

Transitions of Stroke Care Prior to Discharge

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Disclosures

- The development of this content was supported by contract 5883BI06 from the Iowa Health and Human Services (Iowa HHS) Brain Injury Services Program.
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Objectives

1. Evaluate the impact of this pilot project.
2. Discuss the importance of clear written and spoken communication within the care team to enhance care across the continuum of rehabilitation.
3. Review a case study.



Pilot Overview

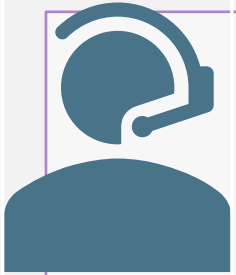
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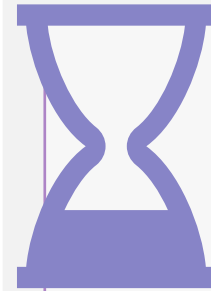
80% of strokes are preventable.



1 in 4 people who have a stroke each year has had a previous stroke.



On average, the Brain Injury Alliance of Iowa serves people **years** post-injury.



Iowa's Brain Injury Waiver has a **6.5-year** waitlist.

Pilot Project Summary

Project Summary

Through collaboration between the Brain Injury Alliance of Iowa and On With Life, a direct referral process to Neuro Resource Facilitation was established for individuals living post-stroke discharging from On With Life's Post-Acute Inpatient Neurorehabilitation program.

Project Goals

1. Decrease the prevalence of secondary stroke and hospital readmission.
2. Increase the ongoing education on secondary stroke prevention.
3. Increase collaboration and capacity within the brain injury provider world.

Due to the collaboration between the BIAIA and OWL, there have been **50** NRF referrals since January 2023.

Neuro Resource Facilitation

A fee-free service that offers a partnership to support individuals with brain injuries and their loved ones choose, get, AND keep information, services, and supports to meet their needs and goals.

To make a referral:

(855) 444-6443

info@biaia.org



CONTACT

To learn more about any of these supports or to find out how we might assist you, please contact us at 1-855-444-6443 or via e-mail at info@biaia.org.

Send us a message by filling up the form below.

Contact Information

Name *(Required)*

First

Last

I am a *(Required)*

Phone number *(Required)*

Email *(Required)*

Services

- > Neuro Resource Facilitation
- > Support Groups
- > Education & Training
- > Case Consultation
- > Advocacy

Chat with us!



Preferred mode of communication *(Required)*

Phone call ▼

Best Time to contact

: AM ▼
HH MM

Message

Brain Injury Survivor Information

Please provide brain injury survivor information and/or upload discharge summary and face sheet with demographic and contact information.

Name *(Required)*

First

Last

County of residence *(Required)*

Upload documents

Drop files here or

Select files

Max. file size: 512 MB.

Submit

Chat with us!



NRF Planning Assessment

Details			
NRF Planning Assessment Number	██████████	Case	██████████
Date of Completion	4/25/2023	TOTAL Risk Assessment Score (Raw)	15
Contact	██████████	TOTAL Risk Assessment Score (Weighted)	16.5
Interval	Baseline		
Questions			
Housing - Level of Risk	1 - Highly stable housing (with stable family, funds for rent or mortgage and/or more than 2 years in location)	History of Law Enforcement/Judicial Risk	1 - No / very low history of law enforcement / judicial engagement
Employment Status - Level of Risk	0 - Those that aren't interested in employment can be noted in the notes section and a zero would be placed in the score box.	NRF Collaboration Need for Multi-agency	2 - Low - 1 collaborator (other than client)
Substance Use Issues - Case complexity	1 - Not relevant - no known history or active SU issues (no current use or in recovery)	Mental Health Issues - Case complexity	2 - Slightly relevant - active MH issues but minimal or managed MH issues (Active Tx with provider)
Communication - Case complexity	3 - Fair - occasional communication challenges	Cognition - Case Complexity	3 - Fair -short term memory is mild to moderately impaired, distractible, decision making and judgement is diminished, responds well to cues, memory aids, reminders and redirections
Professional Supports	1 - Very High access to BI professionals and/or other human service supports	Natural Supports	1 - Very high access to natural support(s)
Distance to Access/Urban Hub	1 - Urban - within 10 miles	Other Health Conditions - See Checklist	3 - Average risk from other significant health conditions (multiple controlled/non-life threatening/average medical adherence and/or access)
Additional issues that adds risk/complex		Reported Other Significant Health Condit	Diabetes (Type II);Hypertension;Stroke



Five Check-in Prompts

Pilot check-ins to collect during each follow-up call

1. Have you had any falls since we last spoke? If yes, what occurred? Was follow-up care needed?
2. Have you experienced any other medical events since we last spoke? If yes, what occurred? Was follow-up care needed?
3. What are your upcoming medical appointments? Any barriers to participating (i.e., do you have transportation, etc.)?
4. Are there any concerns regarding your medication – compliance, effectiveness, side effects, or refills needed?
5. Progress and updates on their individual needs and efforts toward secondary stroke prevention.



Greg's Journey – Lived Experience

Meet Greg!

"Life is different out here than it was in there."

- Jokester – loves to make others laugh
- Father – two adult sons
- Helper – always looking for ways to serve
- Fisher – a favorite activity
- Golfer – always on the course
- Fighter – never gives up

Greg's Stroke

- **January 17, 2023 – Treated at Mercy**
 - Got out of bed to use the restroom and fell onto the floor. Yelled for help and son found me. Picked up my left arm and asked him, "Whose arm is this?"
 - BP on arrival was 208/151
 - Hemoglobin A1c was 8.9
 - Left facial droop, left hemiplegia, left neglect, and alteration in sensation on left side
- **January 25, 2023 – Transferred to Mercy Rehab Hospital**
 - Struggles with fatigue, depression, agitation, blood pressure control, and sleep cycle disruption
- **February 15, 2023 – Transferred to On With Life Post-Acute Inpatient Rehab**
- **April 15, 2023 – Discharged home**

Greg's Obstacles Post-Discharge

1. Navigating new insurance – Iowa Medicaid
2. Unable to drive
3. Shift in family roles – needing to depend on kids
4. Heightened depression early on after discharge – social isolation
5. Denied Social Security Disability
6. Quick to stress resulting in blood pressure spikes
7. Difficulty with medication refills
8. Not receiving important mail from Iowa Medicaid and Health and Human Services
9. Financial concerns
10. Feelings of ambiguous loss
11. Employer had to move forward without me

Inpatient vs. Home

Inpatient

- Surrounded by people who understood what I was going through
- Consistent supports
- Positive environment
- Structured day with plenty of opportunities for engagement
- Insurance dealings managed behind the scenes

Home

- Adjusting to outpatient therapies – different therapists, scheduling depended on insurance
- Family support looked different than anticipated
- Less to do and fewer opportunities for social engagement
- Navigating the system independently/with support



Activity Time!

Choose two different colored M&Ms

Inpatient – Discharge Plan

- Going home – mom will be main care partner
- Cannot drive at this time
- Outpatient therapies scheduled
- Home health services scheduled
- Insurance: Medicaid
- SSDI/SSI application is pending

Home – Life Happens

- Mom experiences caregiver fatigue and burnout
- I had my first seizure
- Mom is great, but she's all I engage with
- SSDI/SSI is approved! Now I have too much income to qualify for Medicaid...
- I'm so stressed all the time
- I forget to take my medications regularly



Thank you!

What questions do you have?

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