Evaluation of a Stroke Survivor to Survivor Program



Amy Barnard, MS, APRN-CNS, CCNS, CEN, SCRN – Northwestern Medicine Lake Forest Hospital Christine Winiecki – SSEEO

Kylie Picou MPH RD – American Heart Association

Adela Santana MPH MSEd CHES – American Heart Association





Background

Background: Since 2015 Northwestern Medicine Lake Forest Hospital (LFH), a 114 bed community hospital located in the northern Chicago suburbs has had a Stroke Survivor to Survivor (SS2S) Program in place. The SS2S program was developed by the local non-profit organization Stroke Survivors Empowering Each Other (SSEEO) whose mission is to provide advocacy, support, education and resources to stroke survivors and their families. SS2S is a telephone-based peer support program that aims to encourage, support, network, and provide resources to stroke survivors post discharge. The SS2S program provides at least 2 once monthly calls from trained SS2S stroke volunteers to participants and/or caregivers. The volunteers educate on treatment and appointment adherence, offer community resources, information on support groups, and access to Podcasts, and as well as provide a connection to survivors and/or caregivers with other survivors.

Figure #1: Phone call Tracking Form

This form is to be completed by the SS2S Volunteer during the calls with the stroke sureivor.				-	Haari Streke to En	pether Stroker SSEE
	r each call with	ARY FORM (B) the stroke survivor, cir		e survivor expresses a	nd document yo	our follow-up actions
Information	FIRST CALL		SECOND CALL		THIRD CALL	
Date:						
Who did you speak to?	Osurvivor O caregiver Ovoicemail		osurvivor caregiver voicemail		Survivor Caregiver Voicemail	
CHALLENGES	Physical (aphasia, fotigue, bolance, vision, poin)	Comments:	Physical (aphosia, fatigue, balance, vision, pain)		Physical (ophosio, fotigue, balance, vision, pain)	Comments:
	Physcological (depression, memory, cognitive)		Physcological (depression, memory, cognitive)		Physcological (depression, memory, cognitive)	
	Daily Living (financial, transportation, therapy)	None	Daily Living (financial, transportation, therapy)	□ None	Daily Living (financial, transportation, therapy)	None
Identify Signs of Stroke?	- trouble with ba - blurred vision o	g or understanding lance/walking, dizziness	Sudden None - numbness/weakness in faze/arm/leg - trouble speaking or understanding - trouble with balance/walking, dizziness -blurred vision or trouble seeing - severe headache with no known cause		Sudden None - numbness/weakness in face/arm/leg - trouble speaking or understanding - trouble with balance/walking, dizniess - blurred vision or trouble seeing - sever e headache with no known cause	
Stroke Support Group (SSG)	Attending SSG?	Y N info sent to patient?	Attending SSG? Y N		Attending 55G?	Y N
Issues Needing Follow-Up						

Methods

Methods: The evaluation study was a one-group, post-only design. Adults who experienced a stroke and received treatment at LFH were eligible to participate. Participants who met the inclusion criteria were invited to participate in the SS2S program evaluation. A third party conducted the interviews using a semi-structured interview guide approved by the IRB. Interviews were transcribed and coded for themes using an inductive and deductive thematic approach and analyzed using NVivo 12.

Figure #2: Key Program Activities

Monthly Calls

Volunteers make at least 2 (once) monthly calls to participants and/or caregivers following discharge. Overseen by medical advisory

Volunteers provide education on treatment and appointment adherence

Resources

Volunteers offer print and virtual resources on stroke recovery, including SSEEO newsletter

Volunteers offer resources on support groups, support services, and info on stroke-related community events

Access to
virtual/telephone lunch-nlearn (Podcast) series with
sessions on a variety of
health topics

Networking

Volunteers connect survivors and caregivers with other survivors

Volunteers email information to participants regarding the website and social media page

Figure #3: Participant Information

Participant #	Gender	# of Calls	Date of last call	Approx. stroke date	Full Interview?
01	M	2	Jan 2020	Nov 2019	N
02	M	2	June 2020	April 2020	N
03	F	2	July 2020	April 18, 2020	Υ
04	F	3	July 2020	April 2020	Υ
05	M	1	July 2020	End of June 2020	Υ
06	M	1	July 2020	End of June 2020	Υ
07	M	2	Sept 2020	July 2020	Υ
08	M	1	Oct 2020	Sept 28, 2020	Υ

Results

Results: Interviews were conducted for four months. 32 participants were contacted, 6 agreed to a full interview and 2 agreed to provide limited feedback. The majority indicated they had a positive experience. Both participants and study coordinators agreed that stroke survivors with residual stroke complications, limited resources and limited social support would benefit from the program the most. Most of the participants agreed they enjoyed receiving a follow up phone call and were encouraged by them. Reinforcing the education on stroke provided in the hospital, discussing upcoming appointments and treatment instructions, when applicable, are an important component of the SS2S program.

Figure #4: In the study participants words

"The bigger the impact stroke has had, the better this program will be for them" "I think all stroke survivors can benefit from at least one call, it really picked up my spirits when I talked to them."

Stroke Coordinator and SS2S Leader feedback: The phone calls reinforce the education provided in the hospital, offering additional resources, and help survivors and caregivers to review F.A.S.T in case of recurrent stroke. They are also important to reach out to survivors to see how they are doing physically, mentally, and emotionally, follow-up on their care, and provide support. These calls were continued during the pandemic and for some SS2S was the only type of follow-up they were getting.

Conclusions

Although the study sample size was small, the results support the SS2S program aim of promoting stroke advocacy. The program works best when it connects patients with relevant and timely resources as well as offers the survivors the emotional support to talk freely and feel heard. The calls come at no cost to the hospital and are done completely by the volunteers. There is a benefit when there is limited social support and greater need for connection to resources.

Reference

(1) SSEEO (n.d.) Stroke Survivors Empowering Each Other website: www.sseeo.org