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CARF publishes new standards for accrediting Stroke Specialty Programs

Responding to leaders and consumers in the field, the standards address rehabilitation and prevention and can be applied in a variety of settings

Tucson, AZ — June 29, 2005 — Newly approved CARF standards for accrediting Stroke Specialty Programs have been published on CARF's web site. During the standards' six-month introductory period, they can be downloaded at no charge from www.carf.org/providers.aspx.

CARF's position of authority in framing the new standards is backed by its 39-year history of accrediting human service providers across the United States, Canada, and Western Europe. Widespread requests from fields CARF accredits and consumer demand for quality services for persons who have sustained a stroke prompted CARF to develop the Stroke Specialty Programs standards. Throughout their development, the National Stroke Association contributed support and consultation and recommends using the standards. CARF has been represented on the National Stroke Association's Rehabilitation and Recovery Advisory Board for eight years.

The Stroke Specialty Programs standards address stroke rehabilitation stages and emphasize recurrence prevention. The standards underscore positive functional outcomes and education for the persons served and their active role in managing their healthcare. The standards' crosscutting nature allows providers to apply them in a variety of settings, including inpatient and outpatient programs, adult day services, assisted living residences, continuing care retirement communities, and home- or community-based rehabilitation programs.

"Advances in treatments for strokes, an increase in the incidence of strokes among younger people, and a heightened awareness of stroke prevention and long-term care are woven into the Stroke Specialty Programs standards," explained Brian J. Boon, Ph.D., CARF president/CEO. "This new set of standards will raise the accountability of stroke specialty programs to a new level."

Stroke Specialty Programs standards development was guided by an 18-member international advisory committee composed of persons who have sustained a stroke in addition to professionals in many of the disciplines and settings stroke services are provided.

In CARF's tradition of producing field-driven standards, a draft of the proposed standards was first presented in an online field review that invited comment from the persons served in stroke programs, their families and advocates, providers, third-party payers, policy makers, and other interested persons. CARF received more than 400 responses—an unprecedented response to a field review—of which 17 percent were from persons who had sustained a stroke.

“An emphasis continues on basing stroke treatment approaches on evidence-based practices,” said Christine MacDonell, managing director of CARF–CCAC, Adult Day Services, and Assisted Living. “Application of the new standards will assist the persons served in stroke programs to learn to be proactive and dynamic in their understanding of their condition. The standards will also assist other healthcare providers obtain accurate and complete profiles of the persons they serve.”

Providers must apply the standards in their organizations for a minimum of six months before an on-site visit by a CARF survey team. Depending on the provider's demonstration of conformance to these and other standards for business practices, the site survey may lead to accreditation of a provider's Stroke Specialty Program as early as January 2006.

In early 2006, the Stroke Specialty Programs standards will be published with other program standards in the 2006–2007 editions of the CARF Medical Rehabilitation, Adult Day Services, Assisted Living, and CARF–CCAC ASPIRE to Excellence standards manuals.

Providers wanting more information about Stroke Specialty Programs standards may contact CARF's Medical Rehabilitation customer service unit at medical@carf.org or Aging Services customer service unit at ads@carf.org.

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CARF is an international, independent, nonprofit accreditor of human service providers in the areas of rehabilitation, employment, child and family, and aging services. Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, the accrediting body is now known as CARF. At present, the CARF family of organizations has accredited 4,700 providers at 17,000 locations in the United States, Canada, and Western Europe. More than 5 million persons of all ages are served annually by CARF-accredited providers.

The Continuing Care Accreditation Commission (CCAC), based in Washington, D.C., was founded in 1985 as the nation's only accrediting body of continuing care retirement communities and aging services networks. CARF acquired CCAC in 2003.

CARF Canada was launched in 2002 as a private, not-for-profit organization to serve Canadian providers.

For more information about the accreditation process, please visit the CARF web site at www.carf.org, the CARF–CCAC web portal at www.carf.org/aging, or the CARF Canada web portal at www.carfcanada.ca.

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