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Provision of secondary prevention medication information to stroke patients with aphasia: an audit proposal

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Background

The National Clinical Guidelines for Stroke recommend patients receive verbal and written information about their secondary prevention medicines in an appropriate format (Intercollegiate Stroke Working Party, 2023). Aphasia is a stroke related language impairment that may interfere with a person's ability to express and understand language as well as the ability to read and write (Parr, Byng, Gilpin and Ireland, 1997). Stroke patients report an unmet need for information about their medications (Stroke Association, 2023). People with aphasia (PWA) may struggle to access written and verbal information about their medications which could lead to errors in medication administration and increase their risk of recurrent stroke. Recurrent strokes lead to prolonged hospitalisation, worsened functional outcome, and increased mortality (Oza, Rundell and Garcellano, 2017).

Aim

1. To audit current practise relating to the provision of secondary prevention stroke medication information to PWA at Yeovil District Hospital.
2. To perform an audit of medical records of PWA in relation to the provision of stroke secondary prevention medication information
3. To review the accessibility of commonly used printed information given to PWA

Method

Setting and Population: An acute inpatient ward with an average of 415 patients diagnosed with stroke per annum including 213 (52%) with aphasia.

Audit: Registered with the Trust's audit department, the medical records of 50 PWA to identify current practice relating to the provision of stroke secondary prevention medication information and ascertain the extent to which it meets the national recommendations.

Review of printed information: Stakeholders (patients and public) will provide their views on the accessibility of written information relating to secondary prevention medications commonly provided to PWA after stroke.

Discussion

Medical records are a vital means of documenting communication with patients, including details of information given about care and treatment. It is considered good practice to document what, how and when information is provided. However, pressure due to reduced staffing and rapid discharges could mean that information provision is overlooked, or that it is provided but not documented. It is anticipated that the audit will expose areas of patient care requiring improvements that are feasible within a time- and resource- limited stroke service. Furthermore, the ability of PWA to make informed health decisions can be helped or hindered by the accessibility of printed materials. Due to the challenge of modifying and presenting complex information such as secondary prevention medications, it is expected that there will be a dearth of accessible printed information for PWA that needs to be addressed.

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