

Social Work Stroke Quick Reference Guide and Assessment Checklist – COVID-19 Pandemic

This document is meant to support staff who may not have experience working with the acute stroke population and provides a summary of guidelines required to support patients admitted to hospital following stroke.

For basic information on stroke, refer to the [Stroke 101](#) document

Prior to seeing the patient, consider the following during the chart review

- Collaborate with and/or review interprofessional team members' notes

Initial and Ongoing Assessments		
Identify and prioritize potential referrals		
<input type="checkbox"/> ALC/same day discharges	<input type="checkbox"/> Lives alone	<input type="checkbox"/> Concerns from patient or family regarding ability to return home
<input type="checkbox"/> No fixed address	<input type="checkbox"/> Unidentified patient	<input type="checkbox"/> Next of kin identification
<input type="checkbox"/> Unable to return to work	<input type="checkbox"/> Medication compliance	<input type="checkbox"/> Other
Psychosocial Assessment		
<input type="checkbox"/> Current living environment	<input type="checkbox"/> Family/Community supports	<input type="checkbox"/> Current equipment
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Family doctor	<input type="checkbox"/> Medication management
<input type="checkbox"/> Finances	<input type="checkbox"/> Mood Psychosocial concerns	<input type="checkbox"/> Other
Discharge Planning: Patient meets criteria for rehabilitation		
<input type="checkbox"/> Obtain consent from patient or substitute decision maker <input type="checkbox"/> Confirm post disposition plan (a criteria for applying to rehab) <ul style="list-style-type: none"> ○ Initiate education on community resources/supports (refer to the resources section below) <input type="checkbox"/> Provide education regarding your organization's policy on rehab application and the applicant process <input type="checkbox"/> Provide information on most appropriate rehab program (see below) based on the interprofessional team's assessment:		
High Intensity Rehab (HIR) – select 3 options		
Bridgepoint Active Health Care	Providence Healthcare	St John's Rehab
Toronto Rehab	West Park Healthcare	
Low intensity Rehab (LIR) – select up to 3 options		
Bridgepoint Active Health Care	Toronto Rehab	West Park Healthcare
Outpatient – select 1 option only		
Note: Outpatient rehab programs are accepting applications during COVID-19 however patients will be waitlisted until further notice. Tele-rehab options may be available.		
Bridgepoint Active Health Care	Providence Healthcare	St John's Rehab
Toronto Rehab	West Park Healthcare	Scarborough Health Network (internal referrals only)

If you DO NOT have access to the E-Stroke Rehab Referral system, contact Donna Cheung (donna.cheung@uhn.ca) for access

If you have access to the E-Stroke Rehab Referral system:

- [Launch](#) and complete the following sections in the [E-Stroke Rehab Referral](#) Application:
 - o Section 1: Patient Registration
 - o Section 2: Patient Demographic
 - o Section 3: Acute Care Medical Assessment: Stroke Event
 - o Section 4: Episode
 - o Section 7: Stroke Referral
- Advise team members that the application has been opened
- If you are expected to [make and manage a referral](#) on behalf of the team, provide:
 - o the physician or NP with a paper copy of [Section 3: Acute Care Medical Assessment: Stroke Event](#)
 - o the charge nurse with a paper copy of [Section 5a: Health Assessment and 5b: Safety and Special Needs](#)
- Assist RN, NP/Physician and any other team member without access to E-Stroke, in entering the content of Sections 3, 5a and 5b on the E-Stroke Rehab Referral system and any other team member who does not have access
- Submit and manage rehab application
 - o Discharge checklist ([inpatient](#) or [outpatient](#)) must be completed by the individual submitting the E-Stroke application. Fax all documents that are available
 - o Transition Letter ([inpatient](#) or [outpatient](#)) must be faxed to accepting facility

Discharge Planning: Patient does not meet criteria for rehabilitation

- Complete a more thorough assessment.
- Collaborate with the patient, family and caregiver to determine an appropriate discharge plan. Ensure you link to appropriate community supports and resources. Refer to list below
- Consider a family meeting for discharge planning

Resources

1. If you are expected to make and manage a referral on behalf of the team, click [here](#)
2. [Inpatient and Outpatient Stroke Rehab Referral Triage and Transition Standards](#)
3. [Inpatient Rehab Referrals Training](#)
4. [Tip Sheet](#) on how to input the referral into E-Stroke
5. Education & community Resources
 - [Guide for Stroke Recovery](#)
 - [Stroke Resources on Toronto Central Healthline](#)
 - [Additional resources](#) (employment insurance, medication coverage, home help supports, etc)