



INTEGRATED PRACTICE UNITS: IMPACT OF CLINICAL RESULTS IN PATIENTS WITH ISCHEMIC STROKE AT OUR CENTER

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Introduction



Our organisation integrates Primary Care, Hospital Care and Sociosanitary Care and our influence area is of 300.000 people, and we are centre of terciarism in neurosurgery and coronary disease of 1.000.000. The brand of our organisation (our mission) is "People go in first place" (*Primer les Persones*) and in the last two years the organisation has created a specific area of Value Healthcare in the Quality Department, and two more specific areas focused on Patients Experience and Humanization.

The patient with ischemic stroke, as it is a time-dependent disease, has been a priority in our territory, which has facilitated the development of specific stroke units in the different centres, in which continuous improvement and in a model of value healthcare basis.

Aim



Design and implement an integrated practice unit for the patient with ischaemic stroke, in the basis of value healthcare, quality standards, sustainability and multidisciplinary cocreation

Methods

Segmentation; classify patients into 3 groups according their needs

	IDENTIFIED NEED	VALUE PROPOSAL
ACUTE PATIENT	ACUTE TREATMENT	QUICK IDENTIFICATION IN THE EMERGENCY AND TREATMENT ADMINISTRATION
POST-ACUTE/HOSPITALIZED PATIENT	PREVENT COMPLICATIONS	SPECIFIC UNIT
POST-HOSPITALIZATION	RETURN TO THEIR HABITUAL TASKS	PRIORITY TO INTENSIVE REHAB (INDIVIDUALIZED PLAN)

Include some ICHOM indicators in the design



Multidisciplinary working groups



Results

In 2022, the length stays of patients suffering from ischemic stroke was 6.7 days, and mortality was 7%. The rate of complications has been reduced to 0.9) and the readmission rate at 30 days has been 0.8 (these are (standardized ratio from benchmarking platform BS3, which shows that our centre has 10% and 20% less, respectively, than the rest of centres in our same group). However, although the rate of complications is low, the number of bronchial aspirations is high.

Surveys to collect PREMS in the unit started on 2021. A slight increase in participation since then (11% to 21%). A NPS (Net Promoter Score) of 73% have been obtained. What patients rated the best was the good treatment received by professionals.

New PREMS and other tools are currently being developed to facilitate the collection of PROMS, especially those referring to quality of life.

Conclusions

In our centre, the fact of divide into groups according to the needs for the patient has enable to develop indicators and measure the outcomes in the patients in a more structured way. It has also of help to detect the improving areas and where the organization and professionals must put the effort and resources

In this specific case, we have started a specific group to reduce bronco aspirations

In addition, we are working to improve the measures to collect and register PREMS and PROMS and how to increase even more the participation of the patient in the whole process

Results

- ✓ From 2016 to 2022,
- ✓ 1863 patients with acute ischemic stroke
- ✓ mean age of 71.5 ± 14.7 years,
- ✓ 37% male.
- ✓ 92% of the patients had an mRS <2 before baseline,
- ✓ Initial NIH of 7 (4-14).
- ✓ A total of 424 IV reperfusion treatments have been performed
- ✓ Mean door-needle time of 28 minutes (the whole period)



*ProCICAT register (regional register)
mRS=modified rankin status; NIH= National Institute Health Stroke Scale

	Aim	Initial	2021	2022
Intracranial symptomatic haemorrhage after treatment	<3%	5%	2.78 %	2.5%
Mortality	?	5%	5.5	2.5
Intrahospitalary complications Ratio **	<1.05	1.67	0.89	0.88
Number of broncoaspirations	0 *	13	7	12
Length stay Ratio**	<1.05	1.02	0.88	0.95
Length stay (days)	<8	6.9	6.4	6.7

*ProCICAT register (regional register)
**BS3 (Benchmarking Sanitario 3.0; benchmarking national data platform)

