



## ORIGINAL ARTICLE

### Development of an acute stroke care pathway in a hospital with stroke unit

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#### KEYWORDS

Care pathways;  
Stroke;  
Stroke unit;  
Stroke guidelines

#### Abstract

**Introduction:** Care pathways (CP) are tools for standardizing the management of patient in certain diseases with a predictable course, and they have demonstrated usefulness in clinical practice. In-hospital stroke CP have been implemented in departments of Neurology, General Medicine or Rehabilitation, however there are few studies developing an integrated CP in hospitals with an acute Stroke Unit (SU). The aim is to develop a CP capable of organizing and homogenizing the stroke assistance, and integrating the quality standards, in a hospital with an Acute Stroke Unit (SU).

**Methods:** Members of the Neurology, Rehabilitation, Emergency and Preventive Medicine departments established a schedule of nine fortnightly meetings. Several documents that compound the CP were elaborated following the FOCUS-PDCA model, according with the scientific evidence and the in force clinical guides.

**Results:** The following documents were elaborated: scientific-technical framework which integrates all processes; information document for patient/relatives on-admission; nurses protocols (social risk, disphagya, falling down risk and pressure ulcers); stroke rehabilitation guidelines for staff; treatment, care and monitoring sheets; recommendations at discharge for patient/relatives; stroke rehabilitation guidelines for patient/relatives; specific didactic units for patient/relatives; patient/relatives satisfaction survey; and quality standard document.

**Conclusions:** A stroke CP in a hospital with SU potentially promotes a more organized and efficient stroke care, as well as improve the patient/relatives satisfaction.

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**PALABRAS CLAVE**

Vía clínica;  
Ictus;  
Unidad de ictus;  
Guías clínicas de ictus

## Implantación de una vía clínica para la atención del ictus agudo en un hospital con unidad de ictus

### Resumen

**Introducción:** Las vías clínicas (VC) son herramientas para la asistencia estandarizada en procesos con poca variabilidad que se han demostrado útiles en la práctica clínica. Se han realizado varias VC de ictus en servicios de medicina general, rehabilitación y salas de neurología, pero no así en hospitales con unidad de ictus agudo. El objetivo es desarrollar una VC capaz de organizar y homogeneizar la atención integrando los estándares de calidad en un hospital universitario con una unidad de ictus agudo (UI).

**Métodos:** Miembros de los servicios de Neurología, Rehabilitación, Urgencias y Medicina Preventiva del Hospital Universitario La Paz establecieron un programa de nueve reuniones quincenales. En éstas se elaboraron los diversos documentos que integran la VC siguiendo el modelo FOCUS-PDCA, de acuerdo con la evidencia científica y las guías clínicas vigentes.

**Resultados:** Los documentos resultantes son: matriz temporal científico-técnica que integra todos los procesos; documento de información al ingreso para pacientes y familiares; protocolos de enfermería (riesgo social, disfagia, caídas y úlceras por presión); pautas de actuación en la rehabilitación del ictus para el personal sanitario; órdenes de tratamiento y cuidados; hoja de información al alta para pacientes y familiares; documento de información de rehabilitación para pacientes y familiares; unidades didácticas específicas; encuesta de satisfacción de la atención recibida para pacientes y familiares, y estándares de calidad.

**Conclusiones:** El desarrollo de una VC de ictus en un hospital con UI tiene el potencial de promover un cuidado organizado y eficiente del paciente, así como mejorar la satisfacción de éste por la atención recibida.

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## Introduction

Organised care of acute stroke, integrating the medical staff of the emergency services and neurologist specialist in cerebrovascular disease, ensures prompt and efficient treatment<sup>1-4</sup>. In addition, admitting patients into an acute stroke unit (SU) has confirmed significant reductions in death, dependency and need for institutional care with respect to patients treated in general units<sup>5-11</sup>.

Clinical care pathways (CP) are tools for standardised care in processes with little variability, and have proven useful in clinical practice<sup>12</sup>. They coordinate and assemble the dimensions of quality of care, scientific and technical quality, safety, quality of information, participation and adjustment of expectations, perceived quality and resource management, and also involve continuous evaluation<sup>13-18</sup>.

Various CP were evaluated in both the acute phase of stroke and in later stages, in most cases in internal medicine<sup>19-21</sup>, neurology<sup>22-25</sup> or rehabilitation<sup>26,27</sup> wards, in order to optimise the performance of resources and reduce assistance times<sup>28</sup>. However, publications describing the creation and implementation of a stroke CP in a SU are anecdotal<sup>29,30</sup>. Moreover, the detailed process of creating a CP for strokes has been described in very few occasions<sup>31,32</sup>.

Our goal is to develop an integral CP that will permit organising and standardising care for acute strokes in a hospital with a SU and that can be implemented from the moment the patient reaches the emergency department until he/she is discharged.

## Material and methods

The comprehensive acute stroke CP was developed jointly by the medical staff involved in the treatment of stroke patients at the Hospital Universitario La Paz (HULP), a tertiary hospital care covering Health Area 5 in Madrid. These services were the Stroke Unit of the Neurology Department, the Emergency Department, the Department of Rehabilitation and the Department of Preventive Medicine.

Following the FOCUS-PDCA<sup>33</sup> model, a team was organised to analyse the process in order to identify problems and opportunities for improvement; the team also organised the assistance activity through a CP. Indicators and standards for its evaluation once implemented were established, so that innovations and changes can be introduced depending on the suitability to established standards, and these can in turn be reassessed later in a cycle of continuous improvement.

For its preparation, the diagnostic and treatment guidelines published were analysed, as well as other documents commonly used in the care of acute stroke patients<sup>34-38</sup>. Through the search engines Tripdatabase and Sumsearch and using *acute stroke*, *stroke unit*, *clinical guidelines* and *care pathways* as key words, information was sought on the various existing bibliographic sources (CENTRAL, MEDLINE-OVID, MEDLINE-ProQuest, MEDLINE-EIFL, EMBASE-OVID, the World Federation of Neurology ALS Page, national neurological databases, personal files of citations and bibliographies of the most outstanding articles). There was no limitation on the type of publication or the language employed.

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