Evaluation of the Effect of Continuous Care Mode on the Self-care Ability of New Stroke Patients after Discharge from Hospital

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Abstract: In order to improve the self-care ability of stroke patients, the rehabilitation of stroke patients should realize the seamless connection from hospital to community or family, and the effect of continuous care mode on self-care ability of new stroke patients after discharge from hospital should be evaluated. OBJECTIVE: To research the effect of continuous care mode on the self-care ability of new stroke patients after discharge from hospital. METHOD: One hundred patients with first stroke are enrolled in the Department of Neurology, the First Affiliated Hospital of Hainan Medical College from January 2017 to May 2017. Patients are randomly divided into control group and experimental group. The patients with first stroke in experimental group are used the continuous care mode after discharge from hospital, and the control group are used the traditional care mode, then the self-care ability of the two groups after discharge from hospital is observed. RESULT: The indexes of daily living ability and self-care ability of the experimental group are higher than those of the control group, and the data of the two groups are significantly different. Therefore, the continuous care mode has a positive impact on the self-care ability of new stroke patients after discharge from hospital.

Keywords: Continuous care; Stroke patients; Self-care ability; Evaluation

1. Introduction

Stroke is one of the most important diseases that endanger human health, and it is an important disease that harms the health and quality of life of middle-aged and elderly people in China. Although China has invested huge amounts of funds to prevent and promote it, the incidence rate, recurrence rate, mortality rate, and disability rate of stroke are still high[1]. In the face of the severe situation of prevention and control of stroke in China, the former Ministry of Health launched the stroke screening and prevention project in 2009. In April 2011, the Ministry of Health's Stroke Screening and Prevention Engineering Committee was formally established[2]. The scientific prevention and control system for strokes combined with the prevention and treatment was initially established, and active practice was carried out to explore the prevention and control of chronic diseases in China. Foreign countries have further explored the concept of continuous care, and believe that through a series of actions of continuous care, patients can be guaranteed different levels of continuous care from the hospital or health care places and the same health care place in different departments of the hospital. The continuous care mode is based on traditional care model and provides continuous care for patients[3]. At present, after a long period of practice, continuous care has been proven that continuous care for specific subjects can increase the patients' own health management, shorten the length of hospital stay, and improve the physical function of the patients. Therefore, based on the above-mentioned domestic and international research status and clinical practice, this research intends to explore the impact of continuous care mode on the self-care ability of new stroke patients after discharge, and provide a more effective basis for the clinical practice of rehabilitation care for stroke patients.

2. Research Objective and Content

2.1. Research objective

This research carries out continuous care to improve the self-care ability of prognosis patients with the first stroke, and explore the clinical effect of continuous care intervention in the prognosis of new stroke patients[4]. The inclusion and exclusion criteria of the subjects are that 100 patients with the first stroke of the Department of Neurology, the First Affiliated Hospital of Hainan Medical College are selected From January 2017 to May 2017 according to the patients' voluntary. The inclusion crite-

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ria of the subjects are that they conform to the diagnosis points of stroke in the 4th Cerebrovascular Diseases Conference, they are new stroke patients diagnosed by CT or MRI; NIHSS score between 7 and 22 points, with clear consciousness, stable condition, and stable vital signs, no serious communication obstacles; inpatients medical records are complete, return home after discharge, and their family address are in Haikou; volunteer to join the research topic. The survey excludes patients with a history of mental illness, dying or unable to sign consent, patients with severe heart, liver and kidney dysfunction, patients with advanced cancer, patients who were unable to follow up, and patients with no history of cerebral infarction[5]. During the follow-up period, patients with cerebral infarction, myocardial infarction, and cerebral hemorrhage were not involved in the final data selection of the project.

2.2. Research method

During the survey, patients who were discharged from the hospital who met the inclusion criteria are grouped into the control group and the experimental group, each group has 50 patients. The main method of the experiment is to routinely guide the new stroke patients in the experimental group after discharge, and provide health guidance to the patients through telephone interviews, and return the information on the health status and adaptability of the patients after discharge. In the continuous care of patients, in addition to the above nursing process, continuous care needs to be strictly carried out according to the following steps: (1) For the continuous care of new stroke patients, it is necessary to first determine the main body, the data of new stroke patients is collected by the attending nurse or nursing doctor who cares for the patients. In the process of collecting, the doctor or nurse needs to meet the working experience of neurology clinical work for more than two years, and has the related knowledge and guardian qualification of rehabilitation therapist training ADL[6]. (2) Carry out relevant knowledge education for new stroke patients and their families before the discharge from hospital, which facilitates family members to help patients with rehabilitation after discharge. (3) 2-3 days before discharge, use BI to evaluate patient ADL, and carry out targeted rehabilitation outcome assessment with new stroke patients and their family members together, develop a rational rehabilitation exercise plan, scientifically develop exercise programs, rehabilitation training time, and count relevant rehabilitation data. According to the changes in the patients' physical ability and the will of their family members, the exercise plan can be adjusted appropriately. (4) Record The daily life disorder of the new stroke patients every day within a few days before discharge, and guide and supplement their rehabilitation knowledge defects to ensure the correctness of patients and their families in rehabilita-

tion knowledge. (5) One day before discharge, strict observation should be carried out to correct the family members' guidance on the exercise of the patients, to ensure the correctness of the rehabilitation method and to correct the illegal operation. (6) Issue the "Health Education Handbook" made by the department; (7) Record the patients' main treatment doctors' contact information, which is convenient for timely consultation when encountering difficulties in daily rehabilitation; (8) Regular return visits to patients discharged from the hospital, and record the rehabilitation situation of the first week after discharge, the change of rehabilitation in the second week and the physical state of the patients in the third week, and carry out targeted return visits by family members[7].

2.3. Research content

In the research process of this paper, the criteria for evaluation use the Barthel index evaluation standard, and the Barthel index evaluation standard has a score of 100 points. The items evaluated include the control situation of defecation, the eating condition, the modification time, the bath time, the time of taking off clothes, turning condition, movement situation, and up and down stairs state, and so on. Each item is recorded separately and the evaluation is performed according to the points of 0, 20, 40, 60, 80 and 100. A score of 0 indicates that the function in the item has certain obstacles, and a score of 20 to 60 indicates that the patient has mild dysfunction, and a score of 100 indicates that the item can be completed completely and quickly. At the time of admission, the Barthel index for the 3rd, 5th, and 7th week was recorded[8]. The data analysis in this paper used SPSS19.0 statistical software, $P<0.05$ indicates statistical difference. The characteristic of the data is described by frequency and percentage, and the normal distribution of the data is described by mean $\pm$ standard deviation. The baseline levels of the variables in the two groups are compared, and the non-normal distribution calculation data is tested by independent sample t test.

3. Data Analysis and Conclusion

3.1. Data analysis

According to the survey result, the patients' quality of life, self-care ability and Barthel index are counted. The quality of life score is shown in the following Table 1:

Table 1. Comparison of quality of life of patients

Group	n	Society	Cognition	Emotion	Role	Body
Control group	50	2.11±0.41	3.43±0.96	8.24±2.55	3.57±1.07	16.78±5.09
Experimental group	50	3.15±1.12	4.25±1.81	11.89±3.48	4.24±0.87	18.36±4.57
P value		<0.05	<0.05	<0.05	<0.05	<0.05

According to Table 1, it can be seen that the quality of life index of the experimental group is significantly higher than that of the control group, and the differences are statistically significant.

The self-care ability of the two groups of patients is shown in Table 2:

Table 2. Comparison of self-care ability indexes

Group	n	Before discharge from hospital	After discharge from hospital		
			One month	Three month	Six month
Control group	50	95.48±5.68	93.69±9.35	93.27±6.32	85.16±10.13
Experimental group	50	156.44±13.43	131.95±7.81	109.49±14.09	87.15±11.35
P value		>0.05	<0.05	<0.05	<0.05

According to Table 2, the self-care ability index of the experimental group is significantly higher than that of the control group, and the differences are statistically different.

The Barthel indexes of the two groups are compared as shown in Table 3:

Table 3. Comparison of Barthel index

Group	n	Before discharge from hospital	After discharge from hospital		
			One month	Three month	Six month
Control group	50	34.19±10.29	43.68±8.33	53.36±6.24	65.24±8.38
Experimental group	50	37.15±11.14	67.30±10.06	85.49±7.91	88.14±2.46
P value		>0.05	<0.05	<0.05	<0.05

According to Table 3, the Barthel index of the experimental group is significantly higher than that of the control group, and the differences are statistically significant.

3.2. Conclusion

According to the result of the research, the self-care ability, activities of daily living, and quality of life index of the patients in the experimental group are significantly improved compared with the control group. This shows from the side that the continuous care model has a more positive impact on the self-care ability of new stroke patients after discharge from hospital than traditional discharge guidance. The continuous care mode is a new type of care that extends inpatient care to the community or family. Most of the new stroke patients will discharge from hospital after the condition is stable. However, due to the lack of professional medical knowledge and patient rehabilitation guidance, it has a great impact on the patients' physical function, life activities after discharge and quality of life. The continuous care mode can develop a personalized nursing plan for new stroke patients, update the patients information through telephone follow-up, and realize timely communication with patients through social platforms such as WeChat and QQ, so as to periodically modify the nursing plan to meet the needs of different patients.

4. Summary

According to the survey and research, the continuous care mode is very beneficial and necessary for the new stroke patients, especially it has a very positive impact on the indexes of patients after discharge from hospital. This kind of care mode not only ensures the timely update of the patients information, but also extends the care to the patients' home, which is also a reflection of the progress of the hospital care mode. For new stroke patients, the continuous care mode improves the patients' quality of life and daily activities ability while covering the patients' prognosis.

5. Acknowledgment

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