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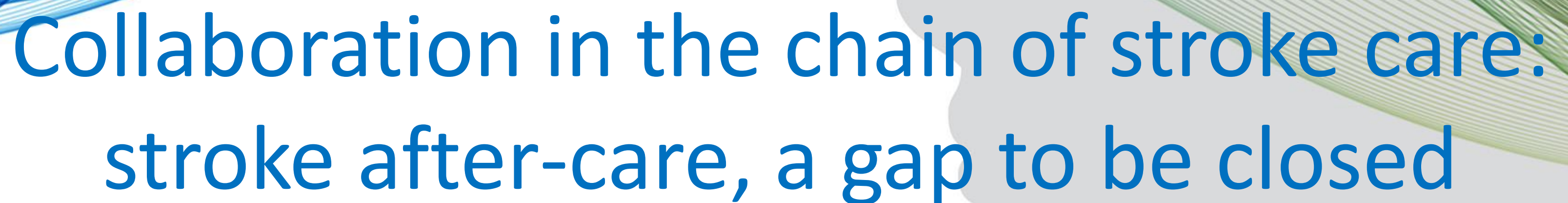

Collaboration in the chain of stroke care: stroke after-care, a gap to be closed

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- 7 Hospitals
- 1 Rehabilitation centre: specific stroke care unit
- 7 Nursing homes: specific stroke care units
- Community care: 1) nurses and 2) therapists

- Pathways
- Chain protocol
- Aim:

  To realize a high quality of life for every stroke patient in the Rotterdam area, according to the most recent (scientific) standards. Deliver excellent fitting care, on the right place, at the right moment and delivered by the most skilled professionals

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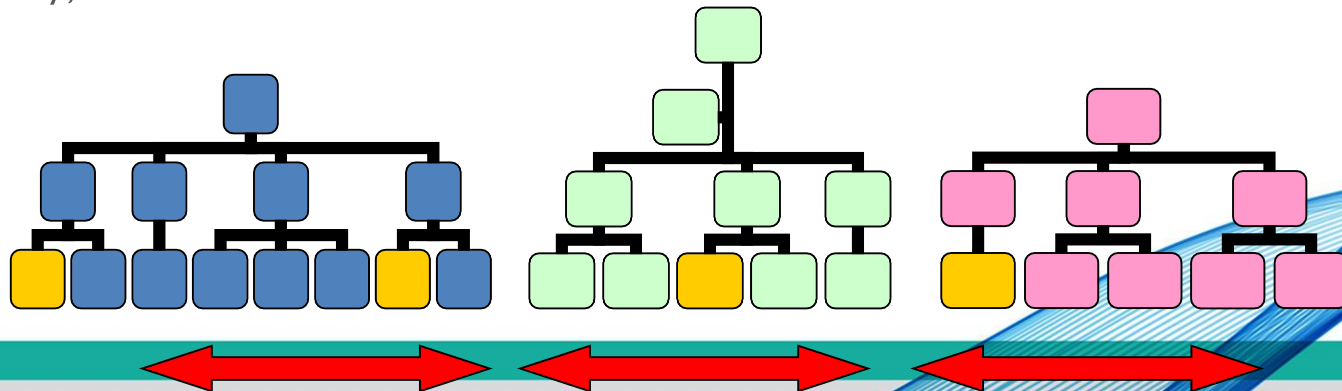
Stroke care chain in Rotterdam, The Netherlands

- Collaboration results in continuïty of care
- Care is organized in a patient centred way: patients' needs are important (but not always patients' desires…)
- Patient-information: being able to make choices
- Quality and effectivity: reduce incompleteness of care
- Optimal capacity-use
- Efficiency, cost-reduction



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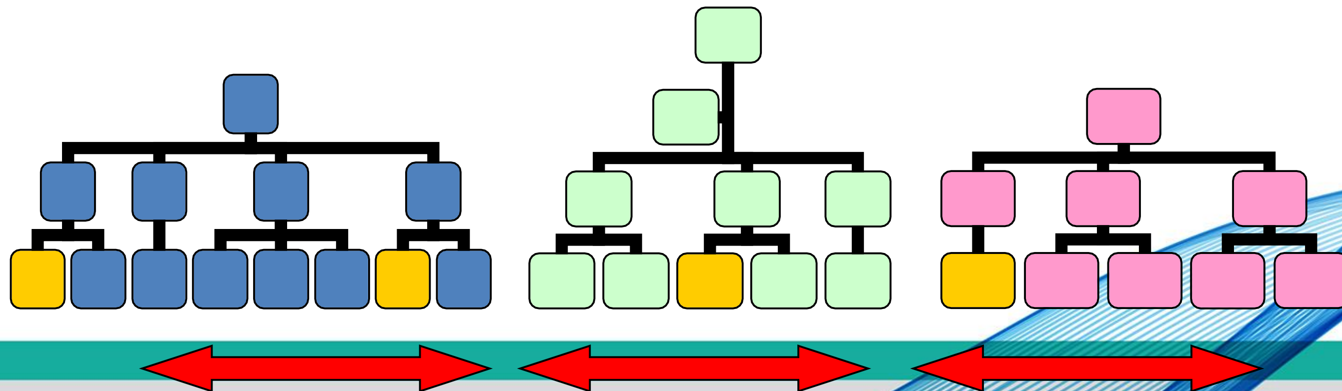
After-care in the stroke care chain

- Practice based research (2010): no adequate care and support in the home situation after discharge
- Disabilities and changing roles
- Caregiver burden
- Alcohol and medication abuse
- Mobility problems
- Social isolation
- Foreign residents have a more risk full lifestyle, but are harder to reach



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Project after-care: methods

- Taskforce Rotterdam Stroke Service
- Project phase: three organisations
- Project leaders: Elly van Haaren & Ton Vissers
- April 2012–November 2013: create shared policy, monitor infra structure, design research plan
- Funded by ZonMW
- Patients received out reaching nurse support: home visits
- Data collection: quantitative & qualitative

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Results characteristics:

- Patients n=169
- Mean age 69 years
- Male 54%
- 85% CVA, 15% Tia
- Discharged home from:
  - hospital 86%,
  - rehabilitation centre 5%
  - nursing home 3%
  - remaining 6%
- GP involved in 90%
- Physical therapist involved in 33%
- Speech therapist involved in 9%
- Psychologist/social worker involved in 14%

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Results: domains experienced problems

Domain	%
Mobility arm/leg	51%-44%
Balance	42%
Vision	10%
ADL	37%
IADL	37%
Social activities	37%
Cognition	52%
Communication	24%
Emotional/psychological	52%
Behavior	9%
Exhaustion	74%
Life style	37%
Medication	37%
Relationships	16%
Information	60%

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Results: patient interviews

- Interviews patients n=16 (sample)
- 13 patients need continuous support/care
- 3 patients ask more support/care
- First home visit: 30% unhappy with provided information. After one year 25%
- First home visit: 75% is happy with provided support. After one year 80%
- Only 3 patients experience increased quality of care
- Other patients experience equal quality of care

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Results: questionnaires caregivers

- n=25 caregivers: response n=12 (48%)
- Neurologist, physical therapist, speech therapist, occupational therapist, rehabilitation physician, stroke care nurse and transfer nurse
- Before start of the project almost all experienced: 1) limited or bad communication, 2) limited accessibility and 3) lack of knowledge about the package of tasks of colleagues
- After one year 90% experienced communication to be good
- 90% experienced good accessibility of colleges after one year
- 85% had sufficient knowledge about package of tasks of colleagues
- Although…..66% is unsatisfied with accessibility of GP's

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Results: focus group interview nurses

- n=5 nurses of 2 organisations
- Collaboration increasing
- Fine tuning of care and unity in the stroke care chain improves health care delivery
- Nurses can detect problems in an early stage
- Nurses can respond rapidly on changes in health care status
- Job satisfaction has been increased

- Transfer of files needs improvement
- Lack of measurement-use
- Shortness of time

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Results interviews managers

- n=5 managers (hospitals, nursing homes, home care organisation)

- Project promotes continuity of care
- Expecting less hospital readmissions
- Expecting good home care (trustworthy to discharge patients)
- Collaboration with others is important
- Knowledge generated about care chain (and tasks of employers)
- Enrichment of the work and increasing competency
- More career perspective
- More structure in the stroke care chain in the city of Rotterdam!

- Challenge: financing after-care

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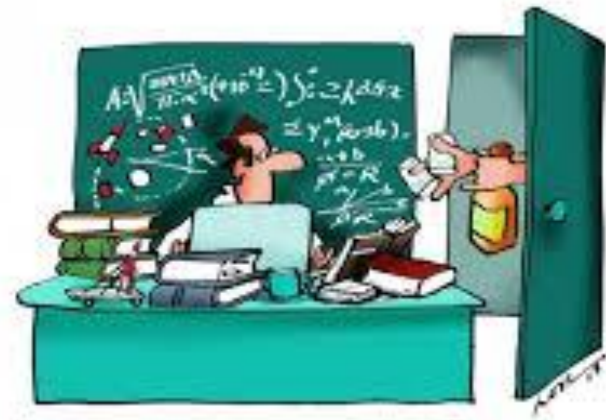
Discussion and conclusion

- Nurses, patients and managers are convinced that the stroke after care project was successful
- Major challenge to find resources to finance after care
- Participants continue to provide after care
- Present the results to health care insurers



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Lots of thanks to
Elly van Haaren and Ton Vissers, project leaders

Thank you for your attention!

Are there any questions?