ontario stroke network

Advancing the Ontario Stroke System

Backgrounder

Timely Access to Outpatient/Community - Based Rehabilitation for Appropriate Patients

Current State:

Equitable and timely access to intensive outpatient and/or community rehabilitation presents a significant challenge in Ontario, yet enhancement in this sector offers the greatest opportunity for improving patient flow.[1]

More than 70 percent of patients who have experienced a stroke will require some form of rehabilitation involving one or more disciplines such as physical therapy, occupational therapy, speech-language pathology or social work.[2]

Community-based rehabilitation is defined as care received following inpatient acute and/or inpatient rehabilitation care upon transition back to the home and community environment.

Equitable and timely access to outpatient and/or community rehabilitation is critical in the recovery of the stroke survivor.

Evidence:

The Rehabilitation and Complex Continuing Care Expert Panel, with support of the Stroke Reference Group, advised the Ministry of Health and Long Term Care of the potential impact that the rehabilitation system might have on ED/ALC issues. **Intensive, timely, equitable access** to **outpatient and community** rehab services was identified as one of our recommended best practice priorities. Community-based rehabilitation priority recommendations include:

- timely access to outpatient/community-based rehabilitation for appropriate patients
- early Supported Discharge programs
- 2-3 outpatient or Community-based allied health professional visits/ week (per required discipline) for 8-12 weeks
- in-home rehabilitation provided as necessary
- mechanisms to support and sustain funding for outpatient and/or community-based rehabilitation
- ensure that all rehabilitation candidates have equitable access to the rehabilitation they need[1]

Most of the stroke recovery journey is experienced in the community over a lifetime. For many stroke survivors and their families, with sudden and profound life changes, the real work begins following inpatient rehabilitation.[3]

Early Supported Discharge (ESD) focusing on accelerated discharge of patients from hospital to community demonstrates improved patient functional outcomes and health-related quality of life, while reducing hospital length of stay, long term dependency and institutionalization. A meta-analysis comparing ESD to conventional care reported that patients who received ESD had an eight-day reduction in length of stay, resulting in a 15% cost savings.[4]

Therapy-based rehabilitation services targeted toward stroke patients living at home improves independence in activities of daily living.[5] Stroke survivors who receive outpatient stroke rehabilitation demonstrate greater improvement in key outcomes compared with patients in the community who do not participate in outpatient rehabilitation.[2,5]

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Recent evidence has demonstrated that enhanced rehabilitation services in the community following discharge from hospital results in improved patient functional outcomes and decreased health system utilization and costs (15.6 day decrease in LOS). [5]

Early access to rehabilitation improves patient outcomes.[2] By restructuring the referral intake process through high prioritization of stroke referrals, the South East CCAC has effected significant wait time changes for community-based stroke rehabilitation services (from 44.0 days to 4.36 days.)[5]

Opportunities for Change:

There is a marked lack of outpatient and community-based rehabilitation resources in Ontario, and the time is right for rehab-focused health care system change. The following elements are critical:

- Access to ESD from acute and rehab settings with engagement of CCAC allied health professionals
- Delivery of timely access to intensive, ambulatory interprofessional rehabilitation by specialists in neurological rehabilitation, for those able to access outpatient services.
- Enhanced community-based CCAC rehabilitation services, including timely access through prioritization and increased intensity (e.g., 2-3 visits / required therapy / week x 12 weeks), under an interprofessional model of care.[1]

Community-based rehabilitation is demonstrated to improve patient outcomes.[5] Patient flow can also be impacted by these services. ED/ALC pressures will be mitigated through improved timely access to intensive outpatient and community-based rehabilitation services.

For more information on outpatient/ community-based rehabilitation, please contact the:

Ontario Stroke Network at 416-489-7111, www.ontariostrokenetwork.ca or info@ontariostrokenetwork.ca

References:

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