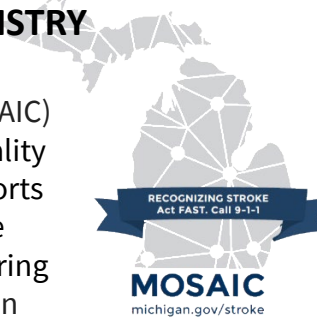




STROKE ALERT

MICHIGAN'S ONGOING STROKE REGISTRY TO ACCELERATE THE IMPROVEMENT OF CARE

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES A PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY QUARTERLY NEWSLETTER | OCTOBER 2019



Michigan's Ongoing Stroke Registry to Accelerate the Improvement of Care (MOSAIC) program works to implement an integrated stroke system of care focused on quality improvement (QI) across the stroke care continuum. To achieve this, MOSAIC efforts focus on linkage of EMS, hospital, and discharge data and provider feedback. The system integrates pre-hospital care through promotion of hospital-EMS data sharing and communication, and program evaluation. MOSAIC currently works with seven hospitals that are reporting post-discharge data. The long-term objectives for post-discharge data collection and analysis are to increase control of hypertension and cholesterol among stroke patients, improve coordination of care after hospital discharge, and reduce 30-day readmission rate and Emergency Department visits for complications post-stroke.

ENHANCING EDUCATION

Samantha R. Wall, Program Evaluation, MDHHS

Patients with comprehension deficits, like those associated with stroke, have a difficult time understanding educational information and may not be aware of their deficits. To improve understanding, the use of multiple forms of educational materials (verbal, print, multimedia) should be utilized.¹

Education and understanding of diagnosis can lead to more satisfied patients, improved outcomes, increased treatment compliance, and better advocates for their healthcare.¹ Often, patient education is time-consuming for the clinician and overwhelming for a patient. Patients generally retain around 50% of the information communicated to them and accurately remember even less.^{1,2} While patients are traditionally educated by physicians, this time-consuming practice can be neglected at the expense of the patient's health.² Hospitals might consider using other integrated medical services staff such as social workers, rehabilitation therapists, home healthcare workers, patient educators, and patient advocates to help ease the burden of patient education on physicians, nurses, and pharmacists.²

Educating patients about disease and post-discharge management, medications, and how and when to seek medical attention during a hospitalization gives clinicians the opportunity to address patients' learning needs. This can lead to earlier discharge and improved patient outcomes.^{1,2,3}

DATA DASHBOARD

More than **110,000 stroke event records** in the MOSAIC database



According to the 2018 MOSAIC Hospital Inventory:

45% of MOSAIC hospitals utilize telemedicine services for stroke consultation either via phone or videoconference



More than **85% of MOSAIC hospitals use verbal** or teach back methods for patient education materials



Less than 20% of MOSAIC hospitals report using videos or social media materials for patient education

AN INNOVATIVE APPROACH TO PATIENT EDUCATION

Justin Allen, EMS Stroke QI Coordinator, MDHHS

Cognitive and learning impairments are common for patients who have suffered a stroke. This may pose a challenge for patients to retain information on medication instructions, follow-up appointments and other discharge orders.

Community Integrated Paramedicine (CIP) programs throughout Michigan have taken an innovative approach in addressing this challenge. In many cases the community paramedic will meet the patient at the hospital to establish a relationship and identify potential physical and cognitive deficits. Once home, community paramedics use technology and different tools to educate the patient, assist them with healthcare needs and ensure any home safety risks are addressed. Medication timers are set up for the patient to help remind them when to take medications. Community paramedics also use coloring books and pictures to show the patient where in the brain their stroke occurred and how it may affect certain motor and cognitive functions. Refrigerator magnets are also used to write down doctor's names, pharmacy information, and upcoming appointments. In addition, community paramedics can identify physical impairments and provide durable medical equipment that allow patients to take care of themselves and regain independence.

CIP's innovative methods of educating stroke patients make them an integral part in the spectrum of care that reduces hospital readmissions, improves patient outcomes and provides a support system for patients in their communities.

MARK YOUR CALENDAR:

INTERNATIONAL STROKE CONFERENCE:



February 2020

Location: Los Angeles, CA

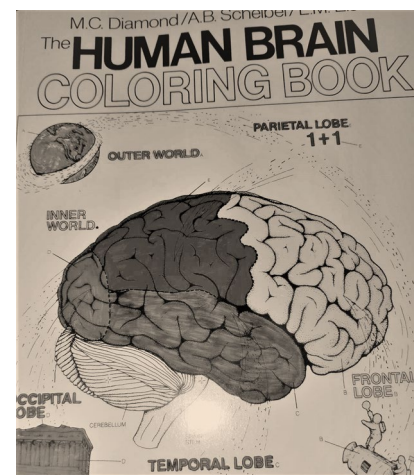
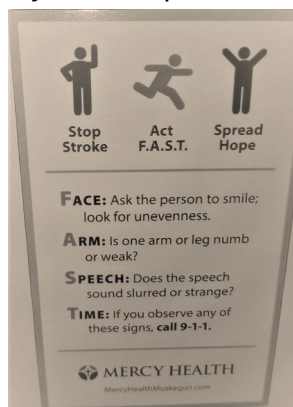
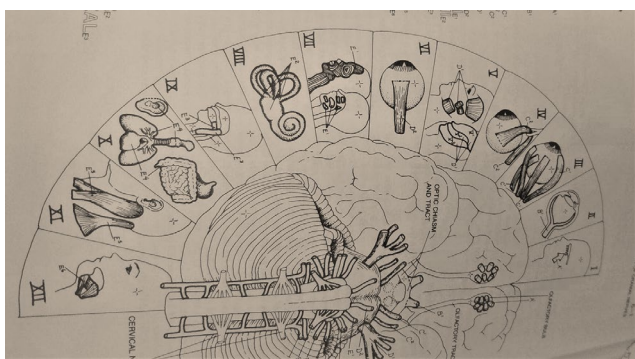
WORLD STROKE DAY:

October 29, 2019

<https://www.worldstrokecampaign.org/>

American Heart Association:

Scientific Sessions
November 16-18
Philadelphia, PA



PROMOTING COMMUNITY AWARENESS

Stroke is a time sensitive disease making it important to increase community awareness of signs and symptoms of stroke. The acronym F.A.S.T. is universally promoted way to recognize and identify a stroke: F- facial drooping, A- arm weakness, S- speech slurred, and T- time to call 9-1-1. To promote this awareness messaging to our communities, MOSAIC has teamed up with the MDHHS communications department to produce a short video that can be used as an innovative tool to spread stroke awareness. To view and share the video please visit: <https://youtu.be/8qC04-4sEBw>

1. Marcus, C. (2014). Strategies for improving the quality of verbal patient and family education: a review of the literature and creation of the EDUCATE model. *Health Psychology and Behavioral Medicine*, 2(1), 482-495. 2. Wofford, J.L., Wells, M.D. & Singh, S. (2008). Best strategies for patient education about anticoagulation with Warfarin: A systematic review. *BMC Health Services Research*, 8(40). 3. Nettles, A.T. (2005). Patient education in the hospital. *Diabetes Spectrum*, 18(1), 44-48.