Identifying Unmet Needs 30 Days Following Ischemic Stroke: The Post Stroke Checklist
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Introduction
Stroke care often focuses on acute intervention and treatment, but important long-term sequelae are sometimes overlooked and may not be captured in standard outcome measures. The post stroke checklist (PSC) was developed by a Global Delphi Panel comprised of international stroke experts (Global Stroke Community Advisory Panel) with the purpose of identifying unmet needs in stroke patients. The PSC includes 11 items (see figure). The intent is to improve stroke survivor follow-up and ensure that treatable complications are identified and referred for treatment.

Results
The median (range) BI was 100 (10-100), NIHSS was 1 (0-28), and mRS was 1 (0-5). The PSC identified actionable items in 95/162 (59%) patients. In 49/95 (52%) patients, more than one actionable item was identified. The most common items were depression/anxiety 30 (19%), cognitive dysfunction 33 (20%), any new pain 19 (12%) and difficulty with hobbies, work and relationships 18 (11%). All other items were scored positively in less than 10% of patients. The PSC was judged acceptable by both stroke professionals and patients, who felt the items on the PSC identified important issues that otherwise, may have been overlooked in a clinic setting.

Discussion
Our patients had mild deficits when scored by more commonly used global measurements such as the BI, NIHSS and mRS. Even in this relatively high functioning group, the PSC was useful in focusing attention on specific actions that affect quality of life. These are issues that are often overlooked at a post-stroke clinic visit. Identification of these problems can result in specific actions by the patient, family and interdisciplinary stroke team. It is important to note that more than one item was discovered in more than half of the patients. The PSC is easy to use and accepted by both stroke professionals and patients.

Conclusions
The PSC proved to be a useful tool at 30 days to identify important unmet needs in stroke survivors with mild deficits. It serves as a prompt to the care team, facilitating identification and action for needs that had been previously unaddressed. The next step in this research is to evaluate patients at 90 days post stroke, when a larger range of deficits is expected.

Reference

Methods
The PSC was administered at 30 days post ischemic stroke in 162 recently hospitalized patients in the outpatient clinic of a Comprehensive Stroke Center. Items were originally scored by a nurse and reviewed with a stroke physician. Age range (median) was 31-97 (68) years. All patients were also scored with Barthel Index (BI), NIH Stroke Scale (NIHSS), and modified Rankin Scale (mRS) during the clinic visit. Actionable items were identified by positive responses to any question on the PSC. The number of patients with actionable items was tabulated.

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