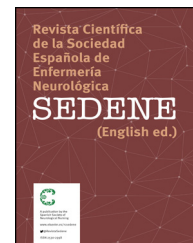




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ORIGINAL ARTICLE

Implementation results of a Best Practice Guideline in stroke patients hospitalized[☆]



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Abstract Stroke is a significant cause of morbidity and mortality in adults and implies high social and health costs. Best Practice Guidelines (BPG) are useful tools for improving patient health outcomes and quality of care.

Aim: To evaluate the results of BPG implementation in the care of hospitalised stroke patients.

Method: Pre-post quasi-experimental study. Sample: 18 years old or older with a stroke diagnosis admitted to Albacete General Hospital. Duration or Timeline: Baseline measurement (T0; December 2014); Implementation start (T1; October–December 2015); Consolidation (T2; January–December 2016). Variables: Independent; implementation of the guideline “Stroke assessment across the continuum of care”.

Results: (i) Implementation process: neurological assessment, dysphagia, fall risk, pain detection, pressure ulcer development risk (PUD), health education. (ii) Patient results: Aspiration pneumonia, falls, independence for basic activities of daily life (ADL), PUD, pain.

Results: 457 patients (30 T0, 66 T1, 361 T2). 64.1% men, mean age 68.8 years; ischaemic stroke 76.1%, 16.8% transient ischaemic attack (TIA), and 7% haemorrhagic. There were no statistically significant differences in age, sex and independence for ADL between periods, but there were regarding types of stroke diagnoses. There were significant improvements in all process variables per period. The patient results were: 6 pneumonias, 3 PUD and 7 falls; 54.5% patients had ADL independence at discharge.

Conclusions: There were good implementation results of all recommendations, detecting possibilities of improvement in dysphagia assessment and independence assessment at discharge, providing healthcare education and filling of records.

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PALABRAS CLAVE

Accidente cerebrovascular;
Guía de práctica clínica;
Evaluación de procesos (atención de salud) y resultados;
Atención de enfermería

Resultados de la implantación de una Guía de Buenas Prácticas en pacientes con ictus hospitalizados

Resumen El ictus es una causa importante de morbilidad en adultos y supone un elevado coste sociosanitario. Las Guías de Buena Práctica Clínica (GBP) son herramientas útiles para mejorar los resultados en salud de los pacientes y la calidad de los cuidados.

Objetivo: Evaluar los resultados de implantación de una GBP para la atención de pacientes con ictus hospitalizados.

Método: Estudio cuasi-experimental pre-post. Mayores de 18 años ingresados en el Complejo Hospitalario Universitario de Albacete con diagnóstico de ictus. Periodos: Medición basal (T0; diciembre 2014); Inicio implantación (T1; octubre-diciembre 2015); Consolidación (T2; enero-diciembre 2016). Variables: Independiente: Implantación de la guía «Valoración del ictus mediante atención continuada». Variables de resultado: a) Proceso implantación: Valoración neurológica, disfagia, riesgo caídas, detección dolor, riesgo lesión por presión (LPP), educación sanitaria. b) Sobre el paciente: Neumonía por aspiración, caídas, independencia para actividades básicas de la vida diaria (ABVD), LPP, dolor.

Resultados: Un total de 457 pacientes (30 T0; 66 T1; 361 T2); 64,1% hombres, edad media 68,8 años; ictus isquémicos 76,1%, 16,8% AIT y 7% hemorrágicos. No existieron diferencias estadísticamente significativas en edad, sexo e independencia para las ABVD entre periodos, sí respecto al tipo de ictus. En todas las variables de proceso se produjeron mejoras significativas por periodos. Como resultados en pacientes se produjeron 6 neumonías, 3 LPP y 7 caídas; un 54,5% eran independientes para las ABVD al alta.

Conclusiones: Existen buenos niveles de implantación de todas las recomendaciones, detectando posibilidades de mejora en valoración de disfagia e independencia al alta, proporcionar educación sanitaria y sobre la cumplimentación de registros.

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Introduction

According to the World Health Organisation (WHO), cerebrovascular disease is the second cause of death worldwide. In 2015, 6.24 million people died across the world as a consequence of this disease.¹ Stroke is a brain injury caused by a sudden disruption in blood flow, due to an obstructed (ischaemic stroke) or ruptured (haemorrhagic stroke) artery.² There are between 80,000 to 90,000 new cases³ annually in Spain. The incidence is higher in men and reaches a peak at the age of 85 years. It is the main cause of death for women and its sequelae constitute the primary cause of disability in adults.⁴ Prevalence increases with age and, due to our society's increased life expectancy, entails major needs and demands with the consequent increased social and health costs.⁵ It is estimated that the hospital cost of cerebrovascular disease in Spain during 2004 was 1526 million euros,⁶ and added to this are the consequences in terms of years living with a disability.⁶

Institutions have drawn up various plans to improve prevention and the care and rehabilitation of these patients, from the Health Department ('National Health System Stroke Strategy' as part of the Quality Plan⁷) to the WHO and the European Stroke Council (Helsinborg Declaration⁸ on European stroke strategies, which sets out management objectives). Comprehensive assessment of the stroke patient involves an interdisciplinary approach in which

nurses play an important role in patient screening and evaluation, and in identifying complications.

Best Practice Guidelines (BPG) are a set of recommendations that have been systematically developed to help healthcare professionals and users in health-related decision-making.⁹ Their implementation is an acknowledged strategy to improve health care, its effectiveness and efficiency, and to reduce variability of care.⁹⁻¹¹ These BPG should be evaluated using tools to demonstrate how effective they are in both adapting care processes and in patient outcomes.⁹

In this context, the Registered Nurses' Association of Ontario (RNAO) set up the Best Practice Spotlight Organisation (BPSO[®]) in 1999 to develop, disseminate, implement and evaluate BPG. The Spanish centre for evidence-based healthcare — a Joanna Briggs Institute Centre of Excellence — in collaboration with the Healthcare Research Unit (Investén-isciii) and the RNAO, started the BPG implementation programme in Spain in 2011. This resulted in the Centres Committed to Excellence in Care (CCEC[®]) initiative: institutions committed to implementing, assessing and maintaining BPG to improve care.¹¹ The implementation of these guidelines seeks to facilitate the transfer of knowledge to daily clinical practice in the area of nursing care. Albacete's General Hospital (CHUA) joined the CCEC[®] initiative in 2012. In 2015 they started to implement the guideline 'stroke assessment across the continuum of care', which contains

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