

FOR DISCUSSION PURPOSES ONLY

DISCUSSION DOCUMENT: Considerations for Reducing Stroke Length of Stay

This discussion document is intended to support organizational planning during the unprecedented reality of COVID19. In order to increase capacity within in-patient acute and rehabilitation, it may be possible to reduce length of stay for admitted stroke survivors. While some of the discussion topics may not be aligned to Stroke Best Practices, given the expected COVID demands on organizations, these alternate methods of rehabilitation and recovery will support stroke survivors while freeing resources for the COVID response.

With reduced discharge options due to community program closures, limitations to home visiting, and redeployment of community staff, inpatient units may be considering increased length of stay to support recovery, however, given the expected capacity requirements of COVID, organizations should take active steps to support patient flow, and reduce length of stay wherever possible.

These discussions support COVID admissions by increasing capacity within in-patient acute and rehabilitation beds, and ensures stroke survivors transition home is supported, planned and safe. Reducing length of stay also reduces the risk of COVID exposure.

Opportunities for consideration:

- Reducing LOS by changing admission / discharge criteria
 - Severe stroke will need to be considered for regular inpatient stays
 - Assess mild and moderates who can be supported in the community using some of the following suggestions
- Early Supported Discharge - use of the best practice supported ESD approach to support some mild-moderate patients
- Rehabilitation staff to provide education to patient/caregiver on the unit prior to discharge on a program that can be followed at home such as a home exercise program. Where possible, the same community staff member meets them on the unit and then provides follow-up via telephone.
- Virtual visits using OTN or Zoom eg. can be used as an opportunity to support clients in the community, individually and in groups where possible
- Utilizing rehabilitation therapy videos from partner organizations eg
- Utilizing appropriate therapy apps with clients who are comfortable with this
- Utilizing March of Dimes Canada virtual supports and group programs
- Utilization of on-line supports such as Heart & Stroke facebook group
- Re-deploying allied health members from acute care to a rehabilitation unit (as acute LOS may be shortened)
- Families/friends and informal caregivers should be made aware of the important role they play in their loved ones recovery, and that their greatest impact comes through interactions and involvement with the survivor that are purposeful and engaging.