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CARF Specialty Standards for Stroke

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CARF

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Presenter Disclosure Information

- **FINANCIAL DISCLOSURE NONE**
- **GRANTS/Research support: None**
- **UNLABELED/UNAPPROVED USES
DISCLOSURE: None**

Why Develop Rehab Stroke Standards?

- Persons with stroke receive services from an entire continuum of health care
 - Paramedics/ER
 - Acute Hospital
 - Inpatient rehabilitation
 - Outpatient rehabilitation
 - Home Health
 - Skilled Nursing/Long Term Care
 - Senior Centers/ Adult Day/Assisted Living

Why Develop Rehab Stroke Standards?

- 75% of persons with stroke receive rehabilitation services (NSA)
 - 25% with minor impairment
 - 40% with moderate to severe deficit requiring special care
 - 10% requiring nursing home or other long-term care
- National Stroke Association - Rehab and Recovery Advisory Board
- JCAHO Stroke Certification
- Increase in stroke centers and more states recognizing their importance
- The timing was right!

CARF

- Commission on Accreditation of Rehabilitation Facilities
 - Established in 1966
 - Accredits over 4850 organizations, equating to 38,000 programs in over 17,000 sites
 - Accredits in the United States, Canada, Europe and South America
 - Has over 1400 surveyors around the world
 - In 2005 served 6.3 million people
- The moral owners of CARF are “the persons served”

CARF

- Accredits in 4 customer areas:
 - Adult and Senior Services
 - Behavioral Health
 - Employment and Community Services
 - Medical Rehabilitation
- Has specialty standards in Inpatient Rehab, Outpatient Rehab, Brain Injury, Spinal Cord Dysfunction, Interdisciplinary Pain Program, Pediatric/Family-Centered Rehab, Occupational Rehab
- New addition: Stroke Rehab

Process for Development of Standards

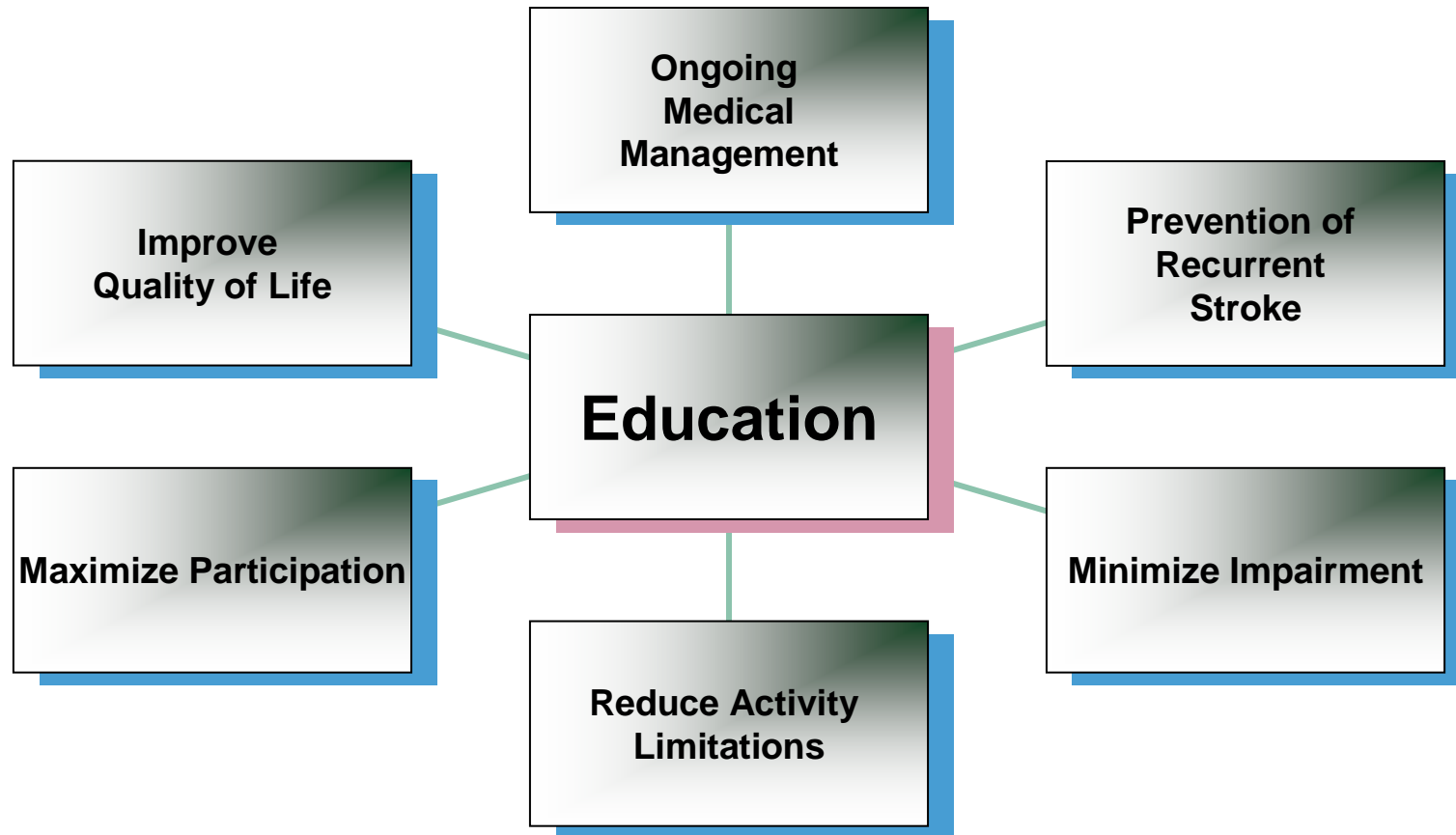
- CARF International Standards Advisory Committee established
 - Physicians, clinicians, administrators, consumers
- Met in Washington DC in November 2004 to create standards
- Standards document produced from Committee
- Field review
- Published in July 2005

The Response

■ Positive!!!!

- 36 surveyors trained in the stroke standards
- 15 Surveys completed with accreditation in 12 states
 - 3 have 1 year accreditation
 - 12 have 3 year accreditation
- 59 Intents to Survey (application) in house and being processed to schedule for survey.

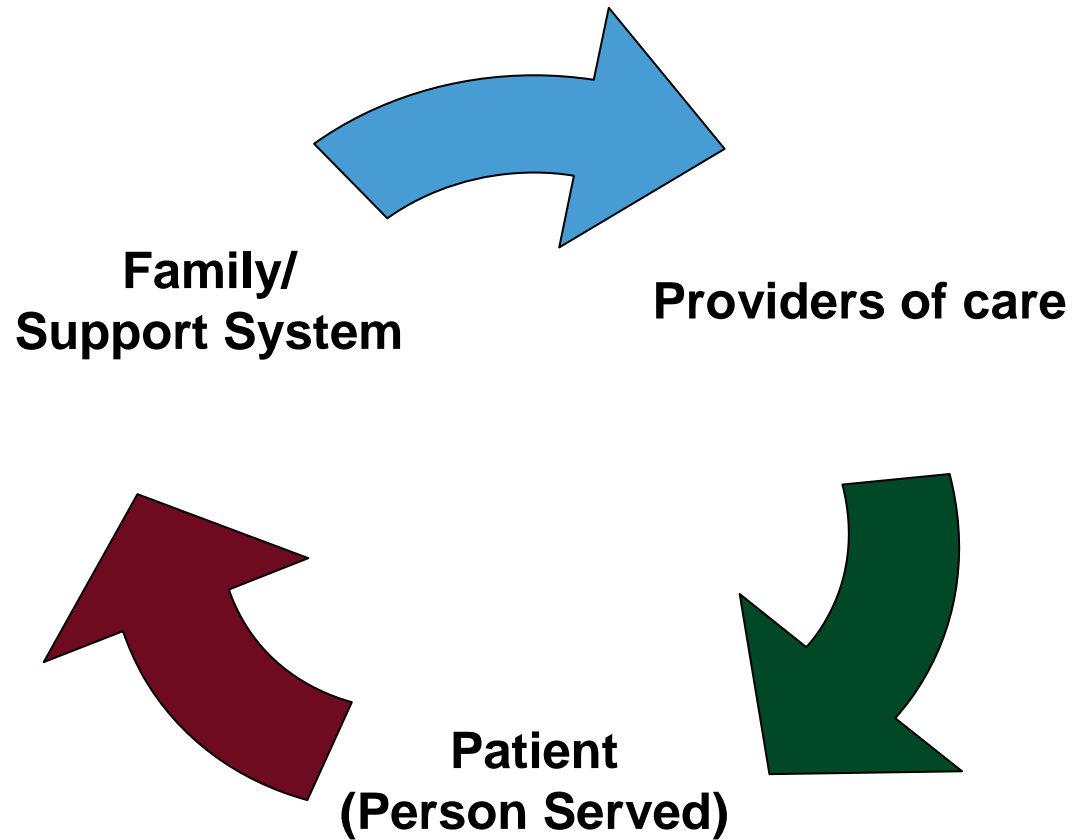
Rehabilitation's Role in Stroke Recovery



Stroke Specialty Program Standards

- Assists the person served in accepting responsibility for the management of their own health
- Encourages appropriate use of the healthcare system
- Supports their efforts to gain or maintain health
- Improve quality of life throughout their lifespan
- Involves family and support system

Focus on **PARTNERSHIPS**



Family Support

- Majority of stroke survivors reside at home with family and the resulting alterations in family lifestyle can be remarkable
- Frequently cited long-term problems for survivors and families (Evans et al, Rehabilitation Nursing, May-June '92)
 - Emotional reactions
 - Role changes
 - Communication ability
- Social changes often effect family members, sometimes to a greater extent than the survivor

Quality of Life

- In studies involving stroke survivors 4-5 years post stroke (Johnson, J and Pearson, V. Rehabilitation Nursing Mar-Apr '00)
 - Perceived “decreased quality of life” in stroke survivors
 - Reported Problems
 - Occupational activities
 - Leisure activities
 - Major changes in relationships with friends or acquaintances

Key Words

Partnering

Health

Prevention

**Life Roles
(Quality)**

Stroke Specialty Program General Comments

- Standards address stroke rehabilitation throughout the continuum of post-acute care
- Not stand-alone standards – attached to other program, inpatient, outpatient , adult day services, nursing home etc.

Next Steps

- If your organization does not have rehab, consider adding it or partnering
- If your facility has rehab services, check to see if the program is already CARF accredited.
 - If CARF accredited, the stroke specialty standards become an add-on
 - If not CARF accredited, the organization applies for a program in addition to the stroke standards (for example inpatient rehab with a stroke specialty program)

Next Steps

Steps (for programs not already CARF accredited)	Cost (* estimate)
1. Obtain an updated Medical Rehabilitation Standards manual from CARF (2006 edition) and perform self-evaluation on business practices, rehab process, medical rehab program	\$180
2. Perform self-evaluation in stroke-specific criteria (program must show a 6-month track record for meeting stroke specialty standards)	
3. Attend a CARF 101 training	\$245
4. File an Intent to Survey	\$850
5. Schedule and on-site survey (usually 2 days with 2 surveyors)	\$1250 per day per surveyor
Total cost	*6295

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