Rehabilitation assessment

Background

There is increasing evidence to support rehabilitation as a major contributor to positive outcomes for stroke survivors and their families[1-5] However, it has been identified that rehabilitation occurs in an ad hoc fashion for many people after stroke, with inequities of access, decision making, timing and service content. Times of transition or triage between services remains a constant source of stress for consumers – who gets to make the decisions, how are they made/implemented, who participates in planning processes - are all questions that produce vastly different answers for people with stroke across Australia.

The first identified goal of the ASC rehabilitation working group is that: *Every person who has a stroke will have a rehabilitation plan.*

It is envisaged that ensuring everyone who has a stroke has a rehabilitation plan will promote consistent assessment, planning and decision making for all as they traverse the recovery pathway/s.

The ASC Rehabilitation working group discussions have identified that rehabilitation is a complex process. In acknowledgement of the complexity of rehabilitation and the diverse stakeholders, the overall goal of every person with stroke having a rehabilitation plan has been broken down into stages. The first of these is that all people with stroke be assessed for rehabilitation.

The new Clinical Guidelines for Stroke Management[6] which includes updated and new rehabilitation evidence recommends that all patients including those with severe stroke, who are not receiving palliative care, be assessed by the specialist rehabilitation team prior to discharge from hospital regarding their suitability for ongoing rehabilitation.

Current Situation

From the current data we know that approximately 60,000 people sustained a stroke in 2009. However the NSF 2010 rehabilitation audit found that from 107 participating hospitals, only 7,106 people had rehabilitation.[7] Not withstanding mortality and mild stroke there is a serious shortfall.

Aims and Objectives

The main objective of this project is that every person who has a stroke will have a rehabilitation plan. The ultimate goal (where appropriate) is that everyone with stroke not only be assessed for rehabilitation but actually receive the right rehabilitation in the right place at the right time.

Approach

A small online survey was conducted with hospitals that participated in the NSF audit of acute stroke services and answered “yes” to the question *“Does your hospital routinely assess all patients for the need for further rehabilitation?”* The questions related to the processes used for assessing patients in the acute setting

for their post discharge rehabilitation needs. A copy of the full survey is at Appendix A.

Results

In total, sixty-one (61) responses were received and all hospitals identified themselves. Twenty-seven (44.3%) of hospitals had stroke units, twenty-six (42.6%) had general medical wards, five (8.2%) hospitals had rehabilitation units or wards and 3 (4.9%) were rural hospitals.

All hospitals responded to the question "What time after stroke onset are people generally given an assessment of their post discharge rehabilitation needs?"

Figure 1 shows that 47.5% of hospitals assessed their patients within the first week of stroke onset and 32.8% within 48 hours of onset. 16.4% couldn't specify the length of time either due to their hospital procedure being dependent on the clinical condition of the patient or the patient being transferred out of the hospital to another centre.

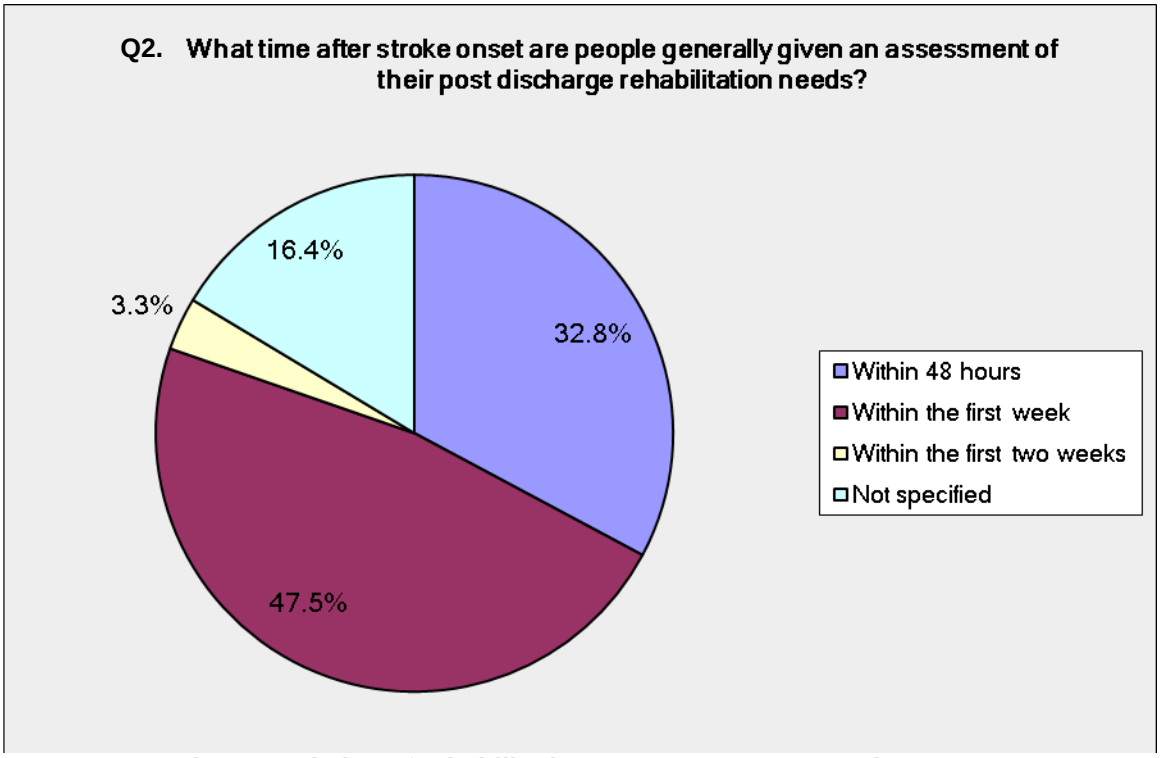

Figure 1. Timing of rehabilitation assessment post-stroke

All hospitals responded to the question "Are post-discharge rehabilitation needs reviewed / reassessed after the initial rehabilitation assessment?"

88.5% of hospitals said that they did assess their patient's rehabilitation needs after the initial rehabilitation assessment while 11.5% said that they did not.

Of the 88.5% of hospitals that answered "yes", 78% answered how often they reassessed the stroke patient. There were varying responses to how often re-

assessment occurred with weekly (30%) being the most frequent. 28% of responses did not specify. Figure 2 shows a breakdown of these responses:

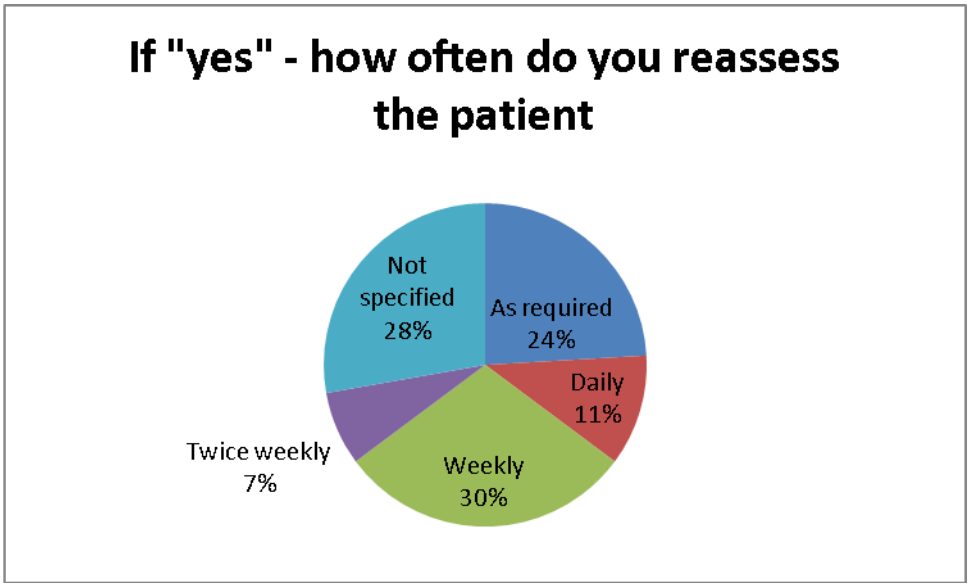

Figure 2. Frequency of ongoing reassessment of rehabilitation needs post-stroke

In response to the question "What personnel are usually involved in the assessment for post discharge rehabilitation needs?" the majority of responses included a multi-disciplinary approach with a nurse (83.2%), occupational therapist (90.2%), speech pathologist (86.9%), and physiotherapist (90.2%) being involved more than 80% of the time. Dietitians (72.1%) and social workers (70.5%) were involved more than 70% of the time and rehabilitation physicians (50.8%) usually half of the time.

Figure 3 shows the results in more detail.

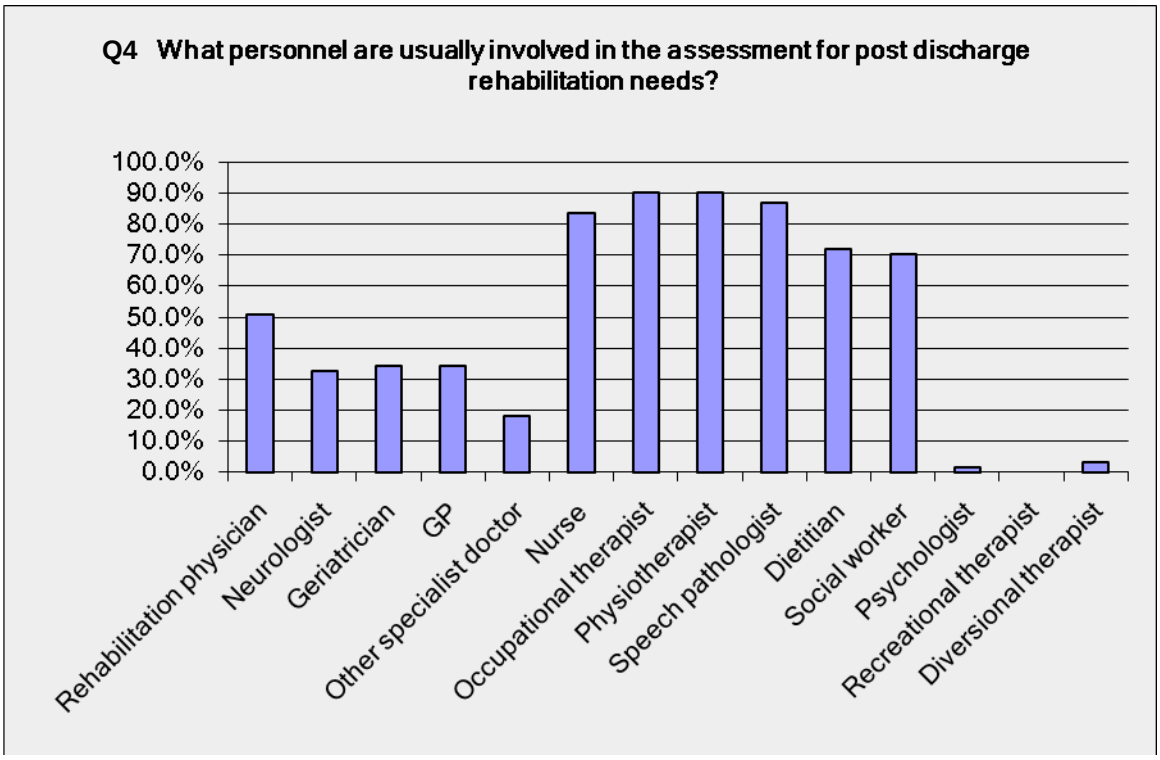

Figure 3. Personnel involved in the assessment for post-discharge rehabilitation needs

In response to the question “Are personnel from outside your organisation involved in the assessment for post discharge rehabilitation needs prior to referral?” 62.3% of hospitals said “No” and 37.7% said “Yes”.

Of the 37.7% that said “Yes”, 55% answered the further question “If yes - please specify 'who' and outline if they physically assess the stroke survivor or if they assess over the phone”.

These results were varied; however 29% were assessed by a rehabilitation facility representative and 24% by a rehabilitation consultant. All results are shown at Figure 4. 81% of the assessments were conducted using a physical assessment, 18.5% did not specify and 0.5% conducted the assessment by phone and email.

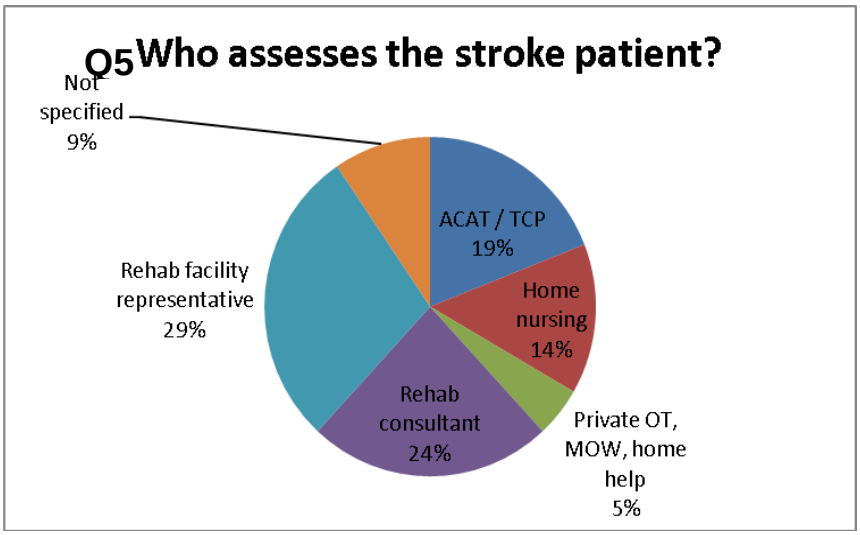

Figure 4. Personnel involved in assessment of stroke patients for post-discharge rehabilitation

Over 80% of hospitals indicated that they use a multidisciplinary team (88.5%) and

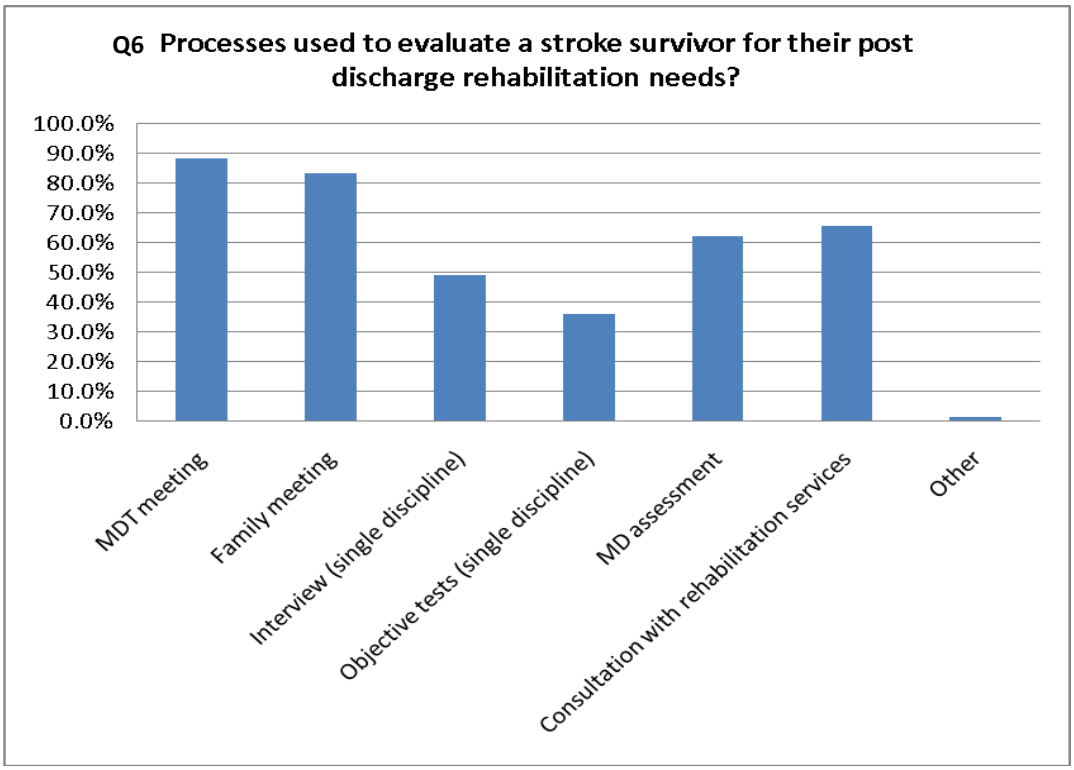

Figure 5. Processes used to evaluate a stroke survivor for their post discharge rehabilitation needs

family meetings (83.6%) to evaluate stroke survivors for their post discharge needs. Other processes used included multidisciplinary assessment (62.3%), Consultation with rehabilitation services (65.6%) and single discipline interviews (49.2%) and objective tests (36.1%). Figure 5 shows the results in detail.

For the question “What criteria are used for the assessment for post discharge rehabilitation needs?” the most prevalent responses were functional status (65.6%), carer availability (63.9%), stroke severity (50.8%), prognosis (47.5%) and co-morbidities (47.5%) (refer Figure 6).

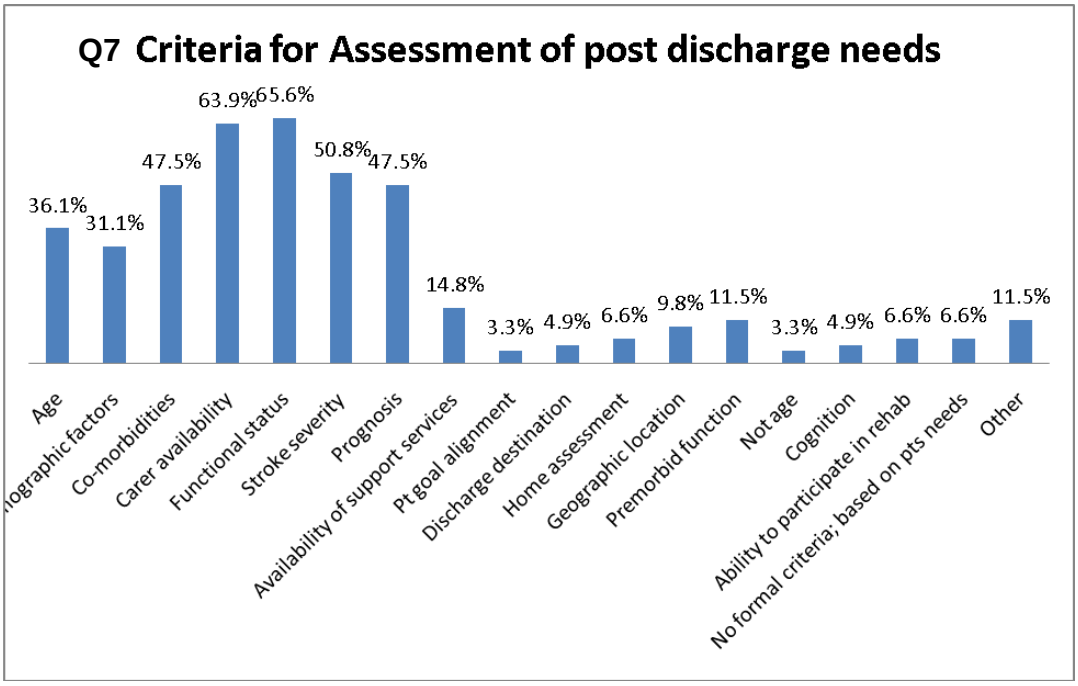

Figure 6. Criteria for assessment of post discharge rehabilitation needs

In response to the question “Do you think there is an ideal process for assessment for post discharge rehabilitation needs?” 59% said “No” and 41% said “Yes”.

Of the 41% who said “Yes”, 92% described what they considered to be the ideal process. These included multi-disciplinary team assessment (48%), early discharge planning (32%), team meetings (20%), early rehabilitation referral (20%), goal setting (20%) and family meetings (16%).

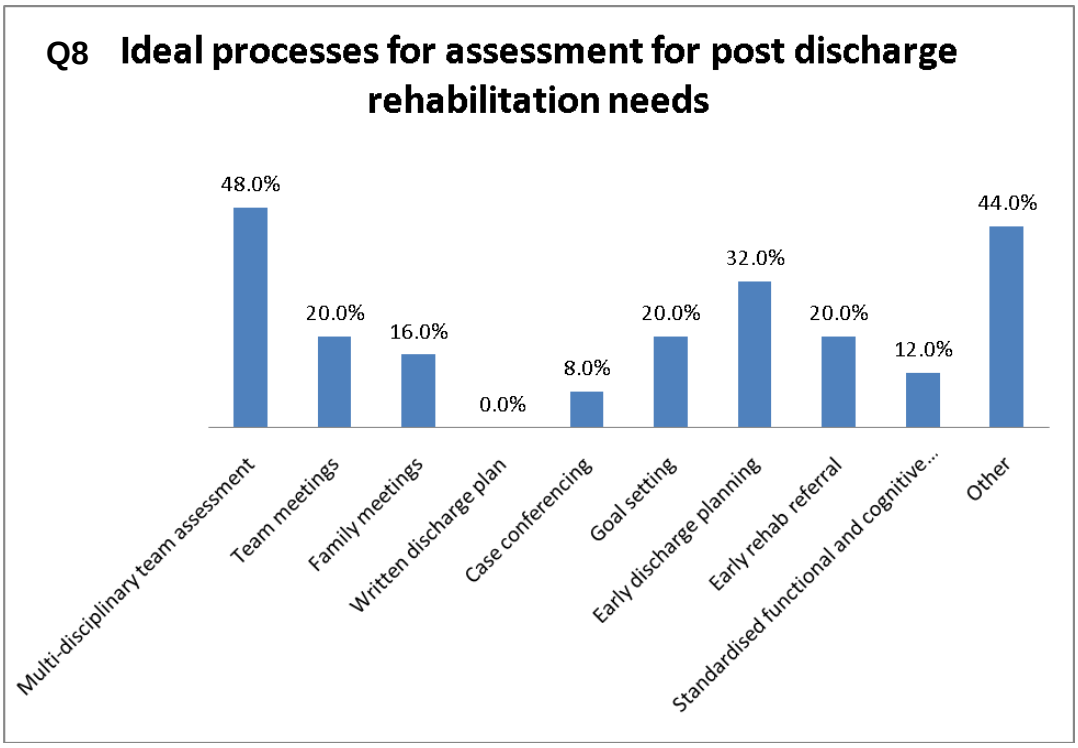

Figure 7. Ideal processes for assessment of post discharge rehabilitation needs

From the responses to the question “Are the key criteria for entry to the following discharge/rehabilitation destinations explicit?” it was evident that in all but aged carer facility admission (63.9%), the criterion for entry into the different discharge/rehabilitation destinations is not clear.

Figure 8 shows the results in more detail.

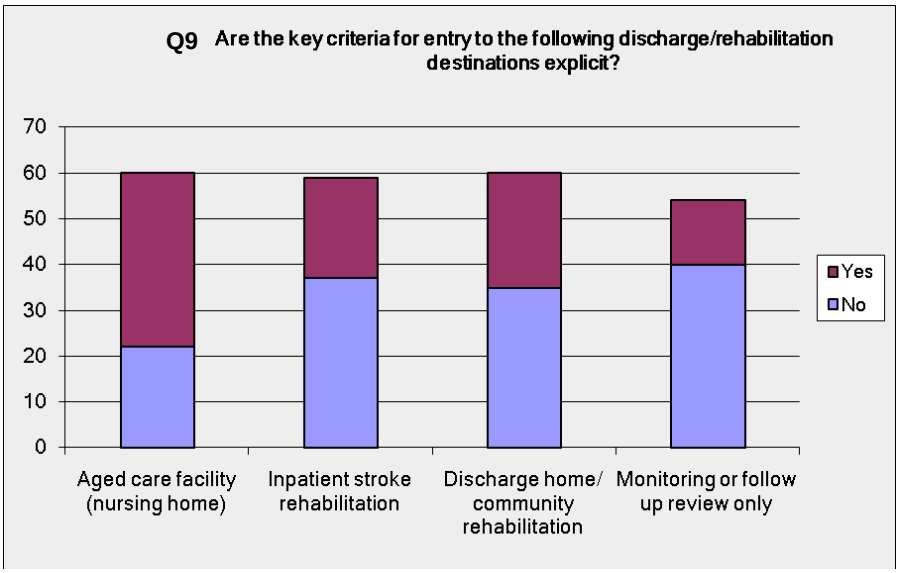

Figure 8. Presence of explicit key criteria for different discharge/rehabilitation destinations

Where it was believed that the criterion was explicit, the following explanations were provided:

Aged care facilities
Commonwealth legislation; ACAT guidelines; if the stroke survivor is fully dependent and has no care; if the stroke survivor has failed a rehab consult and loss of function with poor prognosis to improve.

Inpatient stroke rehabilitation
Patient cognition; levels of family and community support; diagnosis of stroke; identified rehab goals; stable condition; availability of carer; available discharge destination; unable to return home safely.

Discharge home / community rehabilitation
Age criteria; chronic health care needs; home visit must be completed; MDT assessment; safe oral intake; stable condition

Monitoring or follow up review only
No comments were received for this area.

There were also general comments about the clarity of the criteria, for e.g.

"There seems to be a perception that Aged Care information are more easily accessible, hence clearer";

"'I am not sure about this, sometimes there are age restrictions public and private";

"there are guidelines for each area but not "set in stone" protocols and "the criteria is not explicit - Can be dependent on Consultant Physician decision, or patient/family decision or recommendations by OT, Physio, Speech Pathologist, Stroke CNC".

In response to the question "Do you foresee any barriers or facilitators to the uptake of a recommended rehabilitation assessment process with optional tools/measures across stroke care sites in Australia?" the responses were split 50% each.

For those that said "Yes", a summary of their responses are provided below:

Barriers

Geographic isolation; availability of all disciplines; resource matching; age of stroke survivor; staff availability; staff training; clinician agreement on goals/protocols; varying treatment philosophies; lack of faith in the guidelines; Lack of beds; Lack of staff; division of acute and rehab stroke services across geographically separate facilities; division of acute and rehab stroke services across different health services (private, public); site specific requirements; lack of resources; need to recognise different models of care; organisational culture; Individual opinions; facility set up; time; staff acceptance of tools/measures recommended; staff education; financial support for training in new tools / assessment procedures; access for rural and remote staff.

Facilitators

Individual units interest in adopting new ideas/tools etc; identifying who will be involved in implementing the recommendations; passion; belief in recovery philosophy; MDT care plan; Staff empowerment; systems; establishing policies, procedures and protocols.

Some general comments included:

"A well known barrier is resources and the mistaken belief that a short intervention via acute and rehabilitation phase is the right approach; a great facilitator is passion and the belief that people can experience optimal recovery long after their event".

"We are keen for direction. We have only just engaged the services of a rehab' physician so this sort of direction would be invaluable".

"It will be great if this happens".

Discussion

The responses to the questions in general revealed a high level of variation in practice and beliefs across the surveyed units. This confirms the goal for a more standardised and accountable structure to be developed for use across Australia when determining rehabilitation needs for people with stroke. Key features should be flexibility in administration of any tools/pathways, in timing and structure – for example able to be used at any point in the continuum of care in the stroke unit and by a multidisciplinary team in a variety of fora (team meetings, family meetings, case conferences and so forth). Barriers and facilitators to such an approach have been identified to be taken into consideration during the development phases.

Stroke Rehabilitation Survey

1. Background Information

Background

The Australian Stroke Coalition (ASC), and its working groups, were formed in 2008 to improve communication and coordination across organizations and states to move best practice stroke care forward.

From the current data we know that approximately 60,000 people sustained a stroke in 2009. However from data collected by AROC only about 6000 people receive stroke rehabilitation per year. Not withstanding mortality and mild stroke there is a serious shortfall. Therefore (when appropriate) our ultimate goal is that everyone with stroke not only be assessed for rehabilitation but actually receive the right rehabilitation in the right place at the right time.

As part of the ASC "Rehabilitation working group" we are tasked with the goal that "every person with a stroke is assessed for rehabilitation and will have a rehabilitation plan". We have determined the first part of this goal is to identify best and current practice in assessment for rehabilitation needs following the acute phase of treatment.

Why have you been chosen?

Your facility recently participated in the NSF audit of acute stroke services and answered "yes" to the question "Does your hospital routinely assess all patients for the need for further rehabilitation?" The following questions relate to the processes used for assessing patients post discharge rehabilitation needs.

Note: All your information will be held in strict confidence and only shared with your permission. This is strictly a Quality Assurance activity and in no way will require patient consent.

Please fill out the following questions. If you have any queries please contact Georgie Allen on 03 9670 1000 or via gallen@strokefoundation.com.au.

*** 1. Hospital Name**

2. Name of person filling in the form

*** 3. E-mail address of person filling in the form**

*** 4. Clinical Background**

Stroke Rehabilitation Survey

2. Information about your facility

The following questions relate to the processes used for assessing patients post discharge rehabilitation needs.

*** 1. What is the nature of your facility?**

- ◯ Stroke unit
- ◯ General medical ward
- ◯ Other (please specify)

*** 2. What time after stroke onset are people generally given an assessment of their post discharge rehabilitation needs?**

- ◯ Within 48 hours
- ◯ Within the first week
- ◯ Within the first two weeks
- ◯ Other (please specify)

*** 3. Are post-discharge rehabilitation needs reviewed/reassessed after the initial rehabilitation assessment?**

- ◯ Yes
- ◯ No

If Yes - how often?

Stroke Rehabilitation Survey

*** 4. What personnel are usually involved in the assessment for post discharge rehabilitation needs?**

- [ ] Rehabilitation physician
- [ ] Neurologist
- [ ] Geriatrician
- [ ] GP
- [ ] Other specialist doctor
- [ ] Nurse
- [ ] Occupational therapist
- [ ] Physiotherapist
- [ ] Speech pathologist
- [ ] Dietitian
- [ ] Social worker
- [ ] Psychologist
- [ ] Recreational therapist
- [ ] Diversional therapist

Other (please specify)

*** 5. Are personnel from outside your organisation involved in the assessment for post discharge rehabilitation needs prior to referral?**

- ◯ Yes
- ◯ No

If yes - please specify 'who' and outline if they physically assess the stroke survivor or if they assess over the phone.

Stroke Rehabilitation Survey

*** 6. Please indicate if you use any of the following processes to evaluate a stroke survivor for their post discharge rehabilitation needs?**

- [ ] Multi disciplinary team meeting
- [ ] Family meeting
- [ ] Interview (single discipline)
- [ ] Objective tests single discipline
- [ ] Multidisciplinary assessment

Other (please specify)

*** 7. What criteria are used for the assessment for post discharge rehabilitation needs? Examples may be age, sociodemographic factors, co-morbidities, carer availability, functional status, stroke severity and prognosis. Please elaborate on the level of significance for each criteria when assessing for rehabilitation needs following discharge.**

*** 8. Do you think there is an ideal process for assessment for post discharge rehabilitation needs?**

- ◯ Yes
- ◯ No

If yes, please describe (ie. timing, staff involved, tools of measures, processes)

Stroke Rehabilitation Survey

*** 9. Are the key criteria for entry to the following discharge/rehabilitation destinations explicit?**

	Yes	No
Aged care facility (nursing home)	◯	◯
Inpatient stroke rehabilitation	◯	◯
Discharge home/ community rehabilitation	◯	◯
Monitoring or follow up review only	◯	◯

If yes - what are they?

*** 10. Do you foresee any barriers or facilitators to the uptake of a recommended rehabilitation assessment process with optional tools/measures across stroke care sites in Australia?**

◯ Yes

◯ No

If yes - please elaborate

Stroke Rehabilitation Survey

3. Thank you for completing this survey

The Australian Stroke Coalition Rehabilitation Working Group thanks you for your time to complete this survey. A final report will also be written and made available to you on completion of the project. If you have a rehabilitation assessment pro forma and are willing to share this, please EmailMe and attach the documents.

References

1. Foley N, Teasell R, Bhogal S, Speechley M (2008) The Efficacy of Stroke Rehabilitation [Online, accessed on 26 February 2009] URL http://www.ebrsr.com/uploads/Efficacy.pdf
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