Adapting Tools to Implement Stroke Risk Management to Veterans

Project Team

Roudebush VAMC, HSRD, Center of Excellence

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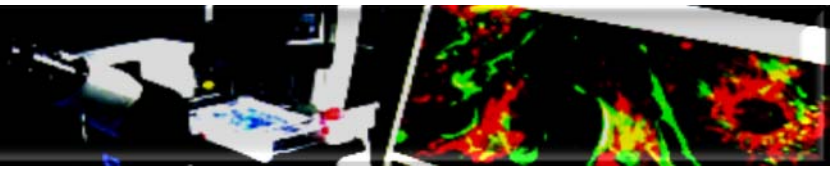
The Need

The objectives are to: 1) Conduct a formative evaluation of stroke patients, their providers and the hospital discharge process to understand the barriers and facilitators of activating veterans with recent stroke or TIA through peer support to improve control of stroke risk factors, provide feedback on how best to adapt existing stroke prevention tools to veterans and the VHA system of healthcare, and develop an implementation strategy based on this feedback; and 2) Conduct a feasibility test of the adapted stroke prevention program and implementation strategy.

Systems-Research Tools

The proposed study is a dual-site (Indianapolis and Houston VAMC), feasibility implementation study incorporating qualitative, quantitative, and observational data to inform the adaptation of existing stroke prevention tools through peer support to the VA and to test the feasibility of this implementation strategy. To accomplish these aims, we will conduct focus groups of veteran stroke and TIA patients, semi-structured interviews of VA providers of stroke care (physicians, nurses, therapists). Stroke tools for evaluation include those of the Stroke QUERI's strategic partner, the American Stroke Association (ASA), and the Stroke PROTECT program. Major themes and their frequencies will be identified from the qualitative data. Data about patient education tasks during stroke hospitalization, barriers and facilitators of providing stroke education, task performers, and task sequences will be identified from the human factors observation. We will synthesize and present this data to an interdisciplinary panel of experts in stroke care and rehabilitation, a panel of VA consumers, and to our local stroke teams at Indianapolis and Houston to receive feedback on tool adaptation and implementation strategies. After tool adaptation and implementation strategy development, we will test the feasibility of the adapted VA stroke prevention program based upon the Chronic Care Model for providers and patients over 6 months. In this feasibility study, provider management of stroke risk factors at Indianapolis and Houston will be peer matched by facility to Bay Pines and West Haven VAMC, respectively. In addition, 180 veteran stroke survivors will be randomly assigned to either the VSPP or usual care (60 from Indianapolis and 120 from Houston). Veterans in the program will receive a 3-month intervention promote self-management and be assessed at baseline, 3, and 6 months.

Research



The main outcomes of the feasibility test are the proportion of stroke risk factor management behaviors by provider (e.g., prescriptions made) and stroke survivors (e.g., medication management). Secondary outcomes include stroke survivor specific , health-related quality of life (SSQOL); the Functional Impairment (performance) Measure (FIM); self-efficacy to manage post stroke symptoms and health; outcome expectations for stroke recovery; and knowledge of stroke symptoms. We will conduct focus groups and semi-structured interviews of patients and providers as part of a summative evaluation to identify major themes about barriers and facilitators of the VSPP along with suggestions for improving the tailoring and implementing the program to inform future program implementation.

Project Overview

Stroke is the third leading cause of death and is the leading cause of long-term disability. There are approximately 80,000 veteran survivors of stroke with an annual incidence of approximately 15,000. According to the AHA, the prevalence of stroke is expected to double by 2020 with the increased proportion of older adults nationwide. Moreover, stroke survivors are at risk for recurrent stroke. Currently in the VA, there are no systematic interventions or implementation strategies developed to reduce stroke risk. Yet, educating veterans with stroke or TIA on stroke risk reduction is mandated by the VA/Department of Defence (DoD) stroke rehabilitation guidelines, championed by the American Stroke Association, and recommended by the JCAHO criteria for stroke care.

The Impact on Veterans

This study will: 1. Develop an evidence-based, implementation strategy to adopt existing stroke tools for stroke prevention in the VA; and 2. Test the feasibility and estimate the effect size to test the impact of future regional and national rollout. In doing so, we will assist VA with compliance to VA/DoD and JCAHO stroke guidelines. Increased guideline compliance will ultimately lead to a reduction in the occurrence of stroke in Veterans and an improvement in Veterans health-related quality of life.

Department of Veterans Affairs

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National Stroke QuERI Coordinating Center
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