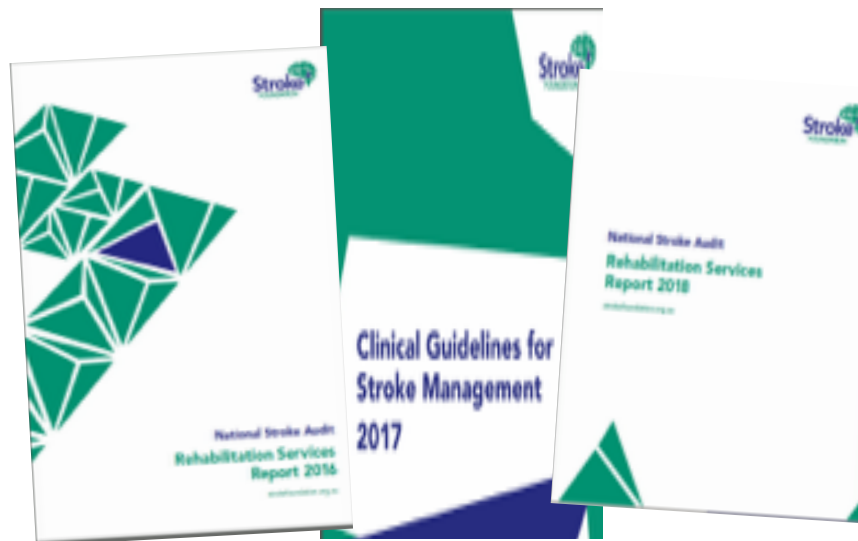


**“People keep saying I had a mild stroke;
there’s nothing mild about it; it’s life changing”**

Perceptions of provision of information and education following stroke

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Background



Recommendations

1. Greater adherence to essential elements of care outlined in the Rehabilitation Stroke Services Framework, particularly to ensure all patients with stroke are managed on one dedicated ward (geographically defined rehabilitation).
2. Greater focus on processes to ensure the psychological needs of all patients are assessed and appropriate support is provided during and after inpatient rehabilitation.
3. Further efforts to ensure all patients and their family/carers are involved in their rehabilitation. This critically includes the provision of information (including sexuality post stroke), collaborative goal setting and thorough education on stroke recovery.
4. Ensure secondary prevention advice including risk factor modification, appropriate medications and long-term compliance is provided prior to discharge.
5. Continued efforts to provide comprehensive discharge planning to all patients with stroke including providing a personalised care plan as well as specific training and support for carers.
6. Increased focus on implementation of the recommendations in evidence-based guidelines and reduction in unwarranted clinical variation by developing improved systems of care (clear policy, procedures and practices).

Aim

For acute and subacute stroke patients, what are the perceptions of and preferences for education during their

What are the current practices within the service?

How can these improve in order to align with best practice?

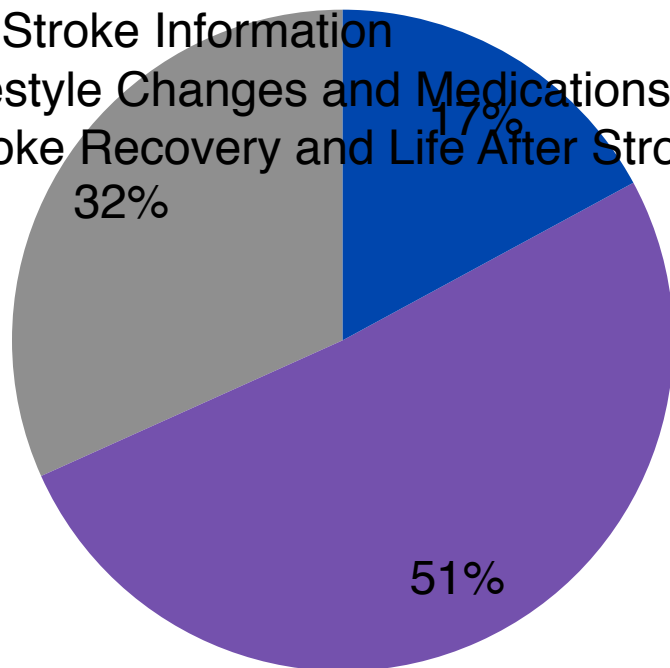
Method



Results

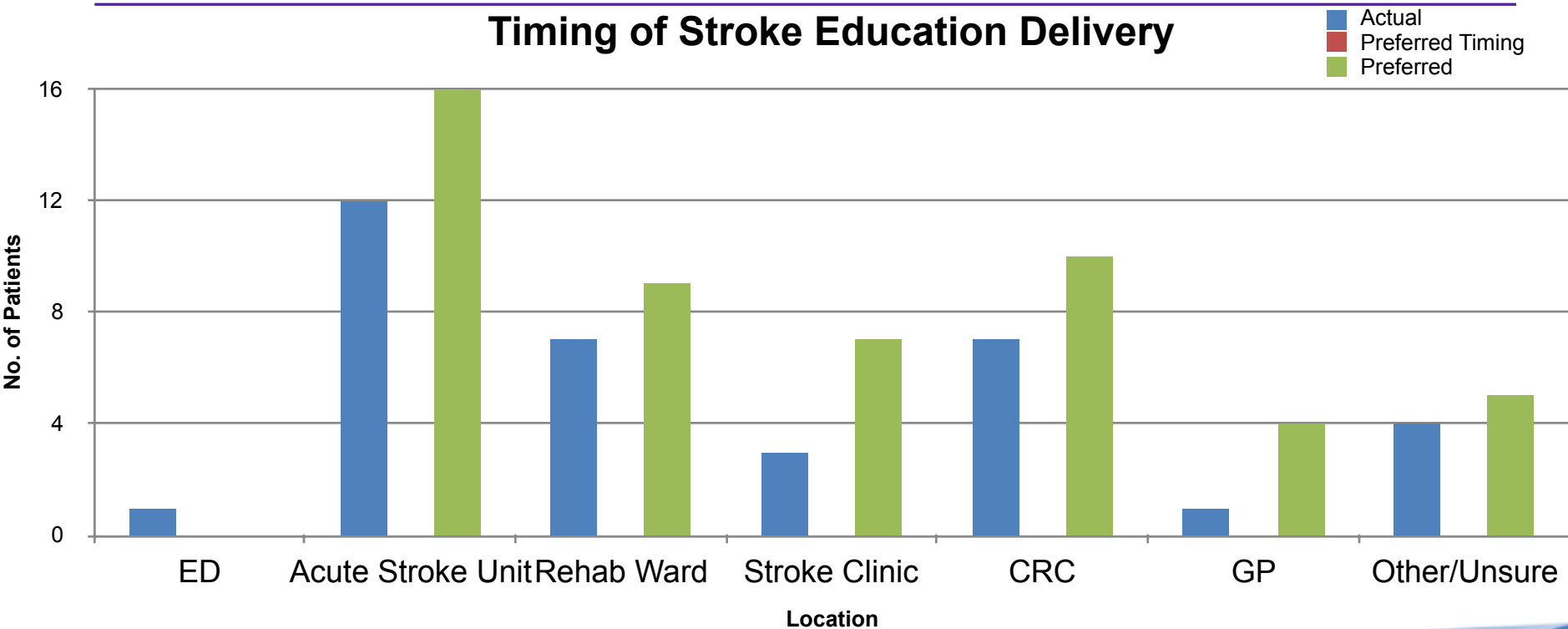
N = 24

- No Stroke Information
- Lifestyle Changes and Medications
- Stroke Recovery and Life After Stroke



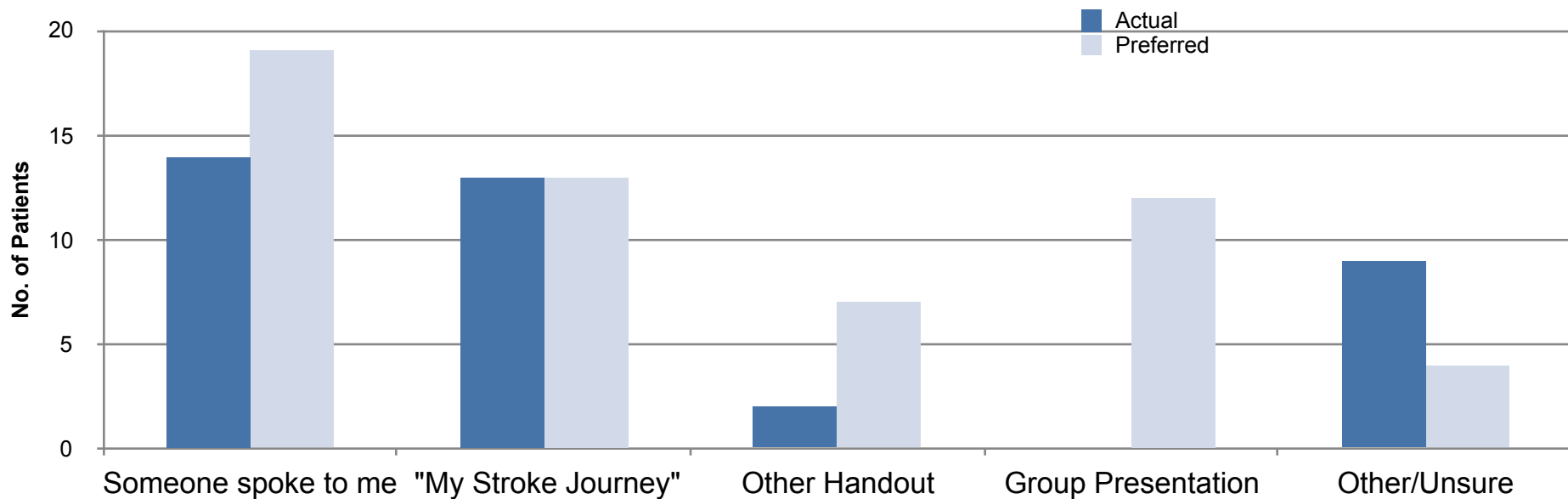
Results

Timing of Stroke Education Delivery



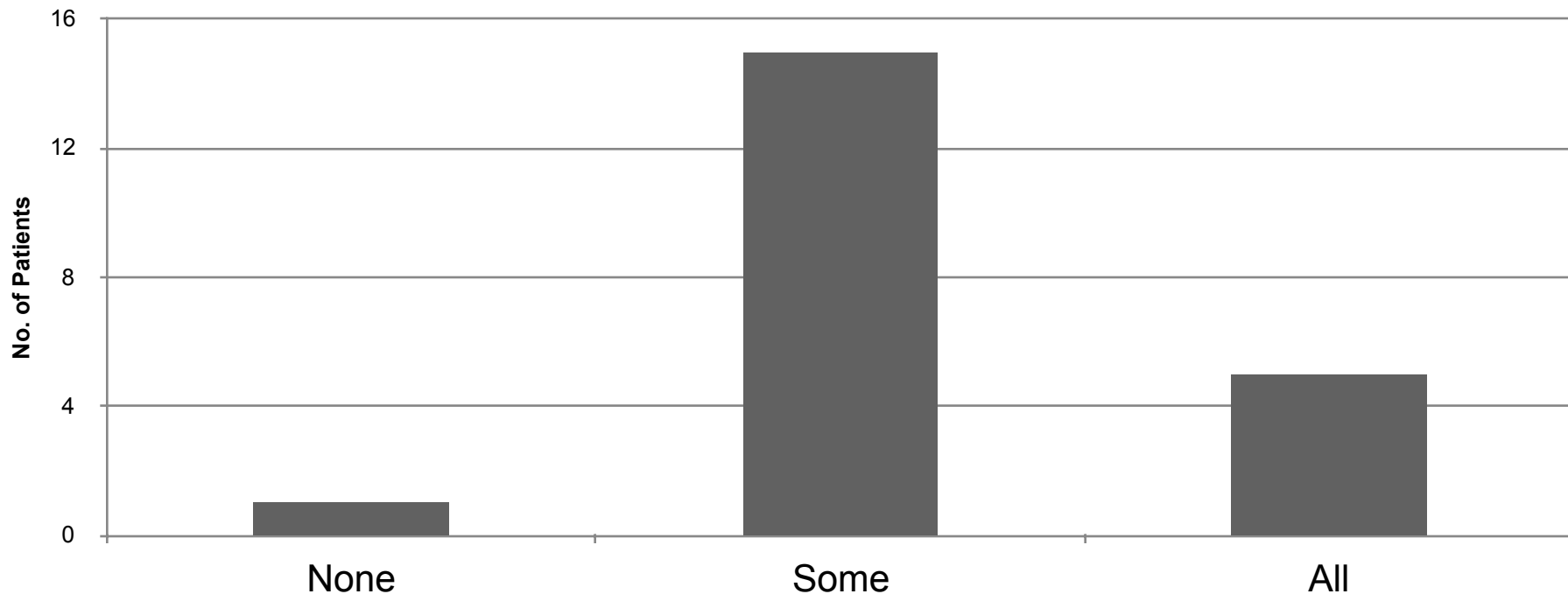
Results

Method of Stroke Education Delivery



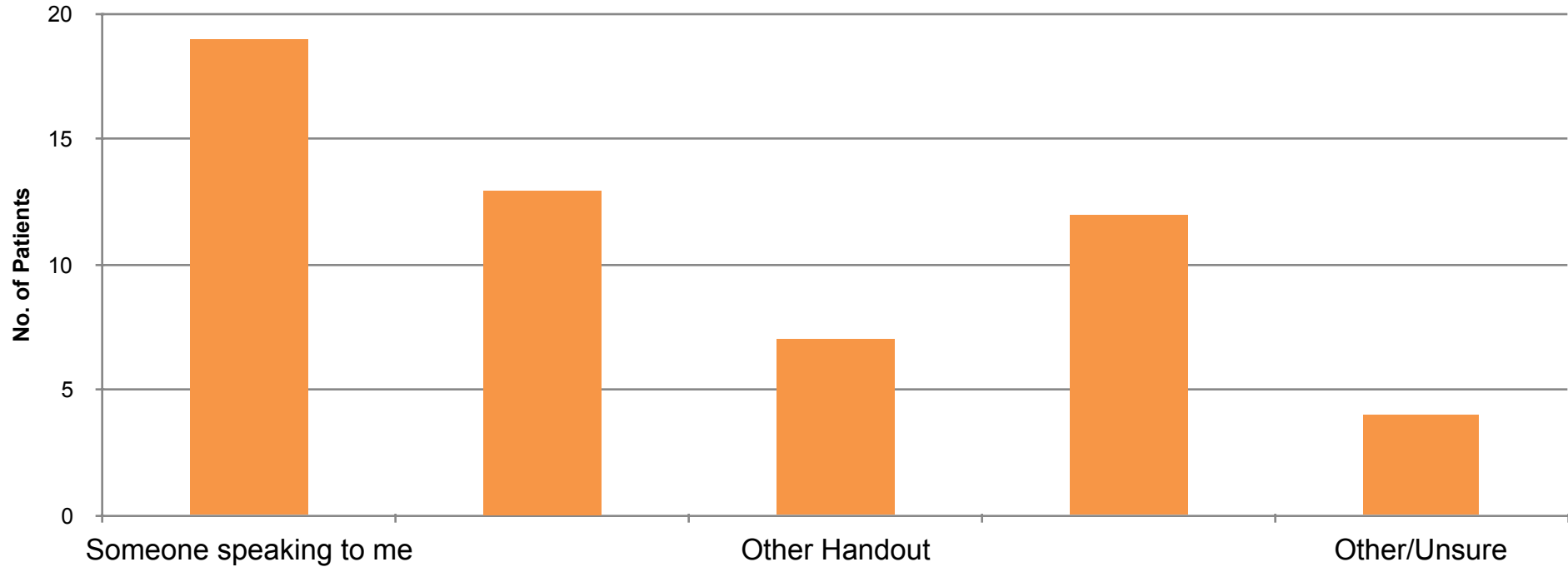
Results

Was the information useful?



Results

Preferred Method of Stroke Information Delivery



Results

“Can’t remember much of it.”

“No one spoke to me at all about stroke. My wife told me about what was said to her.”

“I wasn’t in the mood to read it.”

“People keep saying I had a mild stroke, there’s nothing mild about it. It’s life changing.”

“I haven’t read it yet....too much...overloaded”

“I didn’t really look at it. It was too much.”

Conclusion

Q: For acute and subacute stroke patients, what are the perceptions of and preferences for education during their stroke

Q: What are the current practices within the service?

Conclusion

A:

**- Various amounts
and types of
information**

provided

**- Inconsistent
documentation of**

Conclusion

Q: How can these improve in order to align with best practice?

Conclusion

A:

Identify!

Initiate!

Document!





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