A SURVIVOR’S PERSPECTIVE

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Disclosures

- No financial relationships to disclose
What Happens After Stroke?
Physical Changes Post-Stroke

- Physical deficits
  - Weakness, numbness, spasticity, hemiparesis
  - Aphasia, dysphagia
  - Visual disturbances
  - Incontinence
  - Pain

- Post-stroke Fatigue
  - 40-70% of stroke survivors
Cognitive Changes Post-Stroke

- Aphasia
- Altered thought processing
- Altered memory
Emotional Changes Post-Stroke

- Grieving Process
  - Denial
  - Anger/Frustration
  - Bargaining
  - Depression
  - Acceptance

- Anxiety
  - Fear of recurrent stroke

- Post-stroke Depression
  - 30-50% of stroke survivors

- Emotional Liability
  - Pseudobulbar Affect
Social Changes Post-Stroke

- Relationship changes
  - Support system
- Role changes
- Education/Employment changes
- Finance
- Driving
- Caregiver issues
There is life after stroke

- Stroke survivors can return to a fulfilling life after stroke

- Key is learning to live with challenges
  - Who will help you?
  - Who or what are your resources?
ICU Nurse, Nurse Practitioner Student, New mother, Soon-to-be bride and sole source of income for family

Suffered a large right MCA embolic stroke related to atrial fibrillation

Received IV TPA

Improvement of symptoms, did not qualify for inpatient rehabilitation, but still had significant

Discharged home 5 days later with outpatient therapy on three new medications, including Warfarin and Lovenox injections
My Story continued

- Instructed not to drive
- Instructed not to hold my 4 month old son
- Told I would not be able to go back to work as a nurse
- Single neurology follow up visit
- Single follow up visit with PCP
- Fatigued, overwhelmed, isolated, frustrated and near depression
- Lost without a resource for assistance
My Passion

- Provide stroke survivors with information, support and resources to live *life after stroke*

- Assess and monitor recovery, including physical, cognitive, emotional and *social* changes post-stroke

- Assist stroke survivors in making lifestyle modifications to reduce future risk of stroke
Stroke Survivor examples

- Daughter caring for grandparent suffered stroke and now mother caring for both daughter and grandparent.

- Grandparent with custody of grandchildren suffered stroke and now having to give children up to foster care.

- Young, successful stroke survivor dealing with financial stresses due to being unable to work after stroke.
Examples continued

- Elderly couple, now needing to move from their home of 60 years, after wife suffers stroke

- Truck driver having difficulty finding work after experiencing seizures after stroke
Stroke Follow up is key in life after stroke

- Team approach
  - Physician (Neurologist/Physiatrist)
  - Nurse/Nurse practitioner
  - Social worker
  - Dietician
  - Therapists (PT, OT, SLP)
  - Psychology/Neuropsychology
Stroke Follow up Focus

- Changes Post-Stroke
  - Physical
  - Cognitive
  - Emotional
  - Social
- Rehabilitation
- Resources
- Social Support
- Caregiver support
- Secondary Prevention
A Stroke/TIA Follow up clinic
What are the Functions of the Clinic?

- Monitoring of progress in recovery
- Review medication and treatment plans
- Connect patients and families with community services during recovery
- Identify modifiable risk factors
- Provide education and assistance with lifestyle modifications to reduce future stroke risk
- Provide early detections and actions for problems
What does a Clinic Visit Include?

- Medication, allergy, medical history, social history review
  - Tobacco, Alcohol, Illicit drug use

- Assessments
  - Vital signs, Review of Systems, Physical Exam
    - (General, Neurologic, Cardiac, Respiratory, NIHSS)
  - Functional checks
    - (Modified Rankin and Mini Cog)
  - Depression screening
    - (PHQ-9)

- Review/Discussion
  - Medication indications, potential side effects, compliance
  - Personal risk factors and actions to lower risk
  - Stroke warning signs and emergency actions
  - Follow-up needs (i.e. referrals, tests, etc.)
How is the Clinic Designed?

- Inpatients with Stroke/TIA follow up within 2 weeks post discharge
  - Continued follow up
    - 60 days and 90 days

- Inpatients with Stroke/TIA follow up with neurologist at 4 weeks post discharge
  - Continued follow up
    - As directed by neurology
More about the Clinic Design

- **Primary Care Provider referrals**
  - Patients at high risk for stroke without previous stroke history
    - Review of stroke risk factors
    - Review lifestyle modifications to reduce stroke risk
    - Review stroke warning signs and emergency actions
  - Patients with previous stroke suffering from spasticity or having difficulty finding resources

- **Not meant to replace regular provider follow-up visits**
What patient’s are saying?

- “5 Star service”
- “Awesome option”
- “Very helpful in recovery”
- “I would have been lost without this”
What are we seeing?

- **FY 2015 30 Day Readmission Rates**
  - WMH 9%
  - OMH 7%
  - Patients participating in Stroke/TIA Follow up clinic 2%

- **CMS Hospital Compare website**
  - National Average 12.7% (7/1/11 - 6/30/14)
Thank you!

☐ Questions?