

*Increased care and attention for stroke survivors*

## STROKE PROGRAM SEES PILOT AS GREAT LEAP FORWARD

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Every year, some 700,000 people in the U.S. suffer a stroke – a blockage of an artery or blood vessel that chokes off oxygen to the brain.

Close to a quarter of them die, making stroke the third-leading cause of death.

Equally sobering, however, is the effect stroke has on those who *live*. It's the nation's leading cause of adult disability.

Accordingly, institutions like University of Colorado Hospital, which already pour resources into prevention and treatment of stroke, are increasing their attention to the 5 million people who have survived one. According to the National Stroke Association (NSA), 70 percent of those survivors “experience a significant change” in their lives, which can manifest itself in physical or emotional challenges, or both.



Meeting the needs of that growing population is the goal of LEAP – the Lifelong Education and Advocacy Program – a joint effort by the NSA and UCH aimed at delivering a broad array of information and education to stroke survivors and their caregivers.

The hospital, which is one of just two sites selected by NSA to pilot LEAP, will host the two-day program July 16 and 17. More than 30 people are already registered to attend.

**Reaching out to survivors.** As a pilot site, the hospital hopes to extend its connection to stroke patients, says Alex Graves, MS, ANP, clinical director of Stroke Services.

Although the hospital is already certified by the Joint Commission as a Primary Care

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Stroke Center, Graves notes, “We could be more involved in reaching out to patients after they are discharged home. We think LEAP will help patients learn to manage themselves and give them an opportunity to listen to experts on subjects like medication management and the importance of exercise.”

The hospital also can benefit from outreach to patients and caregivers, Graves believes. “We want the Stroke Program to grow,” she says. “[LEAP] gives us a chance to do that by reaching out to the community and increasing their awareness and education about stroke.”

Stroke Program co-director William Jones, MD, who will be one of the program’s speakers, agrees. “We need to get out to the community as much as possible,” he observes, “and show people that we have a good program for diagnosing and treating stroke patients.”

**Interactive formats.** The two-day program includes four “modules” presented by experts in neurology, nutrition, pharmacy, psychology, rehabilitation and family/marriage therapy. They’ll help participants understand what stroke is (types, diagnoses, treatment, prevention and medications); the importance of rehabilitation; how to deal with the emotional effects of the event; and how to maintain wellness and a positive attitude in the face of the recovery challenge.

They will learn through lectures, videos, question-and-answer sessions, games, worksheets and more, Graves says, and participants will receive blood pressure checks and participate in relaxation exercises.

Patients stand to benefit greatly from the interactive presentation format, Jones concludes.

“Stroke survivors and caregivers need this kind of information,” he notes, “but many times in the hospital they are too overwhelmed; it’s difficult to know where to go for help. [This type of program] provides help in a less stressful situation, after they have been home, know the challenges and have developed questions to ask.”