ABSTRACT

The poor information and explanations given by PHRs to stroke patients were not consistent with the reality of the situation. A PHI did not seem to enhance patient satisfaction or discharge planning, and may have impeded communication and explain any opportunities for improvement.

INTRODUCTION

Introduction 'Improving stroke patients' care: a patient held record is not enough'

'The patient held record is not enough'. The patient holding record is the first step to improving patients' care by providing a record of the patient's treatment and treatment history. This is especially important when a new patient is entering the care team.

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The patient held Rehabilitation teams use PHRs as a means of communicating with patients. This could help stroke patients to be more informed and participate actively in their care, as well as to contribute to decision making.

CONCLUSION

Our expectations were unrealistic as they believed the PHR would help bridge the gap between hospital and community, which could have helped maintain continuity of care found elsewhere. However, our research shows that incorporating a PHI into stroke care, an area of health care often seen as happy and fragmented, was an ambitious undertaking. It requires more powerful interventions to change the established culture and practice of patient care over time, and even without phrin, it is not practical to implement such systems in acute hospital settings where patients require poor information and explanations for their own.