Interdisciplinary Team Approach to Stroke Education & Recovery in Home Care

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Objectives

• Review of stroke statistics
• Demonstrate role of home care in primary and secondary stroke prevention through focus on controllable medical and lifestyle risk factors
• Understand the role of home care in the continuum of stroke care and how JCAHO standards for acute care can be reinforced in the home
• Describe how home care clinicians address stroke recovery and prevention of re-hospitalization
• Review opportunities for partnering with home care to enhance stroke prevention, recovery and wellness
Unbuckle That Belt!

In the Belt’s buckle (gold) stroke mortality may be double the national average.
795 000 people experience a new or recurrent stroke.

About 610 000 of these are first attacks, and 185 000 are recurrent attacks.

Nearly three-quarters of all strokes occur in people over the age of 65. The risk of having a stroke more than doubles each decade after the age of 55.

53% of stroke deaths occur outside the hospital.

Estimated direct and indirect costs for stroke care in 2009 was 68.9 billion dollars.
Focus on Primary Prevention

- Up to 80% of strokes are preventable (NSA 2008)
- Increase awareness of TIA/stroke warning signs and risk factors
- Educate on importance of urgent medical attention
- Education on lifestyle changes
  - Exercise prescription
  - Diet/nutrition
  - Monitoring BP; cholesterol
  - Diabetes management
Stroke Prevention: Focus on Risk

Risk factors: Controllable Medical

- Atrial fibrillation (AF) is an independent risk factor for stroke, increasing risk about five-fold. (responsible for 1 in 4 strokes > 80 years of age)

- High blood pressure is the most important risk factor for stroke; 2-4x increase in risk (77% of pts who had first time strokes had HBP; target 140/90 or 130/80 mmHg if diabetic)

- Previous stroke or TIA (preceded ~25% of all strokes)

- Diabetes -equivalent of aging 15 years
Risk Factors: Controllable Lifestyle

- Smoking - 2x increase in ischemic stroke risk and 4x increase in hemorrhagic stroke risk
- ETOH
- Obesity – 3x increase in risk; BMI 20 – 24.9
- Inactivity (30-60 min of aerobic activity 3-7 days/week)
- elevated cholesterol (total LDL/HDL > 200)
Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following:

- 1. Activation of emergency medical system
- 2. Follow-up after discharge
- 3. Medications prescribed at discharge
- 4. Risk factors for stroke
- 5. Warning signs and symptoms of stroke
Stroke rehabilitation should begin as soon as the diagnosis of stroke is established and life-threatening problems are under control.

A considerable body of evidence indicates better clinical outcomes when patients with stroke are treated in a setting that provides coordinated, multidisciplinary stroke-related evaluation and services.
Primary Rehab Goals

JCAHO Standards

- Maximize Function
- Prevent Complications
- Minimize Impairments
Enhancing Stroke Recovery

- Knowledgeable of clinical practice guidelines / EBP / JCAHO and AHA standards of stroke care
- Neuroplasticity / Behavioral Compensation focused motor control interventions
- Disease / condition specific education
- Focus on preventing re-hospitalization (prevent recurrence, respiratory management)
- Large focus on patient centered model of care
- Interdisciplinary care delivery

70% stroke survivors will be left with some type of disability, i.e., paralysis, visual/cognitive deficits, speech/language deficits (NSA 2008)
Alive without hospital readmission

14.3% hospital free

Primary Causes of Hospital Readmission Post Stroke

(Stroke. 2007;38:1899.)
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Impact of Recurrent Strokes

- Makes up about 25% of all strokes
- Recurrence rates are as high as about 30% over 5yrs
- Associated with substantial costs to health care system
- Associated with increased risk of non stroke cardiovascular hospitalizations/re-hospitalizations

Principles of Neural Plasticity / Behavioral Compensation

- Try more difficult tasks sooner
- Actively Engaged
- Provide feedback, guidance, and cues
- Use active movements
- We learn by making and correcting mistakes
- Repetition
- Task specific practice
Using the Home Environment to Our Advantage

- Natural environment
- Task specificity
- Increased motivation / compliance
- Environmental /task modifications that make sense!
What Else Can be Done to Raise Awareness of Home Care

- Partnering with Local and Regional Primary and comprehensive stroke centers
- Consistent use of standardized forms/scales
- Demonstrate ability to be the continuum of care – an extension of acute and subacute care / rehab centers / skilled nursing facilities
- Active in stroke support groups and community wellness
QUESTIONS??