

Bridging the Gap Hospital to Home: A Collaborative Approach to Stroke Education

Slide Number:

1. **Title**
2. **Introduction, Presenters**
3. ***(Why create an evening education program?)***
4. **Motivating Factors:**
 - a. 3 Support Groups were surveyed. Families reported a need for additional education during their inpatient stay.
 - b. Patients are "falling through the cracks", that is, never making it to the next level of service.
5. **Realizations: Time & Training**
6. Time
 - a. The length of stay is accelerated across all levels of treatment (15 days CIR, 25 days Chronic MD).
 - b. Families are not available during the day when therapists/professionals are working; likewise, therapists/professionals are not on the units in the evenings when families visit.
 - c. Some facilities experience shortage of SLP's or utilize (limited) contractual SLP services.
7. Training
 - a. Patients, families and professionals identify a need for increased education ahead of discharge, whether to home or to another level of care.
 - b. Survivors and families frequently report: "No one told us what happened".
 - c. Patients/families report professional cultural communication differences affected the education and information they felt they received.
8. **Starting an Education Program: Steps to Success**
9. Before:
 - a. Create inter-organizational partnership
 - b. Navigate approval process. This varies by facility, organization.
 - c. Establish a convenient location for patients and families (ie: unit dining room).
 - d. Establish meeting frequency: monthly, bi-monthly.
10. During:
 - a. Develop materials to advertise and invite for each session
 - b. Identify a point person responsible for distributing materials and personally inviting patients and families to the session (particularly those who may be struggling).
 - c. Invite individuals from all care levels: inpatient, outpatient, Rehab, Stroke Unit, Brain Injury Unit, Comprehensive Inpatient Unit.
 - d. Consider providing refreshments.
11. After:
 - a. Establish a process for patient/family feedback.
 - b. Establish a process for interprofessional feedback, changes, patterns, suggestions
12. **Outcomes:**
 - a. Patients and Families:
 - i. Families are empowered to seek outside/online resources and information given the tools provided during the education session.
 - ii. Families are encouraged to embrace the role of advocate for their loved one and to "partner" with professionals in the transition to next level of care.
 - iii. Families realize they can support and empower their loved one to take an active role in their own healthcare management, compliance, decision making.
 - b. InterProfessional:

- i. Therapists observe that patients/families who attend the education sessions ask more questions and initiate more interactions with therapists.
- ii. Unit Staff attend the sessions: CM, RN, SW, PT, OT; this is a great opportunity for interprofessional education/interaction.

13. Feedback

- a. Attendees report the session demystifies communication via sharing tools and techniques of supported conversation.
- b. Families did not always realize loved ones "know more than they can say".
- c. Families learn to identify and intervene if loved ones are marginalized due to communication difficulties.
- d. Families experience the power of "I know that you know".
- e. Presenters noted families need for validation of their actions: "When he does/says this, I do this"; as well as their feelings: "I don't know what to do", "I feel so frustrated trying to figure out what he wants".

14. Conclusions:

- a. Patients/families require education multiple times in multiple formats from multiple professionals.
- b. Professionals must establish relationships and networks across facilities and across levels of care to meet the needs of patients and families.
- c. Using survivor videos personalizes the message and provides real life examples that are meaningful and memorable.
- d. Exploring resources as a group enforces individuals to continue to explore on their own and to share the information obtained with other family members.