Health System Management of Stroke Seamless Care in District Health System in Thailand

Chenchob Panarat, PhD, RN
Boromarajonani College of Nursing, Buddhachinaraj, Boromarajonani College of Nursing, Buddhachinaraj, Phitsanulok, Thailand
Phetchara Kongsri, MNS, RN
Nurse Practioner, Bantak Hospital, Tak, Thailand
Paobthip Suthporn, RN
Medical Unit, Takhli Hospital, Nakhon Sawan, Nakhon Sawan, Thailand
Phetchara Kongsri, MNS, RN
Nurse Practioner, Bantak Hospital, Tak, Thailand
Paobthip Suthporn, RN
Medical Unit, Takhli Hospital, Nakhon Sawan, Nakhon Sawan, Thailand
Juthamart Phunlawong, MNS
Sirindhorn College of Public Health, Sirindhorn College of Public Health, Phitsanulok, Thailand
Juthamart Phunlawong, MNS
Sirindhorn College of Public Health, Sirindhorn College of Public Health, Phitsanulok, Thailand
Pornpen Pattarakorn, MNS, FNP
Division of Nurse Practioner, Banbueng Hospital, Chonburi, Thailand
Nonglak Vachirabanjong, RN
Emergency Department, Benchakitti Park Hospital, Bangkok, Thailand
Ladawan Lenthummee, MNS
Nursing Department, Nadun Hospital, Maha Sarakham, Thailand

Purpose: In Thailand, stroke patients are routinely admitted to a hospital. There are problems in care implementation for patients after stroke in communities such as lack of stroke awareness, delay in referring patients' medical documents from a hospital to the Community Health center (CHCs) as well as a shortage of human resources, especially in rural areas. Many patients and family caregivers are not included in post-stroke care and follow-up at home, causing further health complication and recurrent stroke, leading to readmission. These factors affected the quality of care as well as the patient’s safety. This qualitative study aimed to describe health system management of stroke seamless care in BanTak district, Thailand.

Methods: The samples were selected using purposive sampling and willing to participate including 2 physicians, 15 nurses and 19 participants of public sectors. Semi-structure interview guidelines were used as the research tools, in-depth interviews with a tape record was used to collect data on health system management. The data were analyzed using descriptive statistic and qualitative data were analyzed using content analysis.

Results: The results reveal that participants of multidisciplinary team and public sectors perceived factors promoting seamless health care services of stroke networks in five categories: 1) setting of practical policy and strategic plan of seamless care, 2) involving of care team in developing intermediate care, continuing care system, 3) strengthening of stroke seamless networks at all level of health care setting, coordination of care, and 4) qualified nurse case manager, and 5) community empowerment to enhance community participation in order to increase stroke awareness and the accessibility of EMS system.
Conclusion: The result of this study suggests that the approach to primary care system development and health, community, which contained important elements, were 1) proactive work should be created in clear tasks within suitable time consideration in multidisciplinary work. Community get strong support for continuing care system at all level; 2) National Stroke awareness campaign and budgets to provide all sub-districts with ambulances for the EMS system are urgently needed, 3) It can be applied as a guideline of developing a seamless care model for person with stroke and further person with chronic conditions to enhance quality of continuing care in District Health System.

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Abstract Summary:
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First Primary Presenting Author
Primary Presenting Author
Chenchob Panarat, PhD, RN
Boromarajonani College of Nursing, Buddhachinaraj
The head, the division of Human Recourse Management
Phitsanulok
Thailand
**Author Summary:** I focus on studying behavior changes among high risk group in rural setting in Thailand: a community-based participatory (CBPR). I serve as a facilitator and a mentor in Thailand primary care unit as a principal investigator (PI). My research studies focus on behavior change in preventing NCDs and strengthen community nurses’ competency to enhance district health system in northern, Thailand.

**Second Secondary Presenting Author**  
**Corresponding Secondary Presenting Author**  
Phetchara Kongsri, MNS, RN  
Head, Division of Nurse Practitioner  
Bantak Hospital  
Ban Tak District  
Tak  
Thailand

**Author Summary:** I am planning, implementing, and managing recruitment, as well as selection, training, career, and organizational development initiatives within an organization. I promote personal development, employee satisfaction, and compliance with employment-related laws. I have been conducting the stroke seamless care in Bantak District, Thailand.

**Third Secondary Presenting Author**  
**Corresponding Secondary Presenting Author**  
Paobthip Suthporn, RN  
Head, Division of Medical Unit, Takhli Hospital, Thailand  
Takhli Hospital  
Takhli District  
Nakhon Sawan  
Thailand

**Author Summary:** I focus on studying a community-based approach to promoting health and preventing illness of chronic diseases (NCDs) among high risk group in rural community and conduction paritive care study in Medical Unit and home visit as well.

**Fourth Secondary Presenting Author**  
**Corresponding Secondary Presenting Author**  
Juthamart Phunlawong, MNS  
Sirindhorn College of Public Health  
lecturer  
Thong Sub-district  
Wang Thong District  
Phitsanulok  
Thailand

**Author Summary:** As a junior staff member, I was responsible for teaching nursing
students in Adult and Elderly Nursing and supervising them to provide effective caring for Adult and Elderly. During this period, I gained significant experience in 4 main rules of nursing: caring, health promotion, prevention, and rehabilitation.

Fifth Author
Pornpen Pattarakorn, MNS, FNP
Head, Division of Nurse Practitioner
Banbueng Hospital
Ban Bueng District
Chonburi
Thailand

Author Summary: focus on studying a community-based approach to promoting health and preventing illness of chronic diseases (NCDs) among high risk group in rural community and conduction health promotion in workplaces for prevention NCDs and chronic conditions and safety work as well.

Sixth Secondary Presenting Author
Corresponding Secondary Presenting Author
Nonglak Vachirabanjong, RN
Benchakitti Park Hospital
Emergency Department
Registered Nurse
Khlong Toei
Bangkok
Thailand

Author Summary: I currently work as a Registered Nurse at Emergency Department, Benchakitti Park Hospital for 17 years. I have been screening stroke patients in ER in order to care and manage an effective care.

Seventh Author
Ladawan Lenthummee, MNS
Nadun Hospital
Nursing Department
the head, Division of Nursing Department
Na Dun District
Maha Sarakham
Thailand

Author Summary: I focus on studying a community-based approach to promoting health and preventing illness of chronic diseases (NCDs) among high risk group in rural community and conduction palliative care study in Medical Unit and home visit as well.