# Learning collaborative for ischemic stroke: Correlation between protocols for stroke care and adherence in clinical practice to improve outcomes Charlotte Lens<sup>1</sup>, Ellen Coeckelberghs<sup>1</sup>, Lotte Hermans<sup>1</sup>, Kris Vanhaecht<sup>1,2</sup>, Caroline Weltens<sup>3</sup>, Robin Lemmens<sup>4</sup>

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## BACKGROUND

- Adequate treatment of stroke is key in the reduction of mortality and morbidity.
- To streamline the care process, a **Breakthrough Improvement Collaborative** was established between Flemish hospitals (BIC4Stroke).
  - $\rightarrow$  Retrospective patient record analyses per hospital.
  - → Variation in the clinical performance (within and between hospitals).
- Variation was observed for these **FeSS<sup>+</sup> indicators**:
  - Measuring body temperature (<u>Fe</u>ver)
  - Measuring glycemia (Sugar)
  - Swallowing function screening (Swallowing)
  - Depression screening
  - Activities of Daily Living (ADL) screening

# AIM

To **analyze** the **protocols** of 24 Flemish hospitals, all part of the BIC4Stroke, to gain insight into this established variation and the **correlation between adherence and performance**.

### **METHODS**

- Deductive content analysis of the protocols of the FeSS<sup>+</sup> indicators.
- Calculation of the correlations between protocol content and clinical performance via Pearson's ans Spearman's correlation tests.

#### RESULTS



Figure 1: Overview of the content of the protocols regarding the FeSS<sup>+</sup> indicators





#### Protocol

**Figure 2: Significant correlation between protocol content and adherence** Adherence score calculated based on 30 patients/hospital (n=24), pearson correlation coefficient r = 0.61, p = 0.01 Protocol

Figure 3: Correlation between hospital specific protocol content and adherence

(A) Body temperature (rs = 0.1410, p = 0.5109), (B) glycemia (rs = 0.4168, p = 0.0427), (C) swallowing function screening (rs = 0.2671, p = 0.2070), (D) depression screening (rs = 0.4292, p = 0.0363) and (E) ADL screening (rs = 0.4393, p = 0.0317). For all 24 hospitals, 30 patients were included in the adherence scores.

#### CONCLUSION

- Importance of having protocols that are both complete, in accordance with the latest guidelines, and well-implemented.
  - $\rightarrow$  Closing the gap between guidelines and daily practice.
- Implementation of evidence-based treatment protocols results in better adherence to the guidelines and, in turn, may improve patient outcomes.
- Learning collaboratives as the BIC4Stroke can help with this by facilitating knowledge sharing between hospitals.













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