

ACADEMY FOR EXCELLENCE IN HEALTHCARE

IMPACT ASSESSMENT PAPER

Executive Summary

Stroke Clinic Retention: Scheduling Recovery Care for Stroke Patients

OhioHealth's Stroke Prevention Clinic provides followup stroke care, which typically lasts up to 18 months after a patient has suffered a stroke and been released from the hospital. This supportive care can decrease hospital readmission and a subsequent stroke for stroke victims while actively managing comorbidities and coexisting conditions of the patients.

Historically at Riverside Methodist Hospital (RMH), where Phase I of the Stroke Prevention Clinic was implemented, a patient's neurologist recommended at least one followup visit after a stroke. But the clinic found that only 24 percent of discharged stroke patients from RMH were seen within six months after discharge by a neurologist. This led RMH neurologists to decide in July 2014 that stroke patients should be managed longitudinally by an interdisciplinary team at the clinic. The scheduling capture rate of eligible RMH stroke patients — patients with active signs and symptoms of stroke who came to RMH with a stroke diagnosis — was then tracked from July through August 2014; just 48 percent of patients were scheduled for followup care at the clinic.

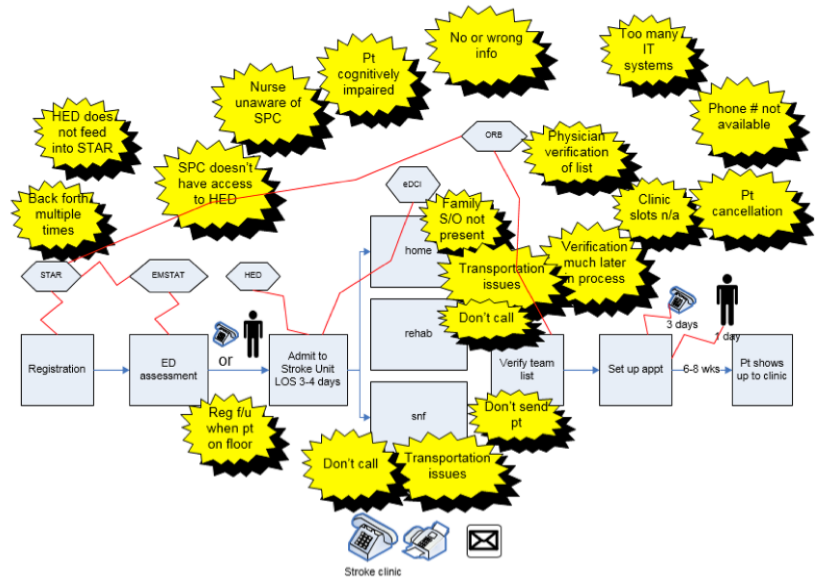
An improvement team from the clinic was trained for one week at the Academy for Excellence in Healthcare (AEH) where they scoped their project, developed a problem statement, learned and applied lean concepts, and established improvement goals (75 percent of RMH eligible stroke patients scheduled for followup care by April 2015, and 100 percent of eligible patients scheduled by July 2015).

The team created a value-stream map of a stroke patient's journey, from registration into the RMH emergency department to patient arrival many weeks later at the Stroke Prevention Clinic. The mapping identified multiple problem areas that contributed to stroke patients not being scheduled and treated at the clinic, including:

- Nurses at the stroke unit unaware of the clinic, and not always informing patients or families of the clinic.

- No access to the Horizon Expert Documentation (HED) system, which made it difficult to get a timely list of stroke patients being treated at RMH.
- No information or incorrect contact information was available on some stroke patients.
- Scheduling calls for stroke patients were batched, resulting in delays, and some calls were not made.

Stroke Patient Value-Stream Map



Source: OhioHealth

The team recognized they could not initially address all problems identified on their map, so they prioritized their countermeasures by low effort and high impact: educating nurses about the Stroke Prevention Clinic, identifying eligible patients on electronic discharge instructions (thus alerting nurses to discuss the clinic with stroke patients), and educating stroke patients and caregivers about the clinic process. By March 2015 the team had implemented most countermeasures, and nearly 100 percent of eligible *acute* stroke patients were being scheduled.

[Read the full study of the Stroke Clinic Retention project](#), which illustrates how a concise problem statement helps to engage and organize stakeholders around a complex problem, making it manageable and measurable. The project also reveals the effectiveness of value-stream mapping in getting many varied disciplines to examine a lengthy process through the eyes of the patient, enabling implementation of countermeasures that positively impact patients and the development of a longitudinal approach to patient care.

About the Academy for Excellence in Healthcare: AEH blends in-person class time with hands-on project work, interactive simulations, and recurrent coaching, all aimed at helping healthcare teams spark actionable change at their organization. To learn more about AEH, contact [Margaret Pennington](#), Faculty Director, or [Beth Miller](#), Program Director.