



Hamilton Health Sciences

Hamilton Health Sciences Integrated Stroke Model of Care

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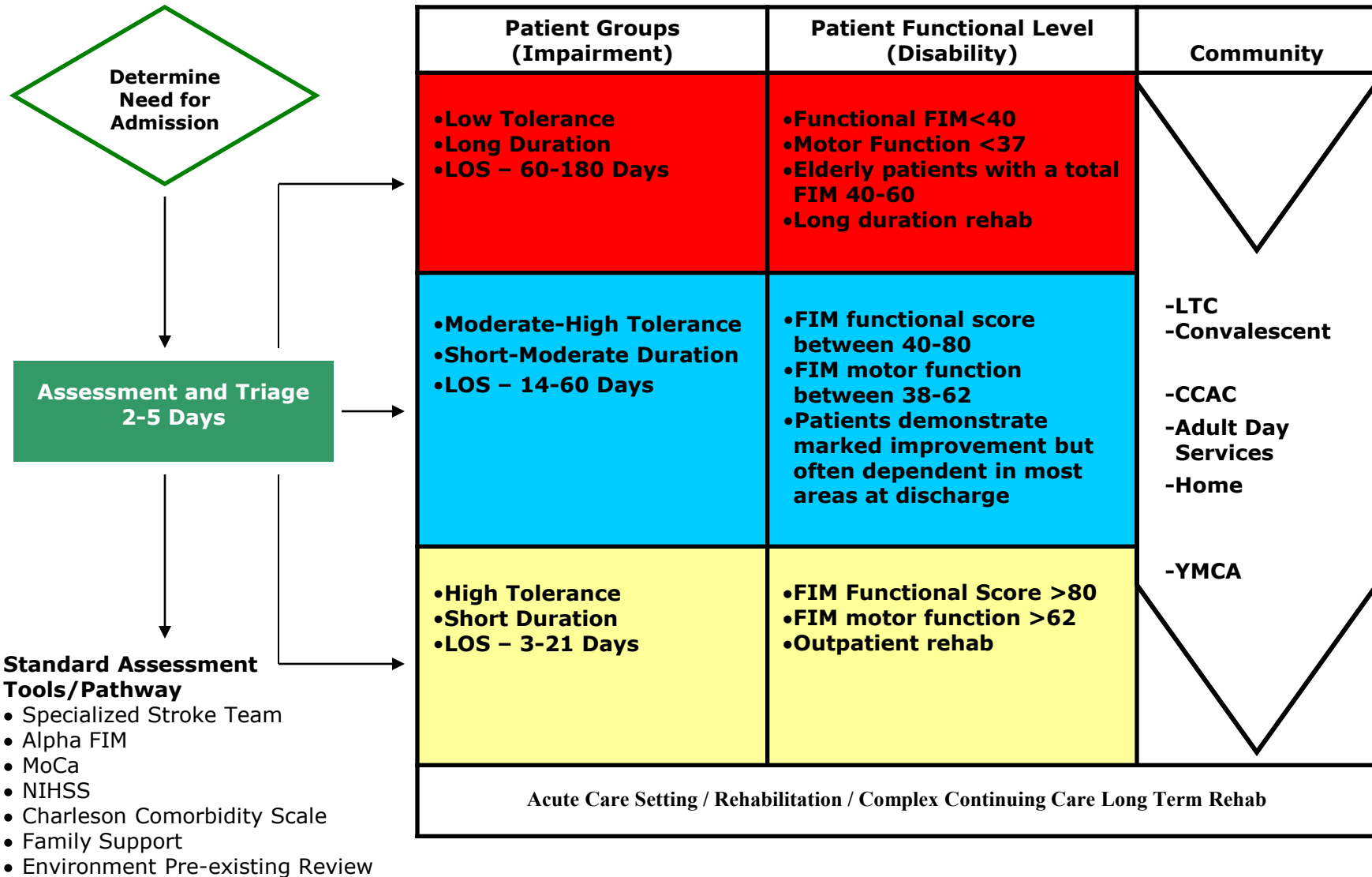


Integrated Stroke Model of Care Goals

- To provide a more comprehensive continuum of best practice stroke care for the stroke patient population.
- To ensure that stroke patients are assessed and triaged to the appropriate stroke recovery care to meet their unique care needs.
- Right Care in the Right Place at the Right Time to meet stroke patient's recovery needs

HHS Integrated Stroke Model of Care

Unique and innovative model in which stroke patients will be assessed and triaged into a service stream which is designed to meet their recovery goals.





Band 1 – Assessment and Triage – LOS – 3 – 7 days

- **Goals:**

Determination of stroke severity, stroke etiology and optimize secondary stroke prevention and management of stroke risk factors

Evaluation of stroke related impairments and functional status from an intraprofessional perspective

- Implementation of management strategies to prevent development of stroke complications, prevent stroke recurrence, accelerate mobilization and provide early rehabilitation therapy
- Triage to Next Level of Care



Band 1 – Assessment and Triage – LOS – 3 – 7 days

- **Focus of Care:**
- Complete diagnostic evaluation to confirm diagnosis & determine etiology of stroke
- Identify stroke risk factors & optimize risk factor management & Secondary Stroke Prevention
- Assess for risk of venous thromboembolism, temperature, mobilization, continence, nutrition, oral care, dysphagia, cognitive impairment, hemiplegic arm, history of depression or risk factors for depression and implement management strategies



Band 1 – Assessment and Triage – LOS – 3 – 7 days

Focus of Care:

- Assessment of Stroke Related Impairments and Functional Status and rehabilitation needs:
 - NIHSS, Alpha FIM, MoCA, CMSA, Family situation, Pre-existing co-morbidities, Discharge Environment
 - STAND, CNS, Braden, Falls Risk
- Determine appropriate stroke recovery care needs
- Patient and Family Orientation and Education



Band 1 – Assessment and Triage

- Expectation that all diagnostics are completed within 3 – 5 days so that diagnosis of stroke confirmed, location and etiology of stroke determined
- All functional Assessments be completed by day 5 so that patient can be triaged to appropriate stroke recovery program
- Patient and Family Meeting between Day 5 – 7 to discuss type of stroke, stroke deficits, stroke recovery needs, and appropriate recovery program and when will be transferred



Band 2 - High Tolerance Short Duration Rehabilitation - LOS - 3 - 14 days

Patient Functional Level:

- FIM Functional Score > 80
- FIM Motor Function > 62
- Rankin 2
- Patient with mild cognitive and communication deficits



Band 2 - High Tolerance Short Duration Rehabilitation - LOS - 3 - 14 days

Focus of Care:

- High Intensity, Short Duration Rehabilitation Treatments for high level FIM patients
- Optimizing independence
- Secondary Stroke Prevention and Risk Factor education and management
- Group activities and education
- Coordinated approach to discharge and linkage to services
- Community Re-Integration



Band 2 - High Tolerance Short Duration Rehabilitation - LOS - 3 - 14 days

Goals:

- Maximizing independence in functional mobility, basic ADL's and IADL's
- Promoting independence and self management
- Optimization of secondary stroke prevention and medical co-morbidities
- Optimize medical management of stroke risk factors and risk factor education
- Patient and family Education and linkage to community resources
- Group activities, community reintegration



Band 3 - Moderate Tolerance - & Duration Rehabilitation LOS - 14 - 60 days

Patient Functional Level:

- FIM Functional Score 40 - 80
- FIM Motor Function 38 - 62
- Patient demonstrate marked improvement in status but may be partially dependent in many areas at discharge
- Patient with moderate cognitive deficits and patients with moderate to severe aphasia



Band 3 - Moderate Tolerance - & Duration Rehabilitation LOS - 14 - 60 days

Focus of Care:

- Ongoing assessment and treatment
- Emphasis on cognitive, behavioural and aphasia deficits
- Optimizing independence in functional mobility, cognition, aphasia, ADL's, IADL's
- Maximizing group activities programs
- Family Involvement in Care and Caregiver Training
- Patient and Caregiver Education and Support to adjustment to stroke
- Community Re-Integration and linkage to community resources



Band 3 - Moderate Tolerance - & Duration Rehabilitation LOS - 14 - 60 days

Goals:

- Safe discharge
- Improved functional, cognition and communication recovery
- Community Re-Integration and linkage to community supports
- Caregiver Training
- Patient and Caregiver Education and Support to adjustment to stroke



Band 4 - Low Tolerance - Long Duration Rehabilitation LOS - 60 - 180 days

Patient Functional Level:

- FIM Functional Score < 40
- FIM Motor Function < 37
- Elderly patients with total FIM 40 - 60
- Patient demonstrate improvement in status but may be dependent in most areas at discharge



Band 4 - Low Tolerance - Long Duration Rehabilitation LOS - 60 - 180 days

Goals:

- Increasing functional recovery
- Managing ongoing medical needs
- Seating Assessment
- Home Visit and identify need for home modification
- Family Involvement in Care
- Assess for special needs: behavioural, depression, etc



Band 4 - Low Tolerance - Long Duration Rehabilitation LOS - 60 - 180 days

Focus of Care:

- High need patients requiring assistance with most of activities of daily living
- Prevention of Complications
- Managing medical co-morbidities
- Dysphagia Management
- Aphasia Management
- Bowel and Bladder Management
- Maximizing function in mobility and ADL, Functional mobility
- Early discussion about discharge and discharge environment



Band 5 – Palliative & unable to participate in Band 4 Care

LOS – 180 days

Band 5 Patients:

- Palliative stroke patients
- Unconscious or significantly altered level of consciousness
- Patients with significant pre-existing cognitive or medical co-morbidities limiting participation in ongoing stroke recovery care
- Patients with catastrophic stroke with no functional goals



Band 5 – Palliative & unable to participate in Band 4 Care LOS – 180 days

Focus of Care:

- Prevention and Management of Complications following Stroke
- Advanced Care Planning, Palliative Care and End of Life Care
- Regular Reassessment of status
- Discharge Planning for Placement
- Family Education



Band 6 – Ambulatory Services

- Stroke Prevention Services
- Outpatient Stroke Rehabilitation
- CCAC Services
- Adult Day Service Programs
- Stroke Recovery Chapters



7 South - Overview of Bands

- Band 1 – Assessment and Triage Beds
Current – 10 beds, Post ABC – 14 beds
- Band 2 – High Tolerance Short Duration
Current – 4 beds, Post ABC – 6 beds
- Band 4 - Low Tolerance Long Duration –
21 days prior to transport to St. Peter's
Current – 1 beds, Post ABC – 1.5 beds
- Band 5 – Palliative or No Recovery Goals
Current – 2 beds, Post ABC – 3.25 beds



Key Changes in the Model

- **One Integrated Stroke Program:**
 - Break down the silos
 - Build on assessments done in Band 1 to limit unnecessary reassessments
- **Some disciplines follow patients across the continuum:**
 - Registered Dietitian
 - Social Work
- **Other disciplines will rotate across units:**
 - Physiotherapy
 - Occupational Therapy



Key Changes in the Model

Stroke Care Navigator position:

- Manage stroke system flow for all stroke patients through their admission to discharge
- Ensure that acute interventions and assessments are delivered on time, that early education and discharge planning are initiated and that patients can flow from one level of care to the next with no delay.



Key Changes in the Model

Dedicated CCAC Case Manager for 7S and B2N:

- Involved as part of intraprofessional care team
- Involved in care of patient day 1
- Follows patient if moved to B2N and links with CCAC Case Manager at St. Peter's if transferred to St. Peters

Patient Education:

- Stroke Care Passport gives key information specific to needs but that follows patient across the HHS Stroke Recovery



Questions

