Improving Stroke Education Core Measure Reporting Through the Use of Electronic Care Plans

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Introduction and Background
Hospitals are required to collect and transmit data to The Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS) for a minimum of four core measures, one of which may be stroke (The Joint Commission, 2013). TJC, CMS, and Meaningful Use Stage 1 all require ischemic and hemorrhagic stroke patients or their caregivers be given educational material during the hospital stay addressing the activation of an emergency medical system, need for follow-up after discharge, medications prescribed after discharge, risk factors for stroke, and warning signs and symptoms of stroke (CMS, 2013). Though Elliot Hospital documented this information in the electronic medical record as part of a neurological assessment flowsheet, documentation was inconsistent, incomplete, and not intuitive for the nurse, which resulted in core measure compliance of 37 percent. Several reeducation attempts failed to improve overall compliance.

Method
We standardized patient education documentation by utilizing the electronic care plan template which contains all required stroke education content. The stroke care plan template auto-populates the Patient Education section of the electronic medical record, which allows nurses to easily document each required education topic as well as the learner's response to education. Care plan and patient education documentation is part of nurse's daily workflow making it much more intuitive to document this information. Standard core measure reports, provided by our software vendor, allows for daily proactive monitoring of stroke education core measure compliance.

Results
Implementing the electronic stroke care plan template with required education topics and documenting stroke education provided to patient and caregiver in a centralized location allowed Elliot Hospital to improve core measure reporting from an average of 37 percent to greater than 60 percent compliance within a few weeks. Standard core measure reports support automated quality abstraction reducing abstraction time significantly.

Discussion
When stroke education documentation was disconnected from nurse's daily workflow and other patient education documentation, it was no surprise that core measure compliance was low. Proactive monitoring of core measure documentation did not occur because it was labor intensive to abstract each patient's chart manually. With a retrospective monitoring process nursing learned about lack of stroke education documentation long after the patient was discharged resulting in lack of interest by the nurse as there was no connection between care provided, documentation, and core measure outcome. Incorporating tools that are already part of nurse's daily routine makes documentation more intuitive for the nurse. Proactive core measure monitoring connects patient education to nursing documentation real–time allowing the nurse an opportunity to update documentation as needed.

References:

Centers for Medicare and Medicaid Services (2013). 2011-2012 Eligible Hospital & Critical Access Hospital Clinical Quality Measures (CQMs). Retrieved 02/23/2013 from http://www.cms.gov/site-search/search-results.html?q=stroke%20education

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