

Achieving optimal stroke education in a Neurology stroke unit – the National Neuroscience Institute model

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Introduction

In Singapore, stroke is the fourth leading cause of mortality. Each year an estimated 10,400 people are admitted to Singapore hospitals for stroke or transient ischemic attack¹. Despite advances in stroke therapy, the general public still remains uninformed about the need for stroke patients to be brought to the hospitals in time for treatment². Many patients and carers continue to express a lack of understanding about stroke and its causes, secondary preventive measures and information³. Stroke education is therefore vital, as it teaches patients to identify stroke risk factors and modify their lifestyle as part of the management of stroke.

Aims

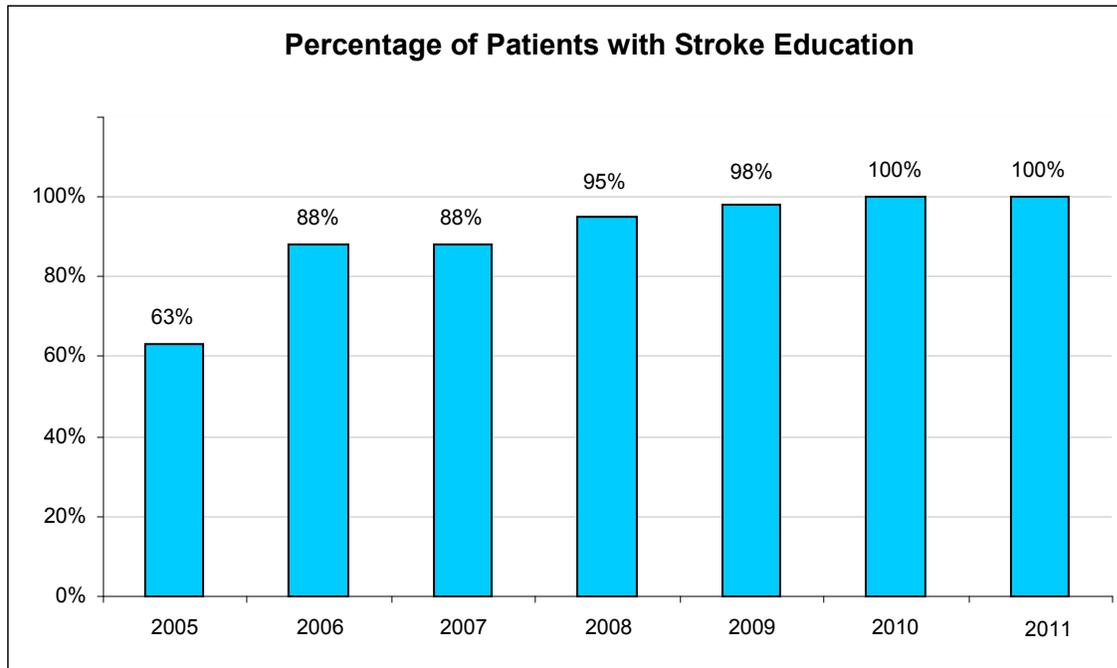
Stroke education at the National Neuroscience Institute [NNI] (Tan Tock Seng Campus) is currently delivered by Neurology Nurse Clinicians (NCs). NNI aims to achieve >98% of all stroke inpatients receiving stroke education. We set out to document the percentage of stroke inpatients in the Neurology department receiving stroke education and describe the strategies for achieving optimal stroke education.

Methods

We conducted a review of all patients admitted to the Neurology stroke unit at NNI from 2005 to 2011. We determined the percentage of patients who received stroke education from stroke statistics extracted from the stroke care path. We described the strategies used to achieve stroke education for >98% of stroke inpatients.

Results

The percentage of stroke patients who had received at least one patient education session from a Neurology NC in 2005 to 2011 had increased steadily from 63% to 88% to 95% to 98% to 100%.



The strategies for identifying patients used in 2005 & 2006 were by referrals from the medical team. From early 2007 onwards, new strategies used to achieve optimal stroke education include:

1. Closer integration of Neurology NCs in the medical team managing stroke inpatients
2. Closer collaboration with stroke case managers
3. Blanket coverage stroke education for all inpatients with stroke or TIA
4. Reviewing the weekend census and using telephone follow-up for patients discharged over the weekend

Conclusion

The use of a multidisciplinary approach, blanket coverage and telephone follow-up interviews have a significant impact in achieving optimal stroke education for patients in our Neurology stroke unit.

References

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