What is the COMPASS Intervention?

The COMPASS intervention consists of:

- Comprehensive assessment of medical, social and functional needs
- Development of an individualized care plan for each stroke patient
- Support for patients and caregivers by connecting them to community-based resources.

Why is this study needed?

- Post-acute care after stroke is currently fragmented and holistic approaches to prevention, recovery, self-management and support do not exit
- 1 in 4 stroke patients discharged home are re-admitted within 4 months of discharge
- North Carolina has the 8th highest stroke mortality rate in the country
- NC patients has identified the critical need for post-acute care management

Key Contact

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COMPASS Study Investigators

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COMPASS Objectives/Resources

- Holistic care approach for transitioning back to the community
- Individualized stroke care assessment and plan (“Care plan”) provided
- Connect patients and caregivers to community resources to enhance recovery and support
What is COMPASS?

**The COMPASS Study** was a pragmatic trial to investigate post-acute stroke care models that are aimed at improving patient functional outcomes and reducing hospital readmissions.

We worked with hospitals to participate in this study and are leveraging the successes of the NC Stroke Care Collaborative network of hospitals to improve post-acute care.

The COMPASS Study evaluated a patient-centered, community-based care model to improve secondary prevention, recovery and access to community resources for stroke survivors and caregivers.

The COMPASS Model has been based off the study. It will encourage and facilitate patient and caregiver self-management of care. To learn more about the background of the study, visit our website.

Community Resource Network for Effective Referrals

COMPASS hospitals will assemble a team who can help connect patients to the community-based services and medical care they need to optimize recovery. Each community resource network should consist of key community leaders who can help stroke patients access the services and medical care they need to optimize recovery (e.g., aging services, primary care, home health, pharmacist, faith leader, behavioral health, etc.).

Shaping Post-Acute Care

Each community resource network will:

- Help identify existing community resources that align with the needs of stroke survivors
- Provide feedback to the hospital:
  - Ideas on how to sustain the care model in our community
  - Ideas on how to disseminate the model throughout our community.

How will you or your organization benefit by participating…

- The local clinic will work with your organization to make the referral process go more smoothly
- The local clinic staff will spread more awareness among patients and caregivers about how the services that your organization provides
- Your organization has the potential of working with other community leaders to find solutions for making community-based resources more accessible to patients and caregivers.