



February 24, 2017

American Heart Association/American Stroke Association
7272 Greenville Ave.
Dallas, TX 75231

Re: Comments for AHA/ASA Intracerebral Hemorrhage Performance Measures

On behalf of the Association of Rehabilitation Nurses (ARN) – representing more than 5,400 rehabilitation nurses and more than 13,000 Certified Registered Rehabilitation Nurses (CRRN) that work to enhance the quality of life for those affected by physical disability and/or chronic illness - we appreciate the opportunity to provide comments on the American Heart Association (AHA)/American Stroke Association (ASA) intracerebral hemorrhage (ICH) performance measures.

ARN supports efforts to ensure people with physical disability and chronic illness have access to comprehensive, quality care in whichever care setting is most appropriate for them. Rehabilitation nurses take a holistic approach to meeting patients' medical, vocational, educational, environmental, and spiritual needs. Rehabilitation nurses begin to work with individuals and their families soon after the onset of a disabling injury or chronic illness. We continue to provide support and care, including patient and family education, which empowers these individuals when they return home, to work, or to school. Rehabilitation nurses often teach patients and their caregivers how to access systems and resources.

Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment. We base our practice on rehabilitative and restorative principles by: (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient/caregiver education; (4) setting goals for maximum independence; and (5) establishing plans of care to maintain optimal wellness. Rehabilitation nurses practice in all settings, including freestanding rehabilitation facilities, hospitals, long-term subacute care facilities/skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), comprehensive outpatient rehabilitation facilities, home health, and private practices, just to name a few.

Dysphagia Screening within 24 Hours/passed dysphagia screen before first oral intake of fluids, nutrition, or medications

ARN supports requiring an assessment for dysphagia within 24 hours as well as an assessment for dysphagia prior to first oral intake of fluids, nutrition, or medications. In certain instances, requiring the performance of an immediate dysphagia screen would prevent delays in care, for example, where an individual was admitted over a weekend and a speech-language pathologist or qualified and trained nurse was unavailable to perform a bedside swallow evaluation until the following Monday.

Assessed for Rehabilitation

ARN supports the premise of the rehabilitation measure, but recommends that AHA/ASA consider the inclusion of a measure on received rehabilitation based upon the results of the assessment. While it is important that a patient is assessed for rehabilitation, there must be actionable items based upon the assessment's findings. Additionally, ARN recommends that the measure include a determination of the patient's appropriate site of care for post-acute services. The measure also should ensure that the patient's clinically assessed needs match the level of care as determined by the applicable decision-makers with input from the patient. Ideally, the assessment would be completed using a validated tool.

ARN does not support the exclusion criteria of the measure, particularly in regards to excluding those under 18 years of age. While ICH is not common in individuals under age 18, those individuals who have an ICH should be screened for rehabilitation. As referenced in the source section of the 2015 *Guidelines for the Management of Spontaneous Intracerebral Hemorrhage*, all patients with ICH should have access to multidisciplinary rehabilitation.

Conclusion

ARN very much appreciates the opportunity to provide comments on the AHA/ASA ICH performance measures. We are available to work with you, your colleagues, the rehabilitation community, and other stakeholders to develop meaningful performance measures. We thank you for your consideration of our concerns, recommendations and requests. Should you have any questions, please do not hesitate to contact me or have your staff contact ARN's Health Policy & Advocacy Manager, Jordan Wildermuth (847-375-6736/jwildermuth@connect2amc.com).

Sincerely,



Stephanie Vaughn, PhD RN CRRN FAHA
President