Post Discharge Follow-up and the mRS

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Presenter Disclosure Information

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Post Discharge Follow-up and the mRS

FINANCIAL DISCLOSURE:
None

UNLABELED/UNAPPROVED USES DISCLOSURE:
None
Objectives

• Explain various challenges associated with discharging stroke patients
• Discuss several stroke patient discharge practices
• Describe mRS
• Explain what mRS scores mean
Survive Your Role
Not Surviving but Thriving!
Famous Stroke Survivors

Charles Dickens

- Born in 1812, Dickens was the mind behind great literary works including "Oliver Twist," "Great Expectations," and "A Tale of Two Cities." He suffered a stroke on June 8, 1870, at age 58 and died the next day.
Famous Stroke Survivors

Ted Williams

- The Boston Red Sox slugger had his finest year in 1941, when he hit .406. He ended his 21-year career with the team in 1960. Six years later, he was elected to the Baseball Hall of Fame. Williams suffered a stroke in 1994 and lived until 2002.
Famous Stroke Survivors

Della Reese

- The former "Touched by an Angel" star survived an aneurysm during an appearance on "The Tonight Show." When a blood vessel burst in her brain, it turned into a hemorrhagic stroke. Later, she became a spokeswoman for the National Stroke Association.
Stroke Faces

Dick Clark

Gerald Ford

Kris Letang
View of the World
Rose Colored Glasses
The Stroke Survivor Outlook

• Optimist
  – This stroke is not that bad and is a “stroke of luck”

• Pessimist
  – This stroke the worst event that has ever happened and I will never be the same

• Realist
  – I cannot move my arm and it will take time for me to get better
Stroke Survivor
Texas Medical Center
Discharge Challenges

• State of health
  – Physical
  – Mental

• Financial
  – Hospital
  – Co-pay
  – Medications
    • New
    • Refills
Discharge Challenges

• Transfer of care
  – Episodic versus Continuum
  – Who do they follow-up with
    » Practice variation throughout the country
      • Rural
      • Urban
    » Insurance in-network provider
    » Neurointensivist, Neurologist, PCP, Clinic
Discharge Challenges

• Appointments
  – A lot of barriers
    • Is there enough time for it all
    • Discharge paperwork in the pile
    • Aphasic
    • Memory
    • MD office staff
    • Appointment availability
Post Discharge Challenges

• Transportation

• Proximity for the follow-up visit
  – Telestroke challenge or opportunity

• Do you have an experience to share?
Post Discharge Solution

- Stroke Navigator
  - Coordinate the discharge care
  - “Just in time” education
  - Coaching
  - Advocacy
  - Community reintegration
  - Stroke survivors and care partners support group
Appointment Solution

• Providing appointments at the time of discharge
  • Hospital staff makes the appointment for the patient
  • Provided at time of discharge
  • Appointment reminder phone call post-discharge
  • On-line appointment verification via patient portal
  • Parking validation
Appointment Solution

• Transportation
  – Taxi voucher for day of appointment
  – Volunteer drivers
  – Shuttle service
  – Bus route options
transport to medical appointments

Medical Appointments Transportation (BT-4500.6500-500)
https://www.211texas.org/zf/taxonomy/detail/id/644919
May provide assistance with transportation with gas cards for patients in treatment. Provides transportation by volunteers to medical appointments. Website ...

State-by-State Guide to Transportation Assistance - ADR...
public transportation to obtain rides for essential trips, such as medical appointments, business errands, shopping and other activities. Transportation services ...

Healthcare Transportation Resources - Mass.Gov
www.mass.gov/.../healthcare-transportation-resources.html
If you, your family member, or your consumers need to get to local or long distance medical appointments in Massachusetts, some transportation service options ...

Medical Assistance Transportation Program
matp.pa.gov/
The Medical Assistance Transportation Program, also known as MATP, provides transportation to medical appointments for Medical Assistance recipients who ...

Medicare Coverage of Nonemergency Transportation

Medical Office Software
www.collaboratemd.com/Medical/Office
(877) 480-6517
Medical Billing Software Make Offices Run Smoother. Free Demos!

Doctor Appointments
www.zocdoc.com/
4.5 ★★★★★ rating for zocdoc.com
Search by Insurance & Neighborhood Make Appointments Online - Free!

Medical Transport
www.aerocare.com/MedicalTransport
Emergency & Non-Emergency. 24/7 Service. Get A Free Estimate!

NYC Medical Transport
www.usambulette.com/NYC_NJ_Long_Is
Caring & Well Trained. NY / NJ / LI
Do you need transportation to a medical appointment?

Did you know that if you need transportation to a medical appointment and you have MassHealth, MassHealth may provide you with a ride?

How Can I Get A Prescription for Transportation?

- Get a prescription for transportation (PT-1) for you or your child by asking your doctor or other health care provider to submit a request to MassHealth. MassHealth will review your doctor’s request to decide whether or not you are eligible.
- A PT-1 can be used for any of your MassHealth providers including doctors, therapists, dentists, counselors, etc.
- Once MassHealth approves the request for transportation, you will be notified by MassHealth and can call the Montachusett Regional Transit Authority (MART) to schedule a ride for your appointments. You can contact MART by calling 978-353-0333 or 1-800-654-9926 press 2. You must give MART time to find a driver and vehicle! Call no later than 48 hours before your appointment.
- The PT-1 is good for the authorized number of appointments with the doctor who requested it. If you have more than one health care provider, each one will have to submit a separate PT-1 request.

What If MassHealth Denies my Transportation Request?

- Your doctor can resubmit the request with more information. You will receive a denial letter that may tell you that your doctor’s request was missing some important information. In that case, ask your doctor to submit a new PT-1 request and add the information that is listed in your letter from MassHealth.
- You Have The Right to Appeal. If MassHealth denies your request for transportation, you can appeal. You must fill out the “request for a fair hearing” form on the back of your denial letter within 30 days. Ask your doctor or call Health Law Advocates at 617-338-5241 for help.

Alternative pick up & drop off sites

- Where can I be picked up or dropped off? If you or your child need to be picked up somewhere other than home, your doctor must include that address on the PT-1 request. For example, if your son needs to be driven from school to his doctor’s office, your doctor needs to put the school address on the PT-1 request form as an alternative site.
- If you need to add or change a pick up location, call MassHealth customer service at 1-800-841-2900 immediately.

Complaints

If you have any type of complaint (such as a late ride, a problem with the vehicle or driver) call MART to document your complaint. You cannot be retaliated against for filing a grievance. You can also call MassHealth to make complaints at 1-800-841-2900 in order to notify MassHealth of problems with MART’s service. Calling to make complaints can only result in improved service in the future.

For more information and for legal help, please contact Health Law Advocates, 30 Winter Street, Suite 1004, Boston, MA 02108. Phone: 617-338-5241.
How are they doing now?
Uniform Scale to Measure Outcomes

• Standardized tool
• An agreed upon metric
• Objective measurement of the stroke survivors outcome
Modified Rankin Scale

• Commonly used scale for measuring degree of disability or dependence in daily activities with people who have suffered a stroke and other neurological disabilities
History of the Modified Rankin Scale

- Dr John Rankin (1923-1981)
  - Distinguished alumni of the former University Department of Materia Medica and Therapeutics,
  - Stobhill Hospital Glasgow
  - UK early stroke publications
  - In a series of articles published 50 years ago in the Scottish Medical Journal he described early rehabilitative stroke medicine using a novel grading system
History of the Modified Rankin Scale

First modified to its currently accepted form by Prof. C. Warlow's group at Western General Hospital in Edinburgh for use in the UK-TIA study in the late 1980s.

The first publication of the current modified Rankin Scale was in 1988 by van Swieten, et al., who also published the first inter-observer agreement analysis of the modified Rankin Scale.
mRS

- Inter observer reliability of the mRS
  - can be improved by using a structured questionnaire during the interview process
  - Raters undergo a multimedia training process
  - The multimedia mRS training system developed by Prof. K. Lees' group at the University of Glasgow is available on line
  - More recently, several tools have been developed to more systematically determine the mRS, including the mRS-SI, the RFA, and the mRS-9Q
  - The mRS-9Q is in the public domain and a free web calculator is available at www.modifiedrankin.com
mRS Description

The scale runs from 0-6, running from perfect health without symptoms to death

0 - No symptoms
1 - No significant disability. Able to carry out all usual activities, despite some symptoms
2 - Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities
3 - Moderate disability. Requires some help, but able to walk unassisted
4 - Moderately severe disability. Unable to attend to own bodily needs without assistance, and unable to walk unassisted
5 - Severe disability. Requires constant nursing care and attention, bedridden, incontinent
6 - Dead
mRS Tools

http://www.modifiedrankin.com/

Explanation of tool

http://www.modifiedrankin.com/input

Actual tool

http://trials-rankin.trainingcampus.net/uas/modules/trees/windex.aspx

Certification site
Flow Chart
Your Process
mRS

Could you live alone without any help from another person? This means being able to bathe, use the toilet, shop, prepare or get meals, and manage finances.

Yes

Can you do everything that you were doing right before your stroke, even if slower and not as much?

Yes

Can you walk from one room to another without help from another person?

Yes

Can you sit up in bed without any help?

Yes

No

2

3

4

5

No

2

3

4

5

No

No

No

1

0
Printable version of the mRS-9Q

Question 1: Do you have any symptoms that are bothering you?  
○ YES  
○ NO

Question 2: Are you able to do the same work as before?  
○ YES  
○ NO

Question 3: Are you able to keep up with your hobbies?  
○ YES  
○ NO

Question 4: Have you maintained your ties to friends and family?  
○ YES  
○ NO

Question 5: Do you need help making a simple meal, doing household chores, or balancing a checkbook?  
○ YES  
○ NO

Question 6: Do you need help with shopping or traveling close to home?  
○ YES  
○ NO

Question 7: Do you need another person to help you walk?  
○ YES  
○ NO

Question 8: Do you need help with eating, going to the toilet, or bathing?  
○ YES  
○ NO

Question 9: Do you stay in bed most of the day and need constant nursing care?  
○ YES  
○ NO

[Calculate the mRS]
MODIFIED RANKIN SCALE 90 Day Follow-Up

Patient Name: ________________________________

Medical Record# _____________________________  DOB: ___ ___ ___

Hospital Discharge Date: ___ ___ ___

☐ Telephone Follow-Up  ☐ Physician Record Follow-Up
Fax completed from to 832-355-5070

Score Description

0  No symptoms at all
1  No significant disability despite symptoms; able to carry out all usual duties and activities
2  Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
3  Moderate disability; requiring some help, but able to walk without assistance
4  Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
5  Severe disability; bedridden, incontinent and requiring constant nursing care and attention
6  Dead

TOTAL (0–6): ________

Completed Follow-up date: ___ ___ ___  Attempt Date: #1 ___ ___ ___
#2 ___ ___ ___  #3 ___ ___ ___

Person Completing Form: ________________________________

References
Rankin J. “Cerebral vascular accidents in patients over the age of 60.”
Scott Med J 1957;2:200-15
Stroke 1988 Dec;19(12):1497-1500
Van Swieten JC, Koudstaal PJ, Visser MC, Schouten HJ, van Gijn J. “Interobserver agreement for the assessment of handicap in stroke patients.”
Get With The Guidelines Resource

• https://qi.outcome.com/
Post Discharge Follow-Up Form
(formerly the Stroke 30 Day Patient Follow Up Form)

- The Stroke 30 Day Patient Follow Up Form has been updated!
- Retitled: Post Discharge Follow-Up Form

To further support the continuity of care for those patients discharged from the hospital, the AHA/ASA created the 30-day follow-up form. This form allows hospitals to capture patient data in the 30-day period after hospitalization, such as mortality, re-hospitalization, follow-up visits, medication adherence, rehabilitation, patient education, etc.

THE BENEFITS OF THE 30-DAY FORM ARE THAT IT:
- Ensures consistency: The form allows for the collection of 30-day post-discharge information in a consistent fashion from hospital to hospital.
- Avoids duplication: The form reduces administrative burden by auto-populating relevant fields from the PMT.
- Allows for flexibility: The form includes only a few mandatory fields, but provides access to numerous optional fields,
- Provides real-time feedback: The form allows hospitals to determine how they are doing on high-interest data elements.

Form has been updated to allow for:

(1) 30-day follow up data
(2) Post discharge Comprehensive Stroke data
(3) Research or Special Initiative data
Post Discharge Follow-Up Form
(formerly the Stroke 30 Day Patient Follow Up Form)

- Dynamic Post Discharge Follow-Up Form
- It can now be configured to meet your needs!
- Activate (in any combination):
  - 30 Day Follow-Up form group: 30 day patient follow up form data elements and measures
  - Comprehensive Stroke Follow-Up form group: Comprehensive Stroke specific follow up data elements
    *Note: this form group is automatically turned on for all sites that activate the Comprehensive Stroke Enhanced version of the PMT
  - Research Follow-Up form group: Specific research or special initiative follow-up data
Easily identify patients that need post discharge mRS.

### Enter New Patient

<table>
<thead>
<tr>
<th>Patient</th>
<th>Patient Management Tool</th>
<th>Stroke Post Discharge Follow-Up</th>
<th>Continuity of Care Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdue60</td>
<td>01/01/2013 Next Admission</td>
<td>Create</td>
<td>CCR</td>
</tr>
<tr>
<td>Overdue75</td>
<td>12/20/2012 Next Admission</td>
<td>Create</td>
<td>CCR</td>
</tr>
<tr>
<td>Over104</td>
<td>11/21/2012 Next Admission</td>
<td>Create</td>
<td>CCR</td>
</tr>
<tr>
<td>Over105</td>
<td>11/20/2012 Next Admission</td>
<td>Create</td>
<td>CCR</td>
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<td>Over106</td>
<td>11/19/2012 Next Admission</td>
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<td>CCR</td>
</tr>
<tr>
<td>Over120</td>
<td>11/02/2012 Next Admission</td>
<td>Create</td>
<td>CCR</td>
</tr>
</tbody>
</table>
Operationalize Your Call Backs

• EMR Computer reminder that 90 day mRS is due

• Automated systems

• Partnering with physician offices to provide mRS
Janine Mazabob RN, BS/BSN, MA, FAHA
Baylor St. Luke’s Medical Center
Neuroscience Administration
6720 Bertner Avenue
MC 4-278; Box #130
Houston, Texas 77030
Fax 832-355-5070
Date--------

[Recipient Name]
[Title]
[Company Name]
[Street Address]
[City, ST  ZIP Code]

Dear Dr__________

We are requesting that you complete the enclosed Modified Rankin Scale on (Place patient’s name here) who was recently discharged from Baylor St. Luke’s Medical Center.

Please complete the scale according to (place patient’s name here) 90 day follow-up visit.

The form should be faxed back at 832-355-5070.

If you have any questions please do not hesitate to contact me at 832-355-2401.

Thank you very much. We appreciate you support of our Comprehensive Stroke Program.

Sincerely,

Janine Mazabob
Stroke Coordinator
Post-Discharge Outreach for Stroke Patients

**Patient Education.** An educational flyer (provided by us) helps lead to high compliance with the program.

**Patient Engagement.** Patients respond to our 3-4 minute phone call, answering key questions related to their transition to home and their experience within the hospital.

**Nurse Intervention.** Patient issues are reported in real time to the appropriate team member. All patient interactions are tracked and recorded in our online application.

**Executive Reporting.** Reports are available in real time, from the system level down to unit- or service-line views. This allows the leadership team to see macro level trends, while giving operational staff visibility at a granular level and enabling root-cause identification of problem areas.

www.cipherhealth.com/voice
The value of post-discharge follow up

- Every patient receives the follow-up care he/she deserves.
- Hospital staff is able to quickly and effectively resolve patient issues, leading to reduced readmissions and increased HCAHPS scores.
- Hospital executives receive in-depth reports that highlight trouble areas and provide insight for driving improvement.
Automated Appointment Reminders

- **Physician office value**
  - Missed appointments and last-minute cancellations can significantly affect the efficiency of a medical practice
  - Reduce no-shows and increase revenue
  - CipherHealth allows you to reach out to patients by phone, email, or text message to remind them of their upcoming scheduled appointments

- **Hospital value**
  - Demonstrate your strong communication and outreach skills to patients and families
  - Reduce time spent by employees on contacting patients via phone
  - Patients have the ability to confirm or cancel upcoming appointments
Keeping Record

• Document your call attempts

• Your Scores

• Issues and resolution

• Use results for action plans
Handling issues

- Partner with Integrated Care along with various Departments
  - Insurance
  - Workplace
  - Medical records
  - Medical

- Reference for community resources

- Do you have a best practice?
Questions
Thank You

Janine Mazabob

jmazabob@stlukeshealth.com

832-355-2401