

Systems of Care in Cryptogenic Stroke

how to get things done

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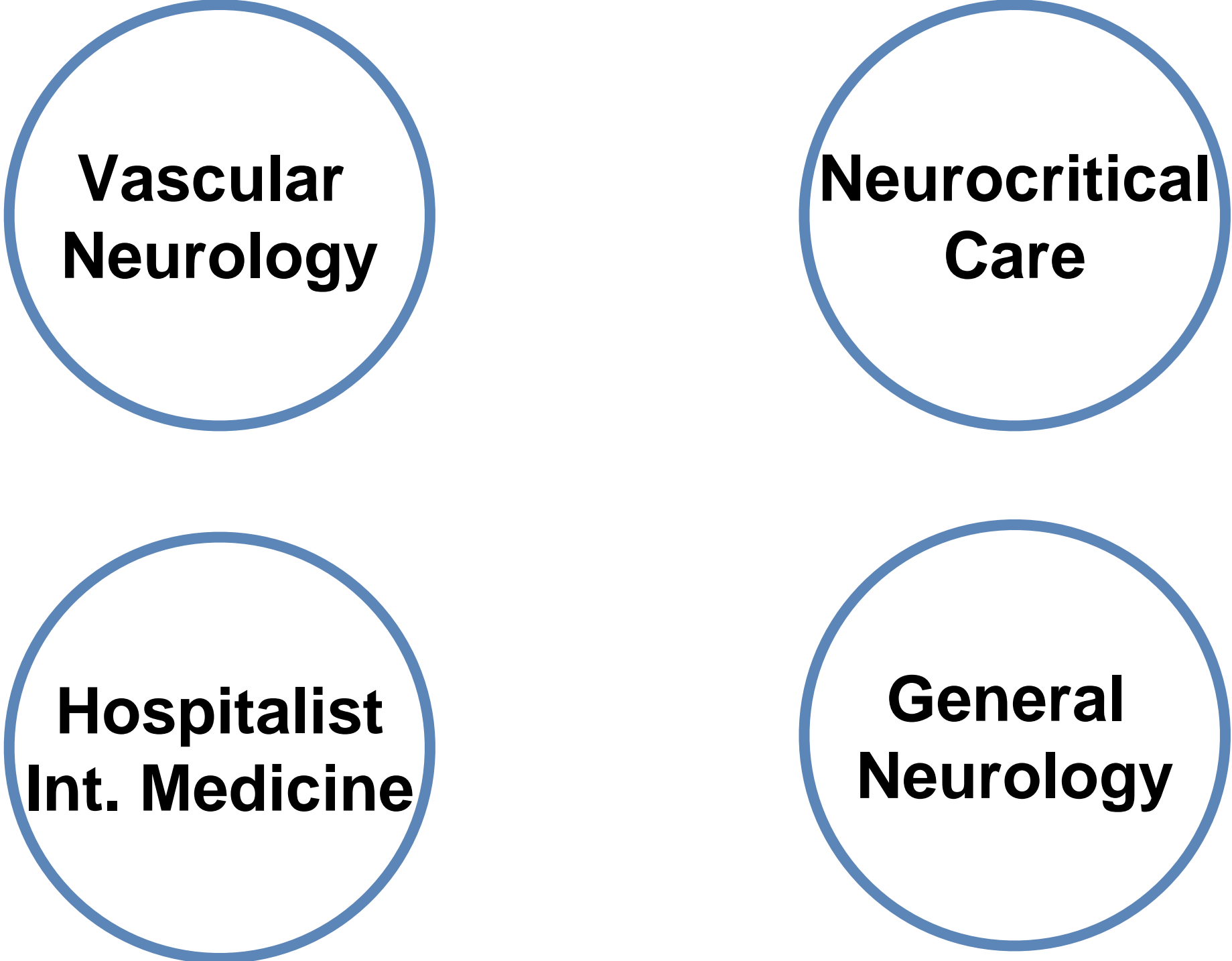


disclosures

none.

What is a Neurohospitalist?



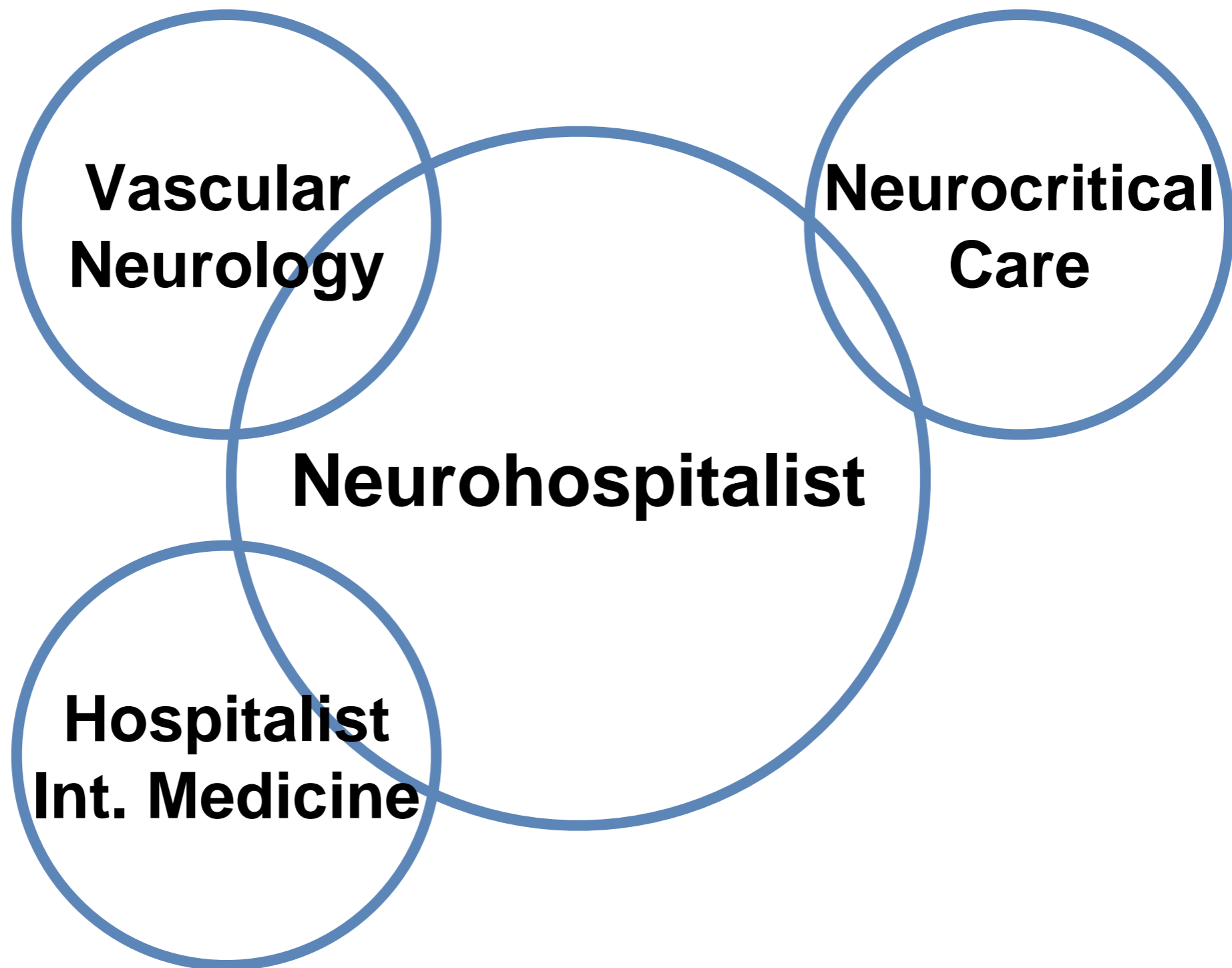


**Vascular
Neurology**

**Neurocritical
Care**

**Hospitalist
Int. Medicine**

**General
Neurology**

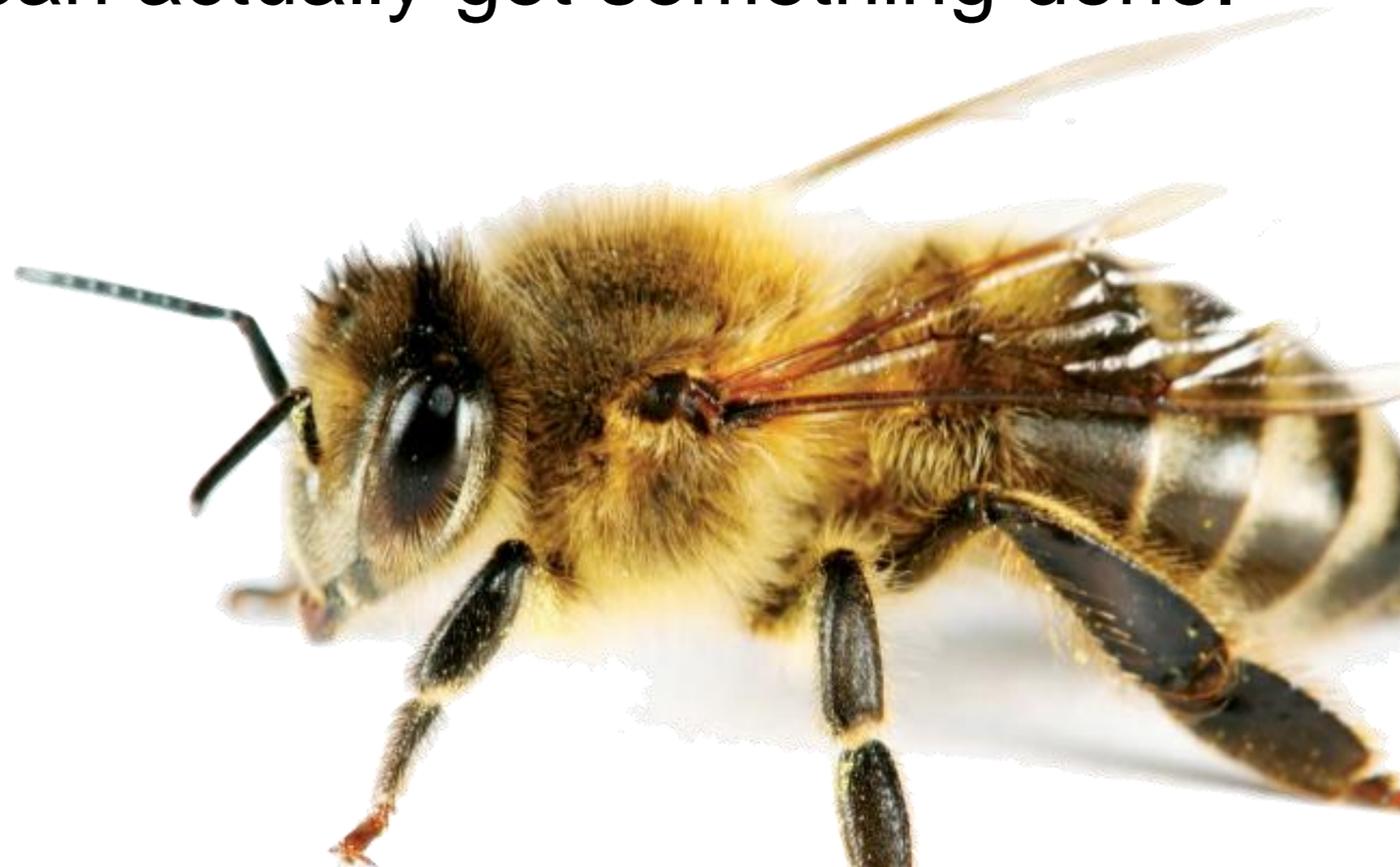


Not just a Neurologist who sees Inpatients

- Quality
- Process
- Systems
- Outcomes
- Engagement

What is multidisciplinary care?

The only way you can actually get something done.



Who is on the typical team?

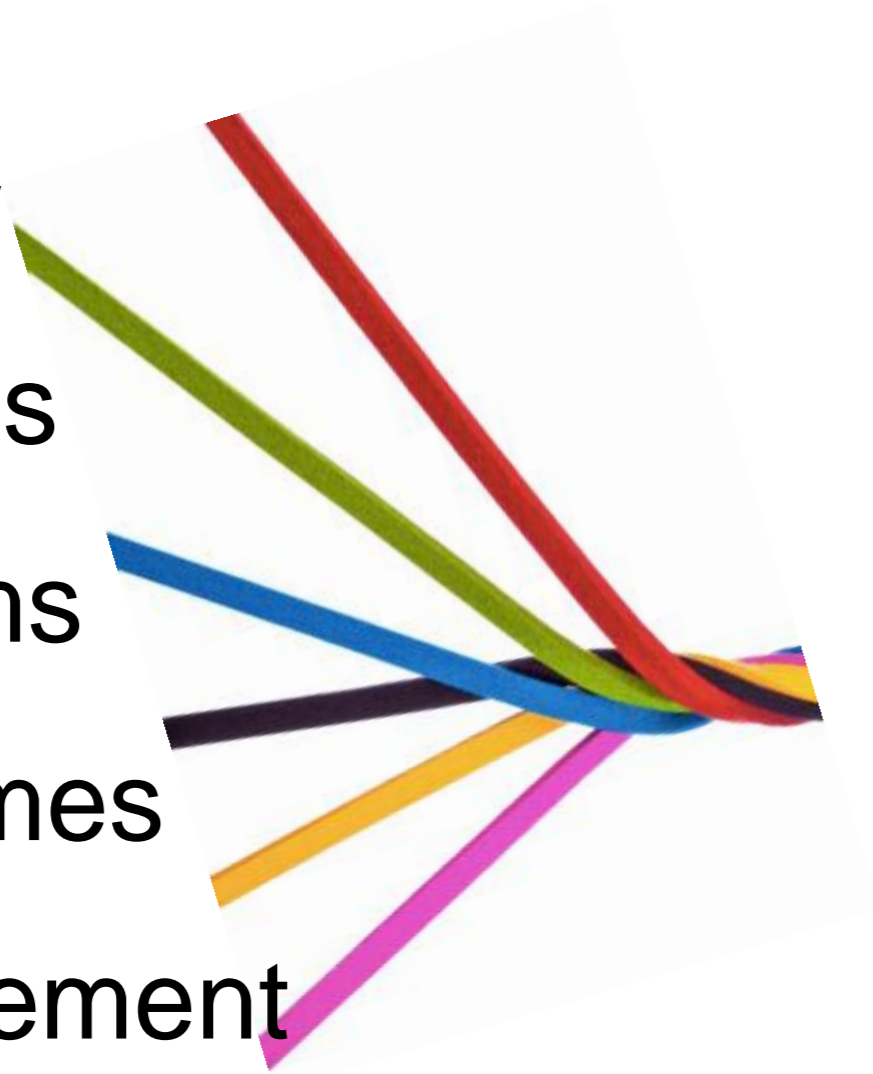
- MDs
 - Hospitalist - additional training?
 - Neurohospitalist
 - Neurologist

Who is on the typical team?

- RNs
- Allied Health - SLP, PT, OT
- HUC

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**Care Pathways
Transitions of Care
Readmissions**

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Care Pathways
Transitions of Care
Readmissions

Standardization of Process

- Guideline driven
- Order set/Protocol driven
 - When at a certain threshold
- Leverage local & national expertise
- *Key = knowing which **population** to target*

How do things happen?

- If they're set up ahead of time
- What's the process
 - inpatient
 - at time of discharge
 - outpatient



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Care Pathways
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Readmissions

What happens as the patient
gets ready to leave?

Order sets - part of it

- Patient education packet
- Call PCP for appointment
- Fax discharge summary
- Home health for:
- Neurology appointment in:
- Cardiology appointment in:

Order sets

- Patient education packet
- Call PCP for appointment
- Fax discharge summary
- Home health for: *PT/OT*
- Neurology appointment in:
- Cardiology appointment in:

*specificity
language
process*

Order sets



- *Specificity* - Don't leave it to the patient to call
- *Language* - Tell people exactly what to do
- *Process* - Clear on the receiving end & verify

Conclusion