Development of stroke after-care in the Rotterdam Stroke Service

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Faculty disclosure
- There are no conflicts of interest
- No sponsorship or commercial support was given

Learner and session objectives
- to understand the way stroke care in the Netherlands is given
- to learn about integrated stroke care
- to learn about the data collection during the stroke after care project

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Rotterdam Stroke Service

- 8 hospitals
- 1 Rehabilitation Centre: specific stroke care unit
- 9 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, in the right place, at the right moment and delivered by the most skilled professionals
Background: Stroke care chain in Rotterdam, The Netherlands

• Collaboration results in continuity of care
• Care is organized in a patient centered 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
Background: 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
Project after-care: methods

- Taskforce Rotterdam Stroke Service
- Project phase: three organizations
- April 2012–November 2013: create shared policy, monitor infrastructure, design research plan
- Funded by ZonMW
- Patients received outreaching nurse support: home visits
- Data collection: quantitative (project phase & on-going) & qualitative (project phase)
Phase 1 (project phase): results

- 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%
Phase 2 (project phase): results

- Patients n=463
- Mobility, independence 16%
- Cognition 15%
- Multi-tasking 15%
- Planning 15%
- Lack of energy 41%
- Need assistance with ADL 17%
- Rollator 13%
- Wheel chair 9%
- Stair lift 2%
- Handles 15%
- Fysio 9%
- GP 11%
- Speech therapist 3%
Differences in outcomes

Phase 1:
- Manual data collection
- Subjective answers allowed
- Data collected in an Excel sheet

Phase 2:
- Use of tablet computer
- Every nurse involved in stroke after-care used a questionnaire based on evidence based instruments (SIGEB)
- SIGEB: specific instrument for care in the community
- Automatic data processing and storage in the cloud
### Registratie project "Nazorg op orde"

**Inval instructie**
Vul een 1 in als het antwoord "JA" is. Vul een 0 in als het antwoord "NEE" is.
Vul een cijfer in als gevraagd wordt naar een cijfer (leeftijd, aantal contacten, score).
Laat absoluut geen cellen leeg; dit veroorzaakt fouten in formules. Als het antwoord echt onbekend is, vul dan een vraagteken in.

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Data collection phase 2

- Name of the nurse
- Data may be sent by e-mail to nurses and patients
- Use of a project code allows for anonymity
- Data may be traced back to the hospital of origin
SIGEB: Geriatric Depression Scale

1. Are you, in general, satisfied with your quality of life?
2. Have you lost interest in activities and hobbies?
3. Do you feel your life is empty?

all answers are yes or no
Data collection stroke after-care

- Questions on tablet computer, anonymous
- Data collection automatically sent to the cloud
Situation 2016

- 8 nurses involved in stroke after-care.
- Structured stroke after-care.
- Better awareness in the chain of stroke care
- Anonymized data in the cloud
- Large database
- Each patient will be monitored for 2 years
- 2300 patients in Rotterdam Stroke Service
- Possibilities for national database
- Input for better care (care insurance)
Questions?