



American
Heart
Association.



Mission: Lifeline Stroke Post-Acute Care Initiative
Overcoming Barriers in Implementing Quality
Standards for Post-Acute Stroke Care

Financial Disclosure

We have no financial conflicts of interest to disclose.

Objectives

- Explain the rationale behind developing quality care standards for stroke in post-acute settings.
- Understand how the standards can be met successfully including structures, processes, and resources for implementation.
- Be aware of opportunities to participate in the Mission: Lifeline PAC Initiatives.





Mission: Lifeline Stroke works to reduce barriers and delays in care by improving efficiencies in each system: Community, EMS, Emergency Department, Radiology, Laboratory, Endovascular lab, Critical Care Unit and Rehabilitation.

One of the cornerstones of the program is focusing on the “System” rather than each individual entity so that feedback can be gathered to improve quality of care for stroke survivors.

WHY ARE THE AMERICAN HEART ASSOCIATION AND THE HELMSLEY CHARITABLE TRUST FOCUSING ON QUALITY CARE STANDARDS FOR STROKE PATIENTS IN POST-ACUTE SETTINGS?

- Post-acute care is frequently siloed from the rest of the health care system and inconsistent across care delivery settings.
- The disjointed landscape leads to variability and gaps in care coordination both within and across settings, and suboptimal outcomes for patients.



STANDARDS DEVELOPMENT PROCESS

Writing committee reviewed all recommendations from the 2016 AHA Stroke Rehabilitation and Recovery guidelines during an in-person meeting in Dallas, TX, on October 21, 2019



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- SUBGROUPS DEVELOPED DRAFT STANDARDS, UTILIZING RESULTS FROM A NATIONAL LANDSCAPE SURVEY OF PAC FACILITIES AND CLINICAL PRACTICE GUIDELINES
- AHA STAFF HELD A LEARNING COLLABORATIVE WITH PAC FACILITIES IN MONTANA (SNF, SWING BED, IRF) TO GATHER FEEDBACK AND PROVIDE A GAP ANALYSIS OF THE STANDARDS RELATIVE TO CURRENT PRACTICE.
- RESULTS FROM THE NATIONWIDE SURVEY AND MONTANA LEARNING COLLABORATIVE FINDINGS WERE ANALYZED AND USED TO REFINE THE STANDARDS.
- IN-PERSON WRITING COMMITTEE IN DALLAS APRIL 26TH TO FINALIZE STANDARDS

Post-Acute Stroke Program Standards

**FINAL BETA STANDARDS: CONFIDENTIAL (DO NOT
SHARE EXTERNALLY)**

Updated: May 12, 2022

Approved by AHA Office of Science and Medicine: June 2, 2022



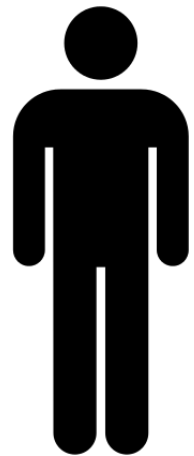
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POST-ACUTE CARE STROKE PROGRAM STANDARDS

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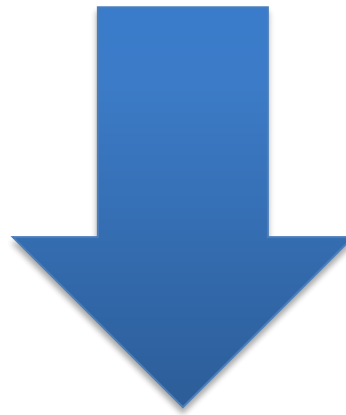


CENTERS FOR DISEASE CONTROL AND PREVENTION STROKE FACTS



Number of individuals affected by stroke in the US annually.

795,000



Decline in the relative rate of stroke deaths from 2000 - 2010.

36%



Survivors who receive rehabilitation services after hospitalization.

2/3

[HTTPS://WWW.CDC.GOV/STROKE/FACTS.HTM](https://www.cdc.gov/stroke/facts.htm)

CENTERS FOR DISEASE CONTROL AND PREVENTION

STROKE FACTS

- Studies have documented that 35%-40% of stroke survivors have limitations in basic activities of daily living at six months post-stroke.
- More than 50% of stroke survivors have limitations in one or more instrumental activities of daily living.



Winstein, C J, Stein J, Arena R, Bates B, Cherney L R, Cramer S C, et al. Guidelines for adult stroke rehabilitation and recovery: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke 2016; 47: e98-e169. doi: 10.1161/STR.0000000000000098

AHA/ASA Guideline

Guidelines for Adult Stroke Rehabilitation and Recovery **A Guideline for Healthcare Professionals From the American Heart** **Association/American Stroke Association**

*Endorsed by the American Academy of Physical Medicine and Rehabilitation and the
American Society of Neurorehabilitation*

*The American Academy of Neurology affirms the value of this guideline as an educational tool for
neurologists and the American Congress of Rehabilitation Medicine also affirms the educational value
of these guidelines for its members*

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Richard D. Zorowitz, MD; on behalf of the American Heart Association Stroke Council, Council
on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, and Council on
Quality of Care and Outcomes Research

AHA Post-Acute Stroke Program Standards

6 Categories

- Program Management
- Personnel Education
- Patient/Caregiver Education and Support
- Care Coordination
- Medical Management
- Quality Improvement



Program Management

The systematic and operational oversight of the stroke rehabilitation program.



- Interprofessional committee (IPC) that oversees and manages the stroke rehabilitation program, including quality improvement initiatives
- Stroke Rehabilitation Program Champion
- Stroke Rehabilitation Program Charter in place

Sample program charter

About Our Organization

My Facility Name is a 100-bed regional post-acute care facility located in Anywhere, USA. It is part of the “We Take Care of You Healthcare System” of over 15 facilities located in the Southeast. With over 300 staff members, over 25 physicians and 75 volunteers, we are one of the county’s largest employers.

Our facility, founded in 1980, is governed by a ten-member Board of Directors. We are located in a community located outside of X City serving a diverse population of 30% African Americans, 15% Hispanic, 15% Asian and 35% White. We work with five area acute care hospitals delivering the highest quality of care to patients throughout every step of their unique post-acute journey.

Annually our patient volume is X#, with over X# of stroke rehabilitation patients admitted to our specialized program. Our partner hospitals refer approximately X% of patients to our Stroke Rehabilitation Program with the majority being referred from X, Y and Z hospital.

Mission

The Mission of our post-acute facility/hospital/system is to strive to provide excellent post-acute healthcare services to our community through caring, quality, and innovation.

The Mission of our Stroke Rehabilitation Program is to provide our patients with quality, patient centered care utilizing the most up to date scientific guidelines. We aim to provide comprehensive care to those stroke rehabilitation patients who are unable to return home after hospitalization through our specialized program.

Scope

The Scope of the program is to provide specialized patient-centered care to the unique stroke rehabilitation population through a multidisciplinary approach that is evidence-based and outcomes-focused. The hospital provides specialized care to patients by trained staff in a specialized nursing unit.

Our Stroke Rehabilitation Program is managed by XXXX who reports to the XXXX.

(Or submit the organizational chart demonstrating the reporting structure of the Stroke Rehabilitation program.)

Committee Goals

The goals of this committee are to guide the evolution of Stroke Rehabilitation care by focusing on identifying areas of opportunity for improvement across the continuum of care. The primary focus of the committee is to ensure that best practice processes are being employed throughout the facility and continuum of care. The Committee will achieve their goals through regular meetings with established agenda items which include but are not limited to:

- Foster growth and communication among all disciplines as it pertains to the care of the Stroke Rehabilitation patient population.

Personnel Education

Stroke education requirements for staff providing care or services to the individual receiving stroke rehabilitation.

- Facility has an education policy requiring annual stroke specific education for all team members providing direct and indirect care to stroke patients
- Documentation of education requirements being met
- Direct patient care staff receive additional education specific to the level of care they provide
<https://www.stroke.org/en/professionals/stroke-resource-library/post-stroke-care/professional-rehab-resources>



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Patient/Caregiver Education and Support

The education provided to the stroke rehabilitation patient and their caregiver(s)



- A patient and/or caregiver learning assessment is completed and documented
- The teach-back method should be used to assess the patient and/or caregiver's ability to safely perform and/or assist with tasks of necessity such as self-care, medication management, communication, and mobility
- Education should be available in a variety of formats and at a level consistent with health literacy standards

Patient and caregiver receive the following information and education throughout the course of admission and prior to discharge:



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- Individualized risk factors and stroke prevention (e.g., hypertension, smoking, sedentary lifestyle, medication management)
- Stroke warning signs and symptoms and plan of action if signs and symptoms occur
- Common subacute and chronic physical, emotional, cognitive, and sexual consequences of stroke
- Individualized lifestyle coaching (e.g., diet, increased physical activity, stress reduction, smoking cessation, etc.)

Patient and caregiver receive the following information and education throughout the course of admission and prior to discharge:



- Medication management including purpose, timing, dosage, potential side effects
- Recognition of changes to emotional state for stroke survivors and caregivers (e.g., depression, anxiety, pseudobulbar affect)
- Importance of keeping follow-up appointments after discharge (e.g., primary care physician, specialist physicians, outpatient therapy, referrals, laboratory studies etc.).

Hope Stroke Recovery Guide

https://www.stroke.org/-/media/Stroke-Files/life-after-stroke/ASA_HOPE_Stroke_Recovery_Guide_122020.pdf

PREVENTION
SELF-ADVOCACY
RECOVERY

HOPE:

The Stroke Recovery Guide



RELATIONSHIPS
MOVEMENT
RESOURCES
EXERCISE

Care Coordination

The ability of the stroke rehabilitation program to coordinate and deliver treatment across the continuum of care.

- The stroke rehabilitation program has a documented process to facilitate transitions to and from any level of care.
- There is an organized clinical care team that has weekly team conferences
- The clinical team performs, incorporates, and documents findings from a social determinants of health evaluation into the individualized plan of care.



Care Coordination

- The facility has a documentation system/consolidated medical record in place that allows for information to be accessible 24/7 by all team members
- For patients who will be discharged home an assessment of gaps in family caregiver readiness to provide care at home occurs at least 3 days prior to discharge
- Individualized discharge planning is an ongoing process that begins at admission, includes the patient, family members and/or caregiver(s)



Care Coordination

- A designated staff member(s) maintains an updated list of available community resources for the patient and family/caregivers.
- The stroke rehabilitation program has telephone contact with the patient and family members and/or caregiver(s) within 2 business days of being discharged home to assess post-discharge status



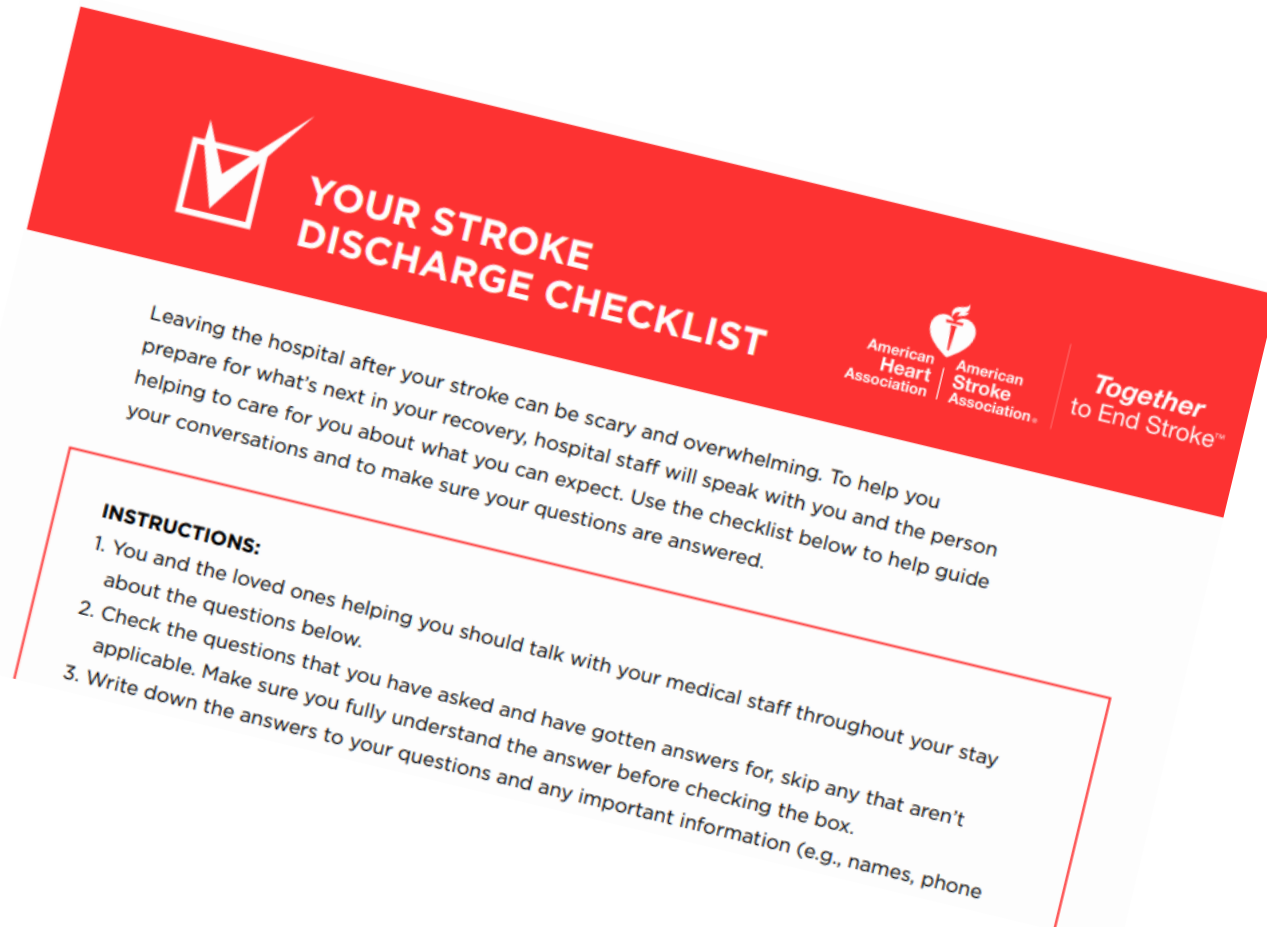
Discharge tool - example

Discharge Checklist:

https://www.stroke.org/-/media/Stroke-Files/Stroke-Resource-Center/Recovery/Patient-Focused/Stroke-Discharge-List-for-Patients-and-Caregivers-ucm_463810.pdf

Discharge Planning Guide for Stroke Rehabilitation:

<https://www.heart.org/-/media/files/affiliates/mwa/nebraska-ml-stroke/2021nemlstrokedischargeplanning-guide-for-providers.pdf?la=en>



YOUR STROKE DISCHARGE CHECKLIST

Leaving the hospital after your stroke can be scary and overwhelming. To help you prepare for what's next in your recovery, hospital staff will speak with you and the person helping to care for you about what you can expect. Use the checklist below to help guide your conversations and to make sure your questions are answered.

INSTRUCTIONS:

1. You and the loved ones helping you should talk with your medical staff throughout your stay about the questions below.
2. Check the questions that you have asked and have gotten answers for, skip any that aren't applicable. Make sure you fully understand the answer before checking the box.
3. Write down the answers to your questions and any important information (e.g., names, phone

American Heart Association | American Stroke Association | Together to End Stroke™

Medical Management

The stroke rehabilitation program's ability to provide medical care and rehabilitation to post-stroke patients

The stroke rehabilitation program has the following practitioners available to provide care 5 or more days a week. This may be in-person or via telehealth:

- Speech language pathologist
- Physical therapist
- Occupational therapist

The stroke rehabilitation program has the following practitioners available for assessment and consultative services:

- Social Work
- Dietitian
- Behavioral and mental health professionals



Medical Management



- The stroke rehabilitation program has medical staff (e.g., physician, advanced practice provider) available 24/7 to assess and manage medical complications. This service may be provided via telehealth.
- The stroke rehabilitation program has a physician or advanced practice provider available on-site at least 3 days per week
- It is recommended that a PM&R physician and/or neurologist be available to consult regarding the rehabilitation program as well as to see individual patients on a consulting basis.
- The facility has at least one registered nurse on-site 24/7

Medical Management

- The stroke rehabilitation program has a documented protocol in place to escalate management of recognized medical complications. This protocol should include a plan to expedite transfers to acute care as needed.
- The stroke rehabilitation program incorporates current evidence-based guidelines relevant to medical management of post-acute stroke, as advised and updated by the IPC.
- Appropriate assessments and screenings are completed in a timely fashion, and evidence-based treatment is initiated if needed



Standardized assessments - example

<https://www.sralab.org/rehabilitation-measures>



Quality Improvement

A continuous process the stroke rehabilitation program uses to evaluate current performance and areas where enhanced practices are needed to improve quality of care.

- The stroke rehabilitation program collects and tracks regular compliance data on standardized stroke rehabilitation measures, and stroke rehabilitation outcome metrics
- Data is routinely shared with the IPC, at least on a quarterly basis.



Quality Improvement

- The interprofessional committee identifies opportunities for performance improvement and implements/monitors performance improvement plans
- The stroke rehabilitation program develops and utilizes standardized tools to ensure quality improvement initiatives are followed (e.g., post-discharge telephone script, receiving checklists, handoff reports, EMR templates)



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Mission: Lifeline Stroke Post-Acute Care Initiative July 2022-June 2024

Nebraska

Bryan Medical Center

CHI Health Good Samaritan

CHI Health Immanuel

Crete Area Medical Center

Jefferson Community Health & Life

Tri Valley Health System

Methodist Fremont-Dunklau Gardens

Douglas County Health Center

Madonna Rehabilitation Hospitals

Immanuel Newport House

NYE Legacy

North Dakota

PAM Rehabilitation Hospital

Good Samaritan Society: St. Vincent's

Sanford Hillsboro

Montana

Bitterroot Health

Copper Ridge Health and Rehab

Glendive Medical Center

Logan Health

Roundup Memorial Healthcare

Sidney Health Center

Stillwater Billings Clinic

Park Place Transitional Care and Rehabilitation

Logan Health Brendan House

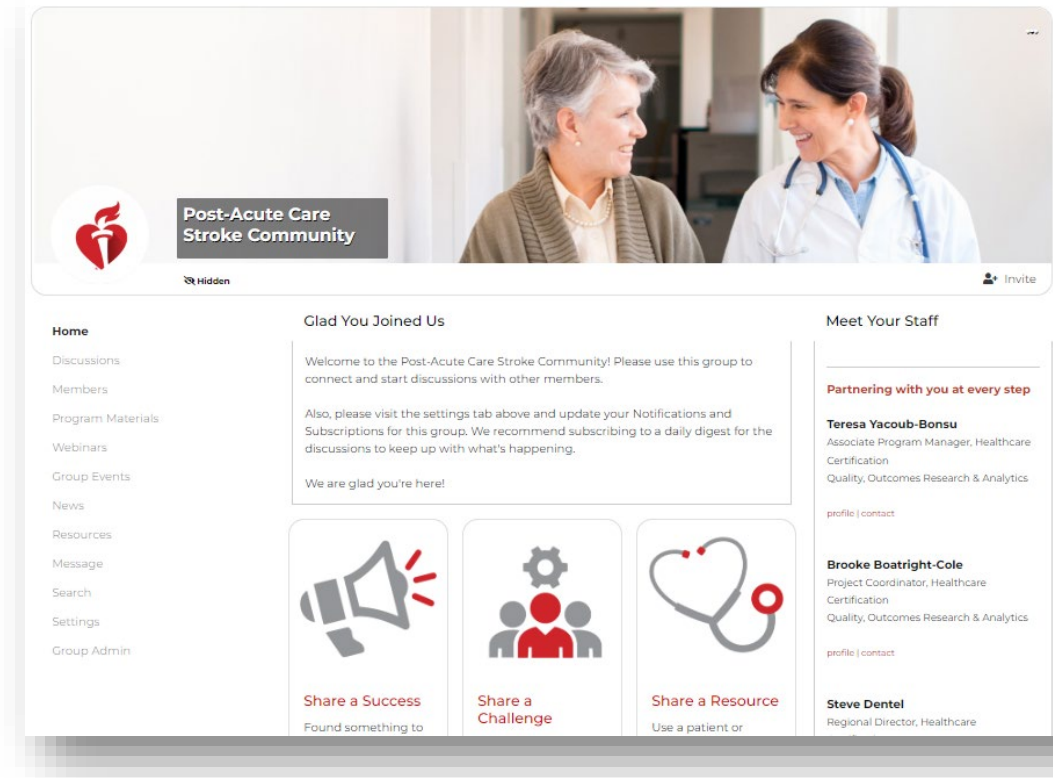
BENEFITS OF PARTICIPATION

- Facility will receive a \$15,000 participation stipend.
- Site-specific quality improvement support and processes improvement ideas surrounding quality standards for stroke recovery, rehabilitation, and secondary prevention.
- Opportunity to be part of a learning collaborative, working with experts in stroke rehabilitation to build tools and share/create best practices to be disseminated nationally.
- Collaboration between your facility and local system of care facilities, E.g., Referring hospitals, local outpatient providers, etc.



HEALTHCARE NETWORK

- Beta test Post-Acute Care Stroke Community section on AHA's Healthcare Network, an online peer-to-peer platform that facilitates quality improvement.
- The platform enables facilities to access a wide variety of implementation tools and resources, ask questions, and engage with other organizations.
- Will house the finalized standards as well as a comprehensive resource library that includes the implementation toolkit, templates for each standard, links to additional resources, and staff and caregiver education materials.



QUALITY AND CERTIFICATION TOOL

- Track compliance measures using the Quality and Certification Tool (QCT)
- AHA will support facilities submitting data into the QCT.
- Dashboard allowing facilities to benchmark against others will go live in June 2023.



Quality &
Certification Tool



**American
Stroke
Association.**
A division of the
American Heart Association.

QUESTIONS?

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