



Measuring What Happens *After* Discharge For All Patients: The Missing Link in Stroke Outcomes

Do You Know...???

Do you know what percentage of your stroke patients have documented 90-day outcomes—or how discharge disposition influences:

- Readmissions
- 90-day quality outcomes attributed to your acute stroke care
- Acute length of stay prolonged by prior authorization and access barriers

Why This Matters to Stroke Center Leadership

Stroke Centers are increasingly held accountable for outcomes—yet current certification metrics and national registries capture only a subset of patients, primarily those treated with thrombolysis or thrombectomy. Most stroke survivors leave the acute system without standardized 90-day follow-up, creating critical blind spots in:

- Quality measurement
- Post-acute discharge disposition
- Service-line accountability
- Outcomes-based discussions with payers and health system leadership

StrokeCP™ Outcome Capture Closes the Gap

StrokeCP™ Outcome Capture extends outcome measurement beyond acute treatment to evaluate how discharge disposition and access to rehabilitation influence recovery.

What it enables:

- Evaluates outcomes by discharge destination—not just acute intervention
- Positions your health system as a leader in comprehensive, accountable stroke care

What StrokeCP™ Outcome Capture Delivers

A scalable, EHR-integrated infrastructure—integrated with Epic via SMART on FHIR—with a secure outcomes database that enables site-specific analytics and reporting.

Capabilities include:

- Automated patient identification at hospital discharge
- **Bi-weekly patient and family engagement with education on recovery and prevention**
- 90-day outcome capture for *all* discharged stroke patients, including:
 - Modified Rankin Scale (mRS)
 - Stroke Impact Scale
 - Patient-reported readmissions
 - Post-acute rehabilitation services received
 - Living status (home, IRF, SNF, assisted living)
 - Identification of delays or denials in post-acute care

Value to the Stroke Program

- Clinical Quality – Evaluates the impact of discharge destination, not just acute metrics
- Operational Efficiency – Reduces staff burden
- Certification & Compliance – Strengthens Joint Commission and DNV readiness
- Strategic Positioning – Supports outcomes-based conversations with executives and payers

Learn more at www.caredirections.com

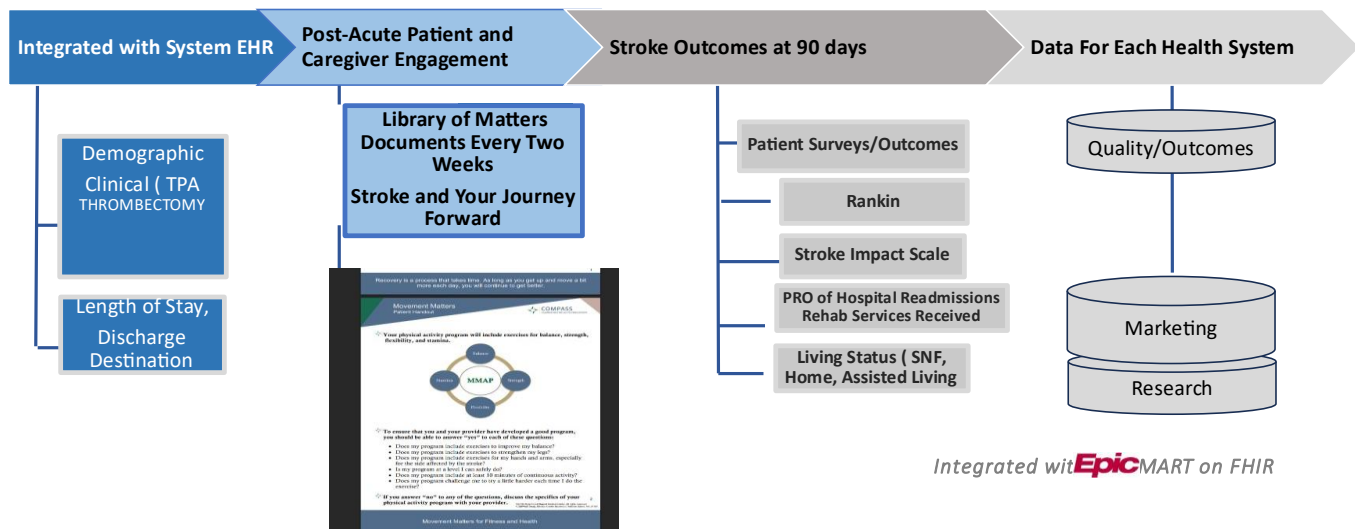
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Why Partner with Care Directions®

- Founded by Pamela W. Duncan, PT, PhD, FAPTA—internationally recognized leader in stroke rehabilitation and outcomes
- Built by clinicians and epidemiologists in collaboration with AI experts
- **Patient-centered** and designed for national scale



Stroke Patient Outcomes – Evaluating Access to Care



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Minimal IT Requirements



- ✓ Rigorous Security/Compliance (SOC 2 – Type 2)
- ✓ High Availability Infrastructure
- ✓ Minimal System IT Personnel Involvement
- ✓ Multiple, Proven Epic/Cerner Integrations

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