PODCAST TITLE: TRANSITIONS IN CARE AND COMMUNITY INTERVENTIONS

ADULT STROKE REHABILITATION AND RECOVERY PODCAST SERIES
AMERICAN STROKE ASSOCIATION

Announcer	00:04	This podcast is supported by Kindred Healthcare. Kindred Healthcare is a sponsor of the American Stroke Association's Together To End Stroke initiative.
Patty Clements	00:14	Hello and welcome. This podcast is part of a series on key recommendations from the American Stroke Association guidelines for adult stroke rehabilitation and recovery. Today we'll be talking about transitions in care and community interventions. My name is Patty Clements and I'm with the communications team at the American Heart Association. I have with me Sue Pugh who is a clinical nurse specialist and stroke coordinator at Sinai Hospital in Baltimore, Maryland. Welcome to you, Sue!
Sue Pugh	00:44	Thank you very much. I'm glad to be with you.
Patty Clements	00:47	Before we get into specifics on this topic. Can you give us a bit of an overview of the stroke rehab guidelines?
Sue Pugh	00:56	The stroke rehab guidelines were created by an interdisciplinary team that looked at all the evidence that was out there related to issues that patients encounter following a stroke and when they're in the rehabilitation stage. It covers all different types of components of the rehab process and of the recovery process, and one of the components that I'm going to be talking about today is specifically the transitions component of how patients and healthcare providers can better navigate through all the transitions that stroke patients can go through.
Patty Clements	01:43	Why do transitions in care play such an important part in stroke recovery?
Sue Pugh	01:50	Stroke is not simply, you have a stroke and then you leave the hospital and you go back to your life and that's it. When someone has a stroke, typically, there are all kinds of issues that are a result of that stroke, and there really are different stages in their recovery process and each of those stages can actually have the patient and the family interact with all different types of healthcare providers based on the needs in those different stages. It's incredibly important that we do a good job of connecting those stages and really help facilitate a smooth transition for the patient and their caregivers.
Patty Clements	02:41	Let's talk about the transition from hospital to rehab to home. What are the challenges there?

Sue Pugh	02:50	There are a lot of challenges. One of the challenges is that each environment presents new and different challenges for the patient. Typically, when you're in the hospital environment, you've had a stroke, and this is a totally new and unexpected experience. It typically focuses on *what can we do to specifically save the brain* and you start the introduction to *this is what having a stroke is about*. Then as the patient move becomes what we frequently call medically stable, they then move from the hospital into a rehab environment, a lot of time that being an inpatient acute rehab environment or a sub-acute rehab environment, as being components of where they received their rehabilitation. Then once they leave there, typically the ideal situation is to actually transition to home but when you're at home, you're no longer in the supportive environment of the rehabilitation or hospital setting where you have healthcare professionals that are right at your beck and call to answer your questions and deal with some of the issues that present themselves like *how do I get my wheelchair through the bedroom door* or *my bed is higher or lower, how do I get in and out of that*? Those are the kinds of things that change with really every place that you move in and so every place brings in new components that you have to wrestle with and find answers to. Every area has their unique challenges.
Patty Clements	04:38	You've certainly seen a lot of this in your work. Give us a specific example or two of the kind of typical challenges that you've seen.
Sue Pugh	04:48	A simple one, and I say it's simple, but it always ends up being so complex, is just thinking about medication. Patients that go into the hospital environment because they've had a stroke are possibly put onto new medications. So that's something that they have to learn about and understand their new medications. Then they transfer to a rehabilitation environment so there, the importance of the continuity of what was started in the hospital continue in the rehab environment. The rehab environment may actually add medications in that setting and maybe change some of the ones that were from the hospital environment because possibly as they're getting away from their acute stroke, their blood pressure may go down or something like that may change. Then when we move into the home environment the acquisition of those medications becomes different. There isn't just that the facility supplies it, now people have to get it. And then the other thing is they may be challenged with is how do I open up those medications? Patients can have memory related issues, that they remember to take their medication and there's different adaptive equipment to be able to open the bottle. I mean, there's just all kinds of things that change really moving through all of those environments.
Patty Clements	06:06	What are some of the best ways to support continuity and make sure that nothing is slipping through the cracks?

Sue Pugh	06:14	Ideally, the family needs to be coached or the support system for the patient needs to go to all the visits, needs to hear the discharge instructions so that they can carry that information to the next place and be an advocate for their loved one. Healthcare providers need to create documents that are easy to make that information transferable. So, when we copy a whole medical record and send it to the next place, that can be wonderful to have the full record as a resource, but reality is, the next facility needs to know things about what kind of medications are they on, what are their physical capabilities, what kind of diet did you have them on. Instead of copying a whole medical record, possibly creating a transfer form that goes from one facility to the next facility and then from that facility possibly to an outpatient facility. Again, the reference of the whole record is wonderful but really simplifying the information to be able to be transferable to each site is really, really important.
Patty Clements	07:35	Let's talk about after the patient returns home. How do we support that?
Sue Pugh	07:42	There are a lot of different things to do to support that. Sometimes therapists will actually, before the patient goes home, will actually do a home visit so that they go home with the patient and see what the environment is that they have and what are some of the challenges they may see in that environment and then help them get some adaptive equipment scheduled to come to the home or that we coordinate with a home healthcare service who then goes into the home and finds out what things are needed and then continues to support the patient. There really has to be that continuity and sometimes the patient can't be that continuity because of some of the deficit they may have from their stroke. So again, the caretaker or someone who can be there to help them from a memory standpoint and to talk about what the realities and challenges are is really helpful. The patient needs an advocate and then it would be wonderful to actually have a case manager that would be involved with these patients that would continue to follow them from the hospital to the rehab to the home that can help supply the information and keep it moving forward.
Patty Clements	09:02	We know technology can play a role in helping support as well. Talk to me for a second about Telehealth and web based tools. How can that help?
Sue Pugh	09:11	One of the things that is in the recommendations is that for people who live in rural environments, it's hard for them to find the services, to get into seeing their healthcare providers on a regular basis because it is important to do follow-ups with your providers as well. You can actually do telephone visits, you can do Telehealth, there are web based things where you can actually connect technology with people's own telephones. You could literally do a face time or some kind of mechanism to actually speak to the patient and even see the patient by the use of their telephone.

Patty Clements	09:56	Where do community interventions come in. What role do they play here?
Sue Pugh	10:02	Community interventions are incredibly important because there are a lot of people in the community who are interested in helping but don't know how to help. There are services, maybe at the church that someone might be a member of who would be willing to come out and help build a walkway or a ramp that would go into the house. They can help with supporting and bringing food in. There are meals on wheels and things like that that actually can help provide food so that the person who maybe can't cook like they used to will get at least a meal or two a day that would provide them with the adequate nutrition that they need. It's really important to connect patients with those kinds of services.
Patty Clements	10:54	Let's talk for a moment about the role of family members and caregivers in stroke rehab and recovery. What's recommended there and how do they contribute?
Sue Pugh	11:05	The family members and caregiver are vital. As I mentioned earlier, they can really supply the memory for the patient if they have some issues with memory. They also can help with the accuracy of reality. All of us for whatever reason, when we go to see our doctor and they ask us how we're doing, we tend to go “Oh, I'm fine” whereas the family member or caregiver can say, well, he may be fine but we are finding that he's not eager to become cheerful or we've been having problems with or have concerns about the driving and whether that's a good idea or not. I mean, they have the ability to really kind of cue the provider in with what are the capabilities of the patient and what are the challenges that they're facing?
Patty Clements	12:03	And I imagine they're also part of ensuring that they're part of the recovery planning as well in all of those specific ways.
Sue Pugh	12:11	Absolutely because they are the ones who decide - well they don't decide they do it jointly together – they talk about here's where we want to go, here's what we want to be able to do and that's so important. I mean, you can't make a plan with one member of the family without inviting the whole family to participate in those decisions.
Patty Clements	12:28	Because it really does affect the whole family. On your point about follow up, how can healthcare professionals help ensure continued compliance with the treatment plan that's been laid out?
Sue Pugh	12:41	Well certainly, if a plan is created and then there is a healthcare provider that makes the commitment, a lot of times that can be the primary healthcare provider - not necessarily the neurologist, which is the specialist, but going back to their primary care provider - if they have that plan, they do follow up visits/doctor’s appointments where they check and

		see based on the concerns that are outlined. So, for example, how is the patient doing in their mobility? How are they doing psycho socially? How are they doing with their medication management? They're compliant. How's their blood pressure? I mean, they can actually monitor it and again, there's huge value in the development of a case manager or someone who can really oversee the plan and make sure that it's maintained.
Patty Clements	13:45	What about activities outside of that prescribed rehab program, that prescribed plan? What are some of those?
Sue Pugh	13:54	There are a lot of things that we try to do to encourage people really to reintegrate into their community. So, when people want to be physically fit, which is what we encourage everyone to be healthy, finding the gym that they can actually go to, to be able to participate and do activities - different leisure activities. You know, finding what are the interests of the patient and then being able to let them participate potentially in the new way that they can participate. There are classes and services out there for patients to be able to be a part of their community. It's just in a new and different way and healthcare providers really need to investigate how to do that.
Patty Clements	14:49	There is one activity that some patients and family members might be a little hesitant to bring up and that is sex. What is the guideline recommendation for broaching this subject?
Sue Pugh	15:01	They really feel strongly that the healthcare environment, the providers in each area, should make the attempt to have a discussion about sex and if they have tried to have sex, are they having any issues related to sex. A lot of time, the recommendations specifically talk to sometimes there are libido changes, there are physical limitations due to stroke, are there emotional issues that make stroke something that they feel uncomfortable with. There are all kinds of components that really play into someone having a successful sex life and just because you've had a stroke doesn't mean that you don't want to have sex anymore. So really all healthcare providers at each level should have that as a piece of their discussion with their patients to broach the subject, make people feel like it's a comfortable subject to discuss because it is something that's real that people definitely want to know about.
Patty Clements	16:16	Another potentially sensitive topic is driving, and I know a few people who are actually dealing with that right now. Who makes that determination of whether and when the stroke patient is safe to drive?
Sue Pugh	16:30	The guidelines recommend a fitness to drive test. Each state is different in what their requirements are as far as whether you have to report that you've had a stroke, who has to do the reporting, all of those are different components that each state has specific to having an injury to the brain.

		The recommendations are that we actually get our patients into a test environment where they are in a supported environment to do driving and see if they're capable of dealing with all the multiple things you have to deal with when you're driving - learning to have adaptive pieces in the car because people can certainly drive but if they only can drive with one hand, getting a better mechanism to grip the steering wheel. It involves adaptive equipment as well as an evaluation of their skill to being able to drive.
Patty Clements	17:30	All of this has been great information today, Sue, thank you for joining me and providing such valuable insight on such an important topic for the American Stroke Association. Any last thoughts for all of us today?
Sue Pugh	17:44	I think that the parting words that I would want to give is that it's so easy for things to fall apart from one environment to the next and I think that we need to, as healthcare providers, better connect to the next stage and find those tools that help us better communicate with each other. A lot of times we live in our own little world and sometimes we really need to reach out to the next step so that we can find out what really is the best way to communicate because the patients do better, which is what we all want. A little bit of effort will absolutely go a long way in helping these people get what they need.
Patty Clements	18:32	Thank you to Sue Pugh from Sinai Hospital in Baltimore. I'd also like to thank our listeners. We hope you enjoyed today's conversation. And we encourage you to listen to the four other podcasts in this series and visit us at strokeassociation.org/recovery for additional information.