- Review of charts not in compliance with stroke education documentation to isolate any outstanding issues and follow up
- Share results with units that do not take part in “Stroke Work Group”
- W. Cohen to mentor new nurses on Farr 11 in care of the stroke patient to include stroke patient education demonstration and return demonstration
- Suggest to Stroke Care Committee to increase compliance goal for stroke education documentation to 90%

For more information, contact:
Wendy Way Cohen, DNP, RN. Clinical Coordinator
Stroke/Telestroke. wwcohen@bidmc.harvard.edu