

Abstract:

Investigation of the effects of a patient outreach program after first time ischemic stroke or TIA on stroke recurrence and readmission rates at Northwestern Medicine Delnor Hospital

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Background:

Stroke remains one of the leading causes of death in the US and worldwide, and survivors are at an increased risk of recurrent stroke and other cardiovascular events. There is also high risk of readmission after a stroke, contributing to further morbidity, mortality, and cost. Studies have shown that strict control of risk factors, such as blood pressure, dyslipidemia, and diabetes decreases the risk of stroke recurrence, and a combination approach could decrease relative risk of recurrent vascular events by 80%. However, control of multiple variables is inherently complex and therefore difficult to maintain. Here, we propose that introduction of a post-hospitalization outreach program for survivors of acute ischemic stroke will improve control of modifiable risk factors and therefore decrease stroke recurrence and readmission rates.

Methods:

Northwestern Medicine Delnor Hospital implemented an Ambulatory Care Coordination (ACC) Program in 2021 for survivors of ischemic stroke determined to be at high risk of recurrence. In order to be accepted into the program, patients had to have a Northwestern Medicine Primary Care Provider, be discharged home, and meet one of the following “high-risk” criteria: multiple co-morbidities, history of non-adherence, need for further diabetic follow-up, behavioral health needs, transportation difficulty, community resource needs, poly-pharmacy, or concern for family dynamics/inadequate social support. We collected data on patients referred to the ACC Program as well as historical controls to evaluate the following outcomes: 1) Readmission rates and Emergency Department visits at 1 month, 6 months, and 1 year after discharge. 2) Prescription of antihypertensive, statin, and antithrombotic/anticoagulant medication (if indicated) at 3, 6, 9, and 12 months post-discharge. 3) Control of modifiable risk factors (Systolic blood pressure <130, diastolic blood pressure <80, LDL <70, HgA1c <7.0) at 3, 6, 9, and 12 months post-discharge.

Results and Conclusions:

In progress