

# Transitioning home after stroke: Implementation and efficacy of COMPASS

## WFOT, 2026

**Session name:** SE-07 Rehabilitation

**Session date:** Tuesday 10th February 2026

**Session time:** 8:30:00 AM to 10:30:00 AM

**Session room:** Bhiraj Hall 1-2-3

Susy Stark, PhD

Washington University in St. Louis

School of Public Health

United States

# Susy Stark Disclosures of Interest for

## Research Support

NIA 1 P30 AG066444 (Morris)

NIA 1R01AG057680 (Stark/Ances)

NICHHD 1R01HD092398 (Stark)

HUD MOHHU0040-17 (Stark)

NIDILRR DPCP17000011 (Stark)

NCATS UL1TR002345 (Powderly)

NCATS TL1TR002344 (Piccirillo)

## Speakers Bureau

none

## Consultant

none

## Clinical Trials

none

# **Many stroke survivors report difficulty reintegrating at home and in the community**

- Brief length of stay in rehab
- Lack of resources for transition home
- Environmental barriers are encountered at home
- The transition from IR to home is an important window of opportunity for intervention

# COMPASS: transition from IRF to home

*Remediates barriers in the home and community and builds skills to independently overcome barriers to community participation*

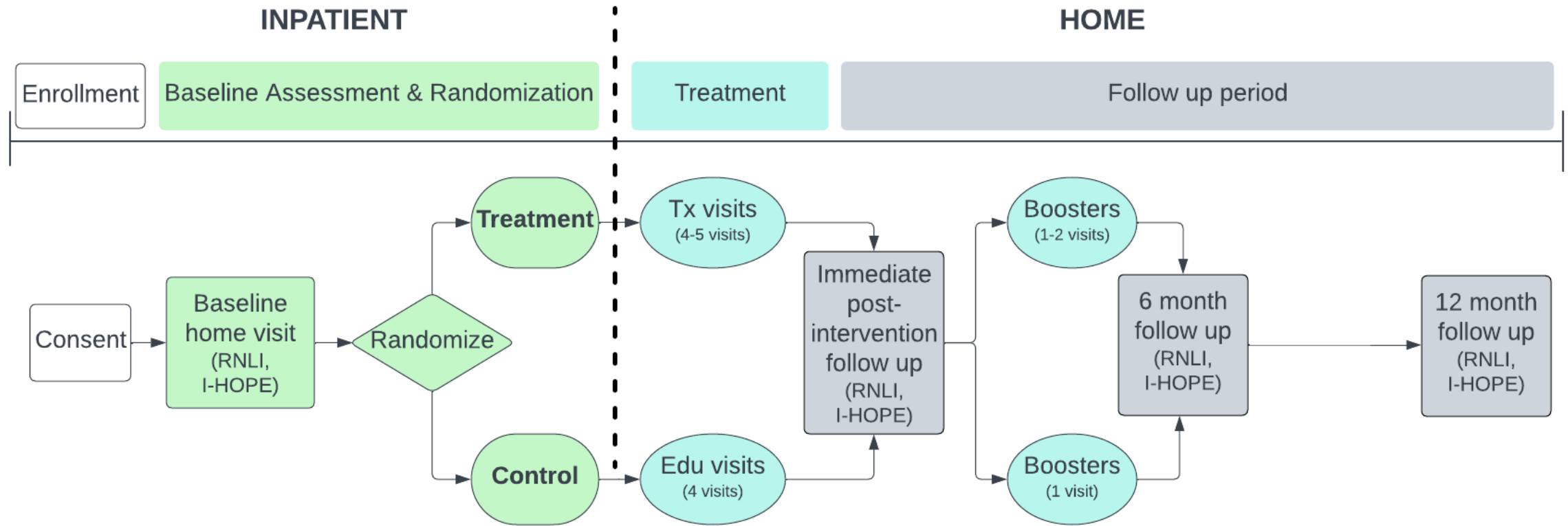
Predischarge home visit + 4-5 visits in home + booster at 4-5 months



# COMPASS Overview

<b>Foundational Knowledge</b>	Occupational Therapy practitioners are qualified to serve as interventionists. Foundational OT knowledge as well as knowledge of stroke are considered essential for interventionists.
<b>Theory</b>	International Classification of Functioning, Disability, and Health and competence-press theory which explains how a participant's competency should match the demands of the environment to improve daily activity performance and participation
<b>Dosage and Timing</b>	Assessment Session (prior to discharge); Four 75-minute in-home visits with an OT; one to two 60-minute booster sessions 4-5 months post-IR discharge
<b>Principles</b>	The principles and structure of the intervention are explicit
<b>Standardized structure</b>	Identify up to 10 in-home problems; Identify 3 solutions (options for each problem); Implement selected solutions in home; In-context training and active practice; Identify 2 community participation problems; Problem-solving and action planning to address community barriers; 1–2 Booster sessions (phone or in person)
<b>Essential Components</b>	<b>Home modifications;</b> Participant identifies problems in the home and barriers are resolved in client-centered approach. <b>Self-management;</b> Client-directed active problem-solving to identify problems in the home and community, action planning
<b>Active Components</b>	<b>Tailored</b> to address the participant's functional loss, risk factors, home environment <b>Motivational Enhancement Techniques (MET)</b> to resolve ambivalence and make decisions about changes. Answers the question "Am I ready and willing to make changes?" <b>Shared Decision Making</b> to provide structure to participants in selecting best barrier removal strategy. Answers the question "Which options best match my goals and values?"

# Phase IIb randomized controlled trial design



<b>Characteristics of the sample</b>	<b>Total (n=185)</b>	<b>COMPASS (n=85)</b>	<b>Attentional control (n=100)</b>
Age	66.3 (9.0)	66.3 (9.0)	66.3 (9.0)
Female	80 (43.2%)	35 (41.2%)	45 (45.0%)
Race, n (%)			
African American	108 (58.4%)	45 (52.9%)	63 (63.0%)
White	76 (41.1%)	40 (47.1%)	36 (36.0%)
Married/partner	92 (49.7%)	48 (56.5%)	44 (44.0%)
Own home	103 (58.9%)	47 (58.8%)	56 (58.9%)
Lives with someone	127 (68.6%)	59 (69.4%)	68 (68.0%)
Comorbidities	3.5 (2.1)	3.5 (1.8)	3.5 (2.3)
Functional Independence Measure	77.9 (18.1)	76.1 (18.2)	79.5 (18.0)
Days in rehab	19.3 (12.6)	20.7 (16.5)	18.0 (7.8)

# In Home Occupational Performance Measure

Activity	n (%)	Examples of common barriers
Getting in/out of the shower	53 (67.1%)	Lack of grab bars (n=49) Depth/height of tub (n=36) Wet tub is slippery (n=16)
Taking a bath/shower	41 (51.9%)	Lack of seating (n=31) Lack of grab bars (n=19) Lack of mobility in shower head (n=12)
Getting dressed	37 (46.8%)	Distance to reach feet (n=30) Difficulty manipulating buttons (n=11)
Getting in/out of the car	35 (44.3%)	Lack of hand support (n=25) Edge of car (n=20) Low height of car seat (n=19)
Using the toilet	32 (40.5%)	Lack of grab bars (n=30) Low height of toilet (n=27)
Going up/down stairs	29 (36.7%)	Number of stairs (n=21) Lack of handrail (n=20) High stair riser height (n=10)

# In Home Occupational Performance Measure

Activity	n (%)	Examples of common barriers
Opening jars/lids	29 (36.7%)	Tightness of jar/lid (n=28) Shape of object (n=10) Design of jar (n=10)
Preparing a meal	28 (35.4%)	Lack of seating surface (n=14) Long distance across kitchen (n=10) Height of cabinets/shelf (n=9)
Getting in/out of home	28 (35.4%)	Lack of handrail by steps (n=16) High stair riser height (n=13) Presence of steps (n=12)
Getting up from chair/sofa	26 (32.9%)	Low height of chair/sofa (n=21) Softness of chair (n=14) Lack of arms on chair (n=8)
Getting in and out of bed	25 (31.6%)	Lack of grab bars/rails on bedside (n=20) Softness of bed (n=7) High bed height (n=5)
Carrying items	25 (31.6%)	Absence of adaptive equipment (n=15) Weight of bags (n=10) Long distance while carrying items (n=5)

## Getting out of the shower



**Pre-Compass:** Tub height too tall, no hand support, uses sliding door for stability, unable to shower independently



**Post-Compass:** Removed shower doors, replaced with curtain, added grab bar and tub bench for independent transfer

## Getting on/off toilet and taking a shower



**Pre-Compass:** Toilet too low and no hand support. Using towel bar to transfer, but had pulled out of wall. Broken tub bench. Standard shower head made reaching all body parts difficult.



**Post-Compass:** Replaced tub bench (not pictured) and added hand-held shower head and suction cup holder



**Post-Compass:** Added toilet safety rails to assist with transfer on/off toilet

## Going up/downstairs



**Pre-Compass:** Unilateral railings.  
Current railing unstable, pulling out of wall when heavy pressure applied.



**Post-Compass:** Bilateral railing installed.  
Re-secured original railing.

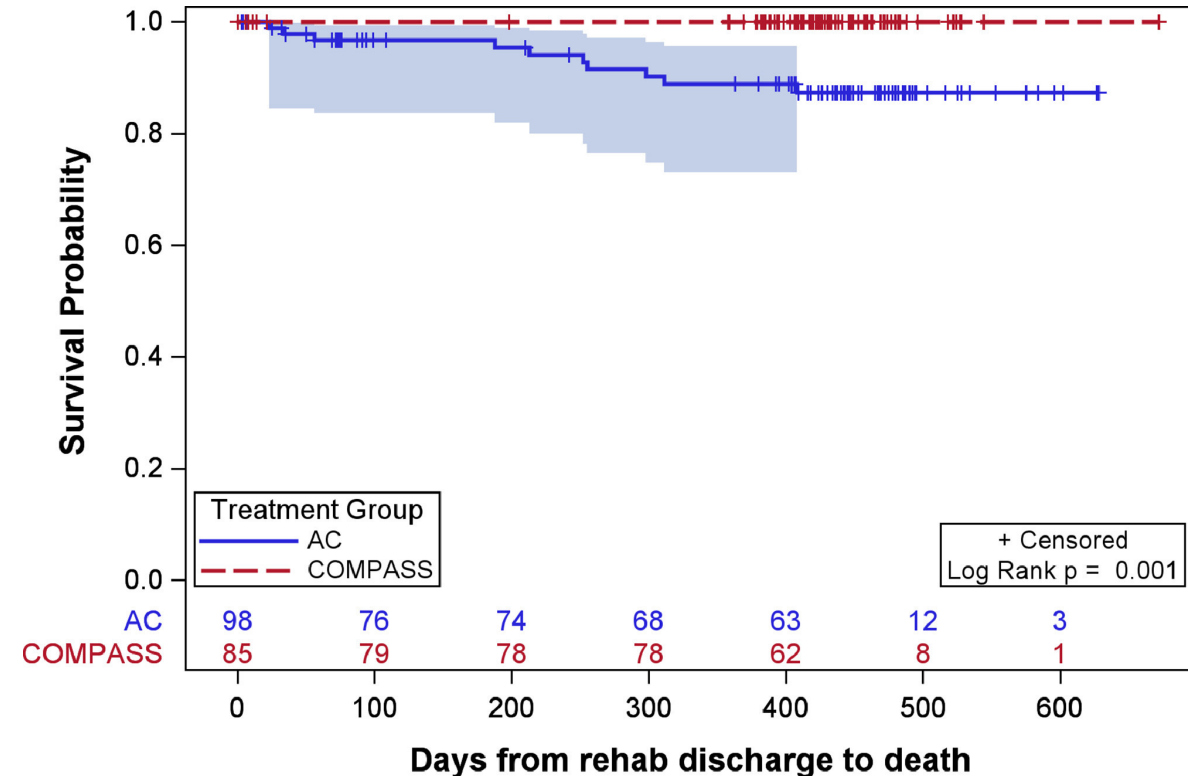
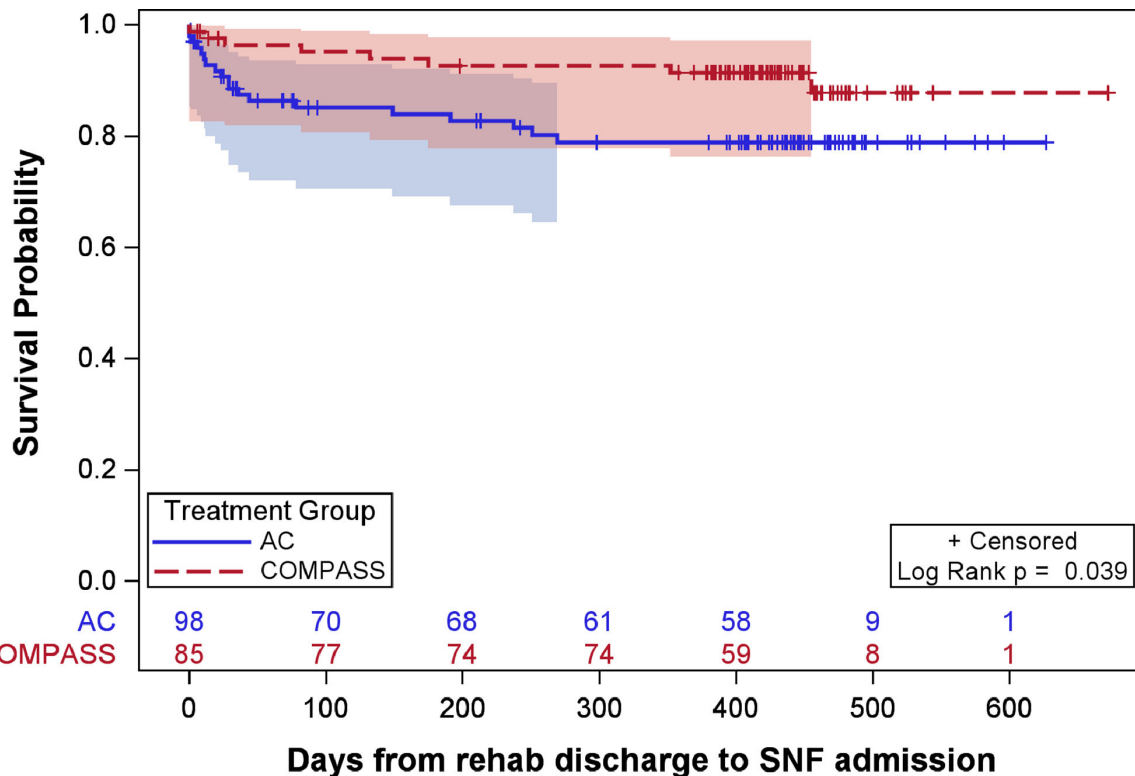
## Most common barriers addressed and the adherence to modifications at 12 months

Strategy/modification	in use at 12 months	Adherence
Railing	25/25	100.0%
Cushion	5/5	100.0%
Nonslip material	5/5	100.0%
Adapted cutting board	5/5	100.0%
Cushion	5/5	100.0%
Adapted cutting board	5/5	100.0%
Grab bar	118/130	90.8%
Handheld shower head	23/24	95.8%
Commode	4/7	57.1%
Perching stool	1/7	14.3%

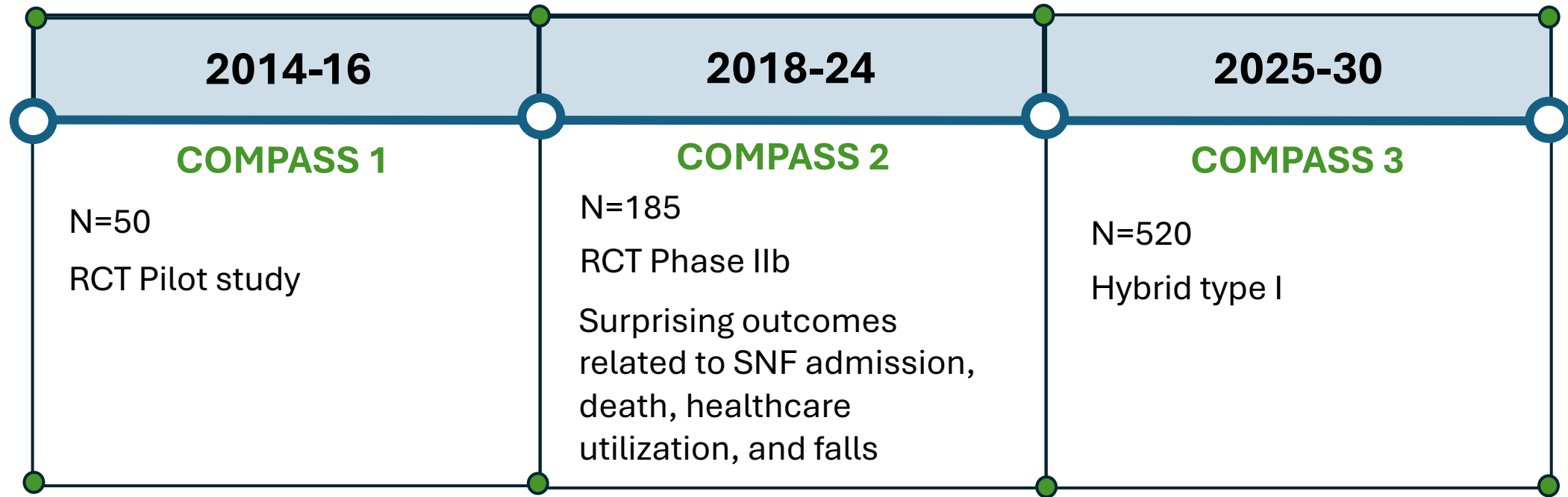
# COMPASS recipients were less likely to be admitted to skilled nursing and less likely to die than controls

ORIGINAL RESEARCH

## Community Participation Transition After Stroke (COMPASS) Randomized Controlled Trial: Effect on Adverse Health Events



# COMPASS Timeline



## Key Articles

British Journal of Occupational Therapy

RCOT Royal College of Occupational Therapists

Restricted access | Research article | First published online November 19, 2017

Feasibility of a novel intervention to improve participation after stroke

[Susan Stark](#), [Marian Keglovits](#), et al., and [Yan Yan](#) [View all authors and affiliations](#)

Volume 81, Issue 2 | <https://doi.org/10.1177/0308022617736704>

ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation

Journal homepage: [www.archives-ptmr.org](http://www.archives-ptmr.org)

Archives of Physical Medicine and Rehabilitation 2024;105: 1623-31

ORIGINAL RESEARCH

Community Participation Transition After Stroke (COMPASS) Randomized Controlled Trial: Effect on Adverse Health Events

[Check for updates](#)

Melissa J. Krauss, MPH,<sup>a</sup> Brianna M. Holden, OTR/L,<sup>a</sup> Emily Somerville, OTD,<sup>a</sup> Gabrielle Blenden, OTR/L,<sup>a</sup> Rebecca M. Bollinger, OTD,<sup>a</sup> Abigail R. Barker, PhD,<sup>b</sup> Timothy D. McBride, PhD,<sup>b</sup> Holly Hollingsworth, PhD,<sup>a</sup> Yan Yan, MD, PhD,<sup>c</sup> Susan L. Stark, PhD<sup>a</sup>

From the <sup>a</sup>Program in Occupational Therapy, Washington University School of Medicine in St. Louis, St. Louis, MO; <sup>b</sup>Center for Advancing Health Services, Economics, and Policy Research, Institute for Public Health at Washington University in St. Louis, St. Louis, MO; and <sup>c</sup>Department of Surgery, Washington University School of Medicine in St. Louis, St. Louis, MO.

Original Investigation | Physical Medicine and Rehabilitation

October 7, 2024

Rehabilitation Transition Program to Improve Community Participation Among Stroke Survivors

A Randomized Clinical Trial

Rebecca M. Bollinger, OTD<sup>1</sup>; Melissa J. Krauss, MPH<sup>1</sup>; Emily K. Somerville, OTD<sup>1</sup>; et al.

[Author Affiliations](#) | [Article Information](#)

<sup>1</sup>Program in Occupational Therapy, Washington University in St. Louis School of Medicine, St. Louis, Missouri

<sup>2</sup>Division of Neurorehabilitation, Department of Neurology, Washington University in St. Louis School of Medicine, St. Louis, Missouri

<sup>3</sup>Center for Advancing Health Services, Economics, and Policy Research, Institute for Public Health at Washington University in St. Louis, St. Louis, Missouri

<sup>4</sup>Department of Surgery, Washington University in St. Louis School of Medicine, St. Louis, Missouri

JAMA Netw Open. 2024;7(10):e2437758. doi:10.1001/jamanetworkopen.2024.37758

Neurorehabilitation and Neural Repair

ASNR AMERICAN SOCIETY OF NEUROREHABILITATION AND NEURAL REPAIR

WFNR WORLD FEDERATION OF NEUROREHABILITATION

Impact Factor: 3.7  
5-Year Impact Factor: 4.9

Restricted access | Research article | First published online April 11, 2024

Differences in Daily Activity Performance Between Inpatient Rehabilitation Facility and Home Among Stroke Survivors

[Emily Somerville, OTD, Gabrielle Blenden, MSOT, et al.](#), and [Susan L. Stark, PhD](#) [View all authors and affiliations](#)

Volume 38, Issue 6 | <https://doi.org/10.1177/15459683241246266>

Thanks! You can find me at:  
[sstark@wustl.edu](mailto:sstark@wustl.edu)



**Facebook: Stark Lab**



**Twitter: @PEPLaboratory**



**YouTube: WUSM PEPL**



**Instagram: StarkLab\_OT**



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# Education Sessions

## Session 1: What is Stroke?

### *General Topics Included:*

- Types of stroke and where they occur
- TIA symptoms
- Basic risk factors of stroke
- FAST review
- Basic diagnostic tests for stroke
- Other procedures patients may undergo after stroke
- Discharge options after stroke

## Session 2: Effects of Stroke

### *General Topics Included:*

- Common myths about stroke
- Being a stroke survivor
- Possible effects of stroke and why they occur
  - Physical
  - Cognitive
  - Emotional
- Location of stroke and associated symptoms
- Recovery after stroke

## Session 3: Reduce Risk

### *General Topics Included:*

- Becoming stroke smart (reduce, recognize, respond)
- Review of stroke risk factors and why they matter
- Practical ways to reduce risk of stroke
- Medications to prevent stroke, what they do, and why they are important
- Non-modifiable risk factors
  - Woman & stroke
  - Minorities & stroke

## Session 4: Life After Stroke

### *General Topics Included:*

- Possible long-term effects of stroke
  - Sleep
  - Fatigue
  - Depression
  - Anxiety
  - Pseudobulbar
  - Movement difficulties
  - Balance
  - Foot drop
  - Spasticity
- Roles of your healthcare team
- Finding support after stroke