From the Stroke Desk

The quality project continues, thank you to stroke coordinators who completed the online satisfaction survey on HFAP certification. If you would like to participate click this link [HFAP Certification Survey] and have your say! Tell us how we are progressing; let us know how we can continue to improve – Survey open until October 15, 2013.

Measure Reporting

A gentle reminder that it’s time to collect and submit new measures for the fourth quarter reporting period (October 1, 2013 to January 31, 2014). SM-1 to SM-13 as stated in the 2013 version 2.3 Manual.

Data Abstraction & Validation process listed in the manual is a guideline for hospitals without an abstraction process. Hospitals participating in the Paul Coverdell & GWTG Registries meet abstraction requirements.

Making a Difference

State by State Progress - Illinois

The HFAP certification staff met with The Illinois State Stroke Advisory Subcommittee this month to discuss Stroke Ready Certification.

State by State Progress – Maryland

The HFAP leadership and certification staff met with Maryland Department of Health and EMS executives this month to discuss the possibility of working together. Discussions are still in progress.

Strike out Stroke

The HFAP was represented as part of the Midwest Stroke Action Alliance in the Chicago Strike Out Stroke event at US Cellular Field, home of the White Sox on Sunday September 15, 2013. This event was held in conjunction with Retreat and Refresh Stroke Camp. Although the game was delayed several hours by rain, there was a ceremony with stroke survivors and promotional material was given away to raise public awareness of the symptoms of stroke and the urgency of treatment.

HFAP Stroke Webinar Calendar 2014

A snapshot of webinars being planned, dates and times are yet to be determined.

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Webinar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mark Alberts (Neurologist)</td>
<td>HFAP Expert Panel &amp; Brain Attack Coalition The Latest in Stroke Care</td>
</tr>
<tr>
<td>Adrianne Nickles, MPH</td>
<td>Stroke Epidemiologist: Paul Coverdell Registry Data Collection and Reporting</td>
</tr>
<tr>
<td>Stacey Moran MSN, RN, ACNS-BC</td>
<td>Franciscan St. Francis Health Stroke Coordinator How to Improve Lab Turn Around Times</td>
</tr>
<tr>
<td>Deborah Bergman MS, APN, FNP-BC, FAHA</td>
<td>HFAP Expert Panel Stroke Certification Patient Care Continuum</td>
</tr>
<tr>
<td>Carol Roesch RN, BSN, MBA, FACHE</td>
<td>HFAP Certification Reviewer Stoke Certification Review Process: What to Expect &amp; How to Prepare</td>
</tr>
</tbody>
</table>

Proposed Changes to the 2014 Manual

As discussed in the September Issue of Stroke Update, proposed changes to the Stroke manuals were under review. As a result of your feedback our services have improved, please review the next page and send us your feedback regarding the proposed changes. An education grid was suggested by a survey respondent, refer to next page, and note that education for PSC is undetermined 4 or 5 hours (please send comments to stroke@hfap.org).
Proposed Changes to the 2014 Manual Continued…

The information on this page is in discussion based on the feedback that we have received from our certified Stroke Centers and based on the HFAP Quality Project Certification Report Review conducted last month. Changes that are approved will take effect when the revised 2014 stroke manual is released in March 2014.

Quality and Performance Improvement

Quality and Performance Improvement (QAPI) was the highest scored with a direct correlation to performance measures, e.g., lab. QAPI will be a focus of review in the 2014 manual changes, while HFAP has not finalized changes; the following considerations have been identified to reduce double citations:

- Measures that fall under the benchmark get scored under the standard - If they fall out three or more months in a row they are scored on both standard & QAPI.
- Items unable to maintain three or more months in a row above the benchmark get scored under the standard - They are then also scored out in QAPI, unless the improvement is maintained up to two consecutive quarters prior to the onsite visit.
- Isolated events will only be scored out in the standard.

Acute Stroke Response Team (02.04.04)

Wording on this standard is likely to change. Currently the standard requires one physician and one registered nurse to be at the bedside.

Proposed change:

“The Acute Stroke Response Team members are determined by the organization. A document is available which includes: the criteria and qualifications required for clinicians who are part of the Acute Stroke Response Team; and roles and responsibilities or team members. This document includes annual competency in use of a recognized stroke assessment tool determined by the hospital (for example NIHSS).”

Linking Measures with Standards

The following measures will be linked to standards to prevent QAPI being scored out for measure deficiencies and isolated events:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.04.06</td>
<td>SM-1 Stroke team arrival</td>
</tr>
<tr>
<td>02.00.05</td>
<td>SM-2 Laboratory studies</td>
</tr>
<tr>
<td>02.00.07</td>
<td>SM-3 Neuroimaging studies</td>
</tr>
<tr>
<td>02.00.08</td>
<td>SM-4 Neurosurgical services</td>
</tr>
<tr>
<td>02.00.06</td>
<td>SM-5 tPA Administration 0-3hrs</td>
</tr>
<tr>
<td>02.02.03</td>
<td>SM-6 Antithrombotic therapy Day 2</td>
</tr>
<tr>
<td>02.02.03</td>
<td>SM-7 Antithrombotic therapy @ DC</td>
</tr>
<tr>
<td>02.02.03</td>
<td>SM-8 Anticoagulant therapy AF</td>
</tr>
<tr>
<td>02.02.03</td>
<td>SM-9 VTE Prophylaxis</td>
</tr>
<tr>
<td>02.02.03</td>
<td>SM-10 Statin @ DC</td>
</tr>
<tr>
<td>02.03.02</td>
<td>SM-11 Stroke education</td>
</tr>
<tr>
<td>02.02.03</td>
<td>SM-12 Dysphagia screen</td>
</tr>
<tr>
<td>02.02.04</td>
<td>SM-13 Physical rehab evaluation</td>
</tr>
<tr>
<td>02.02.06</td>
<td>SM-14 Door-to-needle time</td>
</tr>
</tbody>
</table>

Dysphagia Screening and Rehabilitation (02.02.04)

Dysphagia Screening to be reworded, prescriptive elements removed – await AHA/ASA working group.

Patients to be assessed by qualified persons for rehab – as per CMS (not limited to physical therapist).

Open for Comment

Submit your comments and suggestions regarding manual changes to stroke@hfap.org.

<table>
<thead>
<tr>
<th>Proposed Education Requirements</th>
<th>Stroke Ready</th>
<th>Primary</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Leaders</td>
<td>8 CME/CEU</td>
<td>8 CME/CEU</td>
<td>8 CME/CEU</td>
</tr>
<tr>
<td>Stroke Response Team Members</td>
<td>4hrs</td>
<td>4-5hrs</td>
<td>6hrs</td>
</tr>
<tr>
<td>Stroke Unit / ICU / radiology nurses / endovascular nurses</td>
<td>NA</td>
<td>4-5hrs</td>
<td>6hrs</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>4hrs</td>
<td>4-5hrs</td>
<td>6hrs</td>
</tr>
<tr>
<td>Non-Physicians e.g., PA’s, Rehab</td>
<td>2hrs</td>
<td>2hrs</td>
<td>2hrs</td>
</tr>
<tr>
<td>Cardiac-cath nurses</td>
<td>1hr</td>
<td>1hr</td>
<td>1hr</td>
</tr>
<tr>
<td>Physicians who admit new patients. Lab &amp; Radiology Techs</td>
<td>Orientation to Stroke Protocols</td>
<td>Orientation to Stroke Protocols</td>
<td>Orientation to Stroke Protocols</td>
</tr>
</tbody>
</table>
HFAP Stroke Manuals On-Line

The Healthcare Facilities Accreditation Program is pleased to announce the online availability of our 2013 Certification Requirements for Comprehensive Stroke, Primary Stroke, and Stroke Ready manuals. The manuals are now available to view online or download PDF versions of the full manuals.

All staff members who have a profile on hfap.org will be able to view, add comments and download the manual associated with your facility.

There is no cost associated with this service and it is provided to you as a benefit of your HFAP Stroke Certification.

Viewing the Manual

To view the manual, logon to hfap.org and direct your mouse to the ‘Manual Viewer’ link on the left-hand sidebar of the webpage.

The facility that is associated with your profile will appear on the next page, hit the ‘Select’ button next to your facility. This will take you to a page that gives you two options.

By clicking on ‘Select’ again, you will be taken to the online manual viewer; if you click on ‘Download Printable Version’ you will be directed to a page that allows you to download either the Comprehensive Stroke, Primary Stroke, or Stroke Ready manual in their entirety, depending on which manual corresponds with your facility.

The online manual viewer contains only the main standards that are involved in HFAP’s three tiers of Stroke Certification while the ‘Download Printable Version’ contains all the documents that are included in the traditional print version (Table of Contents, Glossary, Index, etc.).

Edit Function with ‘Manager Manual Rights’

To assist Stroke Coordinators with organizational readiness, it is possible to edit in the comments field and notate how you meet the standard, or what actions you need to take in order to meet the standard.

Technical Assistance

Should you encounter any issues please direct your email to stroke@hfap.org or contact HFAP using the main telephone line (312) 202-8258 – Ask for Chris Cox.

Education Opportunities

Corazon Conference 2013

Corazon Inc. are hosting a “Making Waves: Ride the Service Line Success” conference at Naples Beach Hotel & Golf Club, Florida from October 16-17. For more information visit: http://www.corazoninc.com/ or call 412-364-8200.

Methodist Hospitals Conference, IN

Methodist Hospital will be hosting a “New Waves in Neuroscience” Conference on October 11th and 12th at The Radisson Hotel in Merrillville, IN. Please call 219-738-4926 with any questions.

Get With The Guidelines: Target Stroke Webinars

Details for each webinar are attached.

The Rapid Management of Acute Ischemic Stroke

October 15, 2013 at 10-11am PST

Grants and Funding

The Goddess Fund is a not-for-profit organization that was established in 2000. Its goal is to “eliminate the impact of stroke in women's lives, the lives of their families and society at large”.

Funding is awarded for two years with $65,000 in direct salary (and research) support.

Website: http://www.thegoddessfund.org/index.html

Million Hearts

Is your organization part of the Million Hearts Program?

This national initiative was launched in 2011 to prevent 1 million heart attacks and strokes by 2017. Several initiatives have evolved to educate the public on controlling hypertension and high cholesterol.

Join the Million Hearts movement, go to the website and sign up to become a partner.

http://millionhearts.hhs.gov/index.html
Stroke Patients Make Great Strides from Kettering Health Network’s Comprehensive Rehab Program

Kettering Health Network is an Adventist, faith-based, not-for-profit healthcare system located in Dayton, Ohio that includes eight hospitals. One of its hospitals, Kettering Medical Center, was recently designated as the first HFAP Comprehensive Stroke Center in the United States.

Kettering Medical Center achieved this HFAP special designation by demonstrating outstanding dedication to the treatment of stroke patients across the full continuum of care including forward thinking IP and OP Rehabilitation Services. The network’s progressive acute care rehabilitation, Inpatient Rehabilitation Program and comprehensive NeuroRehab & Balance Center’s outpatient therapy services offer patients a greater opportunity to achieve a higher quality of life following stroke.

Acute care rehabilitation by Physical Therapy, Occupational Therapy and Speech-Language Pathology focuses on rapid assessment, identification of functional deficits, Dysphagia evaluation, safety risk evaluation (including fall and aspiration risks) and early mobilization of stroke patients. The rehab team identifies early on if post-discharge therapies are warranted and provides recommendations to best meet each patient’s individual needs.

Kettering’s Inpatient Rehabilitation Program is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) and offers stroke patients a rehab focused environment where the team addresses barriers that may be hindering a patient’s ability to return to their home environment and prior level of function. The rehab team is comprised of Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, Speech-Language Pathologists, Recreational Therapists and Rehabilitation Certified Nurses. Medical oversight is provided by Physical Medicine and Rehabilitation Physicians.

Kettering Health Network identified a need for outpatient therapy services specifically focused on the neurologically impaired population. The Kettering Health Network rehab team designed and built a 15,000 square foot NeuroRehab & Balance Center in January 2010 to provide highly specialized services for the neurological population to continue their rehab services post discharge from the acute care setting.
Stroke Patients Make Great Strides from Kettering Health Network’s Comprehensive Rehab Program

The center offers neurological-focused therapy that includes physical therapy, vestibular certified therapists, occupational therapy, and speech-language pathology services along with case management and social work services.

The program also offers Driving Assessment by OT’s who are certified driving instructors to determine if patients can safely return to driving. Therapists work closely with the center’s neurological medical director and physical medicine and rehabilitation medical director, who are on site at least twice per week and available for consult as needed.

The combination of the network’s advanced stroke acute care and its comprehensive therapy services offer patients a greater opportunity to achieve a higher quality of life where they can meet their rehabilitation goals and participate in the activities that give them joy and meaning.

One Patient’s Journey

One Kettering patient who improved greatly following a stroke is Karl Gloekler. He was admitted to Kettering Medical Center on July 12, 2011, with right-sided weakness and a stroke was diagnosed. Along with his acute medical care for his stroke, Karl received Physical Therapy for balance, bed mobility, ambulation with assistive device, and transfer training. Inpatient Occupational Therapy focused on activities of daily living skills such as bathing, dressing and grooming; gross and fine motor skills, sensation and proprioception (the body’s ability to sense movement within joints and joint position). He also received Speech-Language Pathology treatment that focused on dysphagia (swallowing disorder), dysarthria, following commands, cognition, written expression and verbal problem solving.

Three days after being admitted to the hospital, Karl was admitted to Kettering Medical Center’s Inpatient Rehabilitation Program. He was evaluated by PT, OT and SLP and was seen twice daily throughout his 19 day length of stay. Therapists focused on skills needed for him to live safely at home upon discharge from the hospital, including swallowing safety, stair negotiation, transfer training, ADL’s, ambulation and assistive device training. At discharge, Karl was walking 150 feet with a tripod cane with contact guard assistance due to balance issues, and he also had to use stairs with assistance.

In March 2012, Karl was first evaluated at Kettering Health Network’s NeuroRehab & Balance Center (NRBC). Although Karl required more assistance with his ambulation at that time, he subsequently received therapy at NRBC for several episodes of care and has made remarkable progress in regaining skills affected by his stroke.

With PT, he progressed from walking with a two-wheeled walker back to walking with a tripod cane. Therapists determined he needed a WalkAide® system for right foot drop treatment. This improved his ability to become more independent with his walking and climbing stairs. After his hospitalization, Karl had difficulty negotiating stairs and to conserve energy, resorted to using a stair lift. Karl can now independently climb stairs at home with just the use of a regular stair rail.

Patient opening hand with Bioness Functional Electrical Stimulation

Bioness FES for the UE
**Stroke Patients Make Great Strides from Kettering Health Network’s Comprehensive Rehab Program**

With OT, he became independent with all self-care skills and home management tasks through ADL training and adaptive device training. Therapists used neuromuscular electrical stimulation to improve right arm movement. After his stroke Karl had problems with fine motor coordination in his right hand, and now he is able to button shirts, pick up small objects and perform all aspects of self-care by himself. Initially Karl experienced deficits in divided attention which made it difficult for him to attend to more than one task. By the end of his therapy he was considered to be within normal limits for his divided attention thus he was able to perform his home management tasks, such as laundry and cooking on the stove in a busy home environment independently and safely.

![Patient performing activities of daily living in the kitchen using the Bioness FES – able to use both hands](image)

Karl also demonstrated a new vision device the NeuroRehab & Balance Center developed in collaboration with the University of Dayton Engineering Program and Kettering Health Network’s Innovation Center. The device is a visual mapping instrument to evaluate visual fields, visual attention, eye hand coordination and reaction time following neurological injury, so occupational therapists can tailor a therapy program aimed at improving visual functioning for patients.

By combining neurologic evaluation with the expertise of balance, cognition and task evaluation provided by the speech-language pathologists, occupational therapists, and vestibular-certified physical therapists at Kettering’s NeuroRehab and Balance Center, Kettering Health Network is providing a level of care that is as advanced as any program in the country. Developing specialized outpatient services that go well beyond the patient’s acute care and Inpatient Rehab hospital journey is critical to meeting the needs of those suffering from stroke and other disabilities that require long term rehabilitation. Karl's successful journey is one testament to what can be accomplished with expert therapists, a touch of innovation, dedicated care and the provision of all the essential community resources in one center. The road to recovery continues for months and years beyond the life altering stroke.

Written by Diane Ryckman, M.A., OTR/L  
Director Orthopedic Service Line & Rehabilitation Medicine  
Kettering Medical Center System  
**Kettering Health Network**