CARF Specialty Standards for Stroke

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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

- Improve Quality of Life
- Maximize Participation
- Ongoing Medical Management
- Prevention of Recurrent Stroke
- Minimize Impairment
- Reduce Activity Limitations

Education
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 System

Providers of care

Patient (Person Served)
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.
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)
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

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