The Nurse Practitioner Model: Achieving Exceptional Results at ProHealth Care

A passion for improving patient care and readmission rates for stroke patients at its hospitals in Waukesha and Oconomowoc, Wisconsin, motivated ProHealth Care to transform its stroke care model. Led by nurse practitioner and stroke program coordinator Veronica Laak, APNP, ProHealth Care adopted the nurse practitioner stroke care model that focuses on Laak providing in-person consultation to stroke patients immediately following a stroke and throughout recovery. The in-depth, personal attention provided by the nurse practitioner allows patients the opportunity to speak freely about their recovery needs and concerns in a comfortable setting with someone they know and trust. While Laak provides patient consultation and direct program coordination, Julie Jackson, NP, offers administrative consultation and program oversight as ProHealth Care's stroke program director. Together, Jackson, Laak, and the entire stroke team work to provide exceptional patient care across the stroke care continuum.

Like any great program, the nurse practitioner model is constantly evolving and improving. The stroke care team continuously evaluates the program and educates staff—within the current goal of increasing their program's number of at-risk patient referrals from primary care physicians. Unlike traditional stroke care where nurses provide follow-up consultation to patients and caregivers over the phone, the nurse practitioner model relies on a personal approach, centered on in-person consultation with patients and their loved ones. "Nurse practitioners take a holistic approach to patient care, looking not only at physical issues, but at all factors in a patient's life that can contribute to their medical care," said Jackson.

Nurses and physicians from multiple departments are involved in treating stroke, so it was essential during the early stages that everyone involved was on board with the newly implemented stroke care model. Hospital staff members were trained on their roles as part of the stroke alert and follow-up process, and all care providers were asked to keep lines of communication open across departments.

Program stroke nurses Heather Rose, BSN, and Kristal Timm, BSN, work with Laak to collaborate directly with neurologists and administrators. Together, the stroke team provides ongoing program education to all key hospital staff. "Without the support of neurology staff and ProHealth Care leadership, this all-inclusive, patient-centered model would not be possible," said Jackson. Additionally, working directly with inpatient staff is imperative to the success of the program, as these personnel are responsible for scheduling follow-up patient appointments with the clinic before each patient is discharged from the hospital. The overall program success is due in large part to Rose and Timm's dedication to staff training.

As of March 2016, Laak and her staff have seen 200 patients, and of those, only two have been readmitted within 30 days of initial discharge. This is well below the national average rate for 30-day readmissions. Through Laak's education efforts, primary care physicians and staff have come to see the value in the nurse practitioner clinic approach employed by ProHealth Care, and have dramatically increased the number of at-risk patient referrals to her clinic. The clinic is beginning to see not only patients at high risk for stroke, but also those with chronic long-term disease post-stroke, particularly those with spasticity. The patient education provided has improved the lives of countless people touched by the program.
Success Factors

Allow patients to discuss what is important to them in recovery.
Laak discussed the importance of patient comfort in discussions following a stroke. “Allowing our patients to talk openly about things that are frustrating them or are important to them in recovery helps us identify things that can be done to manage their symptoms better, which is very beneficial,” said Laak. “They seem to be helped just by knowing that their experience truly is an effect after a stroke.”

Be willing to change and evolve.
“This started as a follow-up stroke/TIA clinic for post-admission, but now it includes a long-term, chronic disease management-type model alongside the acute model, to better address patient needs,” Jackson said. “We have also begun accepting referrals from primary care physicians with patients who have not had a stroke or TIA yet, but are at very high risk, simply for education and counseling on prevention of stroke,” added Laak.

What they learned

Patient outcomes are dependent on proper outpatient education.
“We wanted to provide additional resources to patients and monitor for things like depression and connect them with community services if needed. We saw this as an opportunity in our community. The local stroke support group identified this lack of resources as extremely common for stroke survivors,” said Laak. “The continuity of care afforded to each person treated in our clinic, by having a stroke nurse see the patient in the hospital, then follow that patient through to the outpatient clinic world… achieves better patient buy in and improves our overall follow-up percentages,” added Jackson.

Buy in at all levels is essential to providing superior stroke care.
“When we implemented this program we brought it to all of the primary care clinics and neurologists to get their buy-in. Additionally, the support of our Stroke Medical Director was essential to getting the program off the ground,” said Jackson. These steps were vital to ensuring that all parties involved were on board and believed in the value of the approach. “The other key group was the stroke committee; they had to approve it for the overarching body to get the clinic up and running,” Jackson added.

What they are doing now

The stroke team at ProHealth Care is actively working to sustain the readmittance rate they achieved. “We are continuously evaluating if what we are doing is appropriate and if there is anything else that would be beneficial, while continuing to shape and change the model of our clinic,” said Laak. Laak and the team are planning to continue to collect and evaluate quality data to facilitate further improvements to the stroke care program.

Coverdell Stroke Program support

ProHealth Care has benefitted from the support of the Coverdell Stroke Program in a variety of ways. First, Laak and her team are provided ample networking opportunities through Stroke Coordinators of Wisconsin (SCOW) meetings, the Wisconsin Learning Collaborative, and other workshops and webinars facilitated by Coverdell. The Learning Collaborative meets quarterly to review and discuss data, allowing hospitals to benchmark their program against others in the state and identify areas of potential improvement. Laak has also been provided the opportunity to speak at various Coverdell-sponsored events, identifying her program as an example of best practice. This endorsement has allowed Laak to share her message and bring awareness to the effectiveness of ProHealth Care’s stroke care model. Coverdell has continually helped Laak and Jackson shape and improve their program since its inception in 2012.