

Accreditation Canada





Stroke Services Client and Family Education



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Client, family and caregiver education and self-management support are integral parts of stroke care that should be addressed at all stages across the continuum of stroke care for both adult and pediatric clients. Education is an ongoing and vital part of the recovery process for stroke, which must reach the survivor, family members and caregivers. Information about stroke and recovery from stroke facilitates better understanding and supports coping and self-management. Skills training for clients and caregivers reduces depression and perceived burden and improves their quality of life. The information provided at each phase of acute care, rehabilitation, community reintegration and long-term recovery should be relevant to the client's and the family's changing needs. Simply distributing information materials is not sufficient; instead client education must be interactive in nature.

The purpose of this document is to assist in the review of stroke education provided to clients and families:

- Scope of stroke education
- Content of stroke education
- Quality of documentation in client health records regarding stroke education

This document is based on best available evidence as outlined in the Canadian Stroke Strategy Best Practice Recommendation for Stroke Care, Section 6: Managing Stroke Care Transitions.

Operational Definition

Education refers to the scope and methods used by health professionals to convey information and provide information, instruction and training to enable transfer of skills for self/client management to adult and pediatric stroke clients and training for their families. Integrated and coordinated education should be provided in a timely manner across the continuum of stroke care for all clients with stroke or at risk for stroke, as well as their families and caregivers.

The *scope and methods of education delivery* refer to the health care professionals delivering the education; the number of sessions; materials and resources used; and format of delivery. The delivery of education should be adapted, when appropriate, to the communication challenges the client faces, including language spoken, cognitive, hearing, speech or visual impairment.

Integrated and coordinated delivery refers to education that is provided by the appropriate member(s) of the health care team with reinforcement by other health care providers, at the right time and in the right place during the recovery process (e.g. transfer skills may be taught by rehabilitation professionals in acute care, reinforced by nursing staff, and continued in rehabilitation and community settings).



Evaluating Stroke Education

Client and family education about stroke is evaluated using multiple methods, including Tracer and document review.

Using Tracer question lines will assist to determine if Client and Family Education is:

- Interactive
- Specific to client, family or caregiver needs and impairment
- Timely
- Up to date

Documentation review

Education for clients and caregivers will be evaluated through documentation review to determine if education content is specific to the client's phase of care or recovery, encompasses all aspects of care and recovery across the continuum of stroke care, and is appropriate to client, family and caregiver readiness and needs.

Evidence of education will be looked for in the emergency department notes, nursing notes, physician notes, allied health profession notes, discharge summaries, discharge checklists. Specific education packages, binders or other resources may also exist that are patient specific and contain the documentation to be assessed.

This review will include evidence that information on self-management skills is shared with clients, clients are taught self-management skills and families and caregivers are trained on patient management and safety. Health records will be reviewed to determine if education documented in the client record is appropriate for each client, including:

- the nature of stroke and its manifestations the type of stroke experienced by the specific client
- signs and symptoms
- impairments, impact and management, including caregiver training
- risk factors for stroke pertinent to the individual client
- post-stroke depression in clients and caregivers
- cognitive impairment signs and manifestations
- discharge planning and decision-making
- community resources, services, and support programs
- environmental adaptations and benefits
- medications in hospital and after discharge
- caregiver issues and needs
- prevention of recurrent stroke
- training for caregivers
- education on self-management skills

Clinicians and/or teams should develop processes for routine client, caregiver and family education in which designated team members are responsible for provision of education and documentation in the client health record. This will be evaluated by:



lient educational materials available and accessible on the ward (e.g., posters, display boards, poklets given to clients, etc)
lient educational materials available in a variety of languages appropriate to the client opulation mix
lient educational materials available in formats for that are appropriate for persons with special ommunicative needs
interviews with clients and family members during tracers, clients report receiving education garding their stroke, recovery, and self-management from the healthcare professionals that care r them
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Target: 4/4 for this section

2. Consistent documentation in the client medical record that client and family education has been provided:

- Standardized tool (e.g. checklist) used to document components of education provided to ensure all critical elements addressed prior to client discharge
- ☐ Consistent location in client chart for documentation of education provided
- □ Documentation of education provided by each healthcare profession involved in the client's care within the discipline notes or common progress notes
- □ Documentation of the specific content addressed during an educational session (e.g., skills taught and demonstrated, discharge preparation, etc)

Target: 2/4 for this section



