

An Australian tool to assess rehabilitation needs for stroke survivors:

Pilot data and revised tool

Susan Hillier, Leah Wright and Chris Price on behalf of
the ASC Rehabilitation Working Group and SA Stroke
Network

Coalition of the willing:



Rehabilitation working group:

Overall mission: People with stroke should receive the right rehabilitation, at the right time, in the right place.....

- Dr Geoff Boddice
- Dr Greg Bowring
- Ms Cindy Dilworth
- Dr David Dunbabin
- Dr Steven Faux
- Dr Howard Flavell
- Ms Megan Garnett
- Dr Erin Godecke
- Dr Kong Goh
- Dr Andrew Granger
- Dr Susan Hillier (chair)
- Dr Genevieve Kennedy
- Ms Sandra Lever
- Dr Natasha Lannin
- Mr Bill McNamara
- Ms Jill McNamara
- Ms Juvy McPhee
- Mr Chris Price
- Ms Frances Simmonds
- Ms Leah Wright

SA Network Rehabilitation working group:

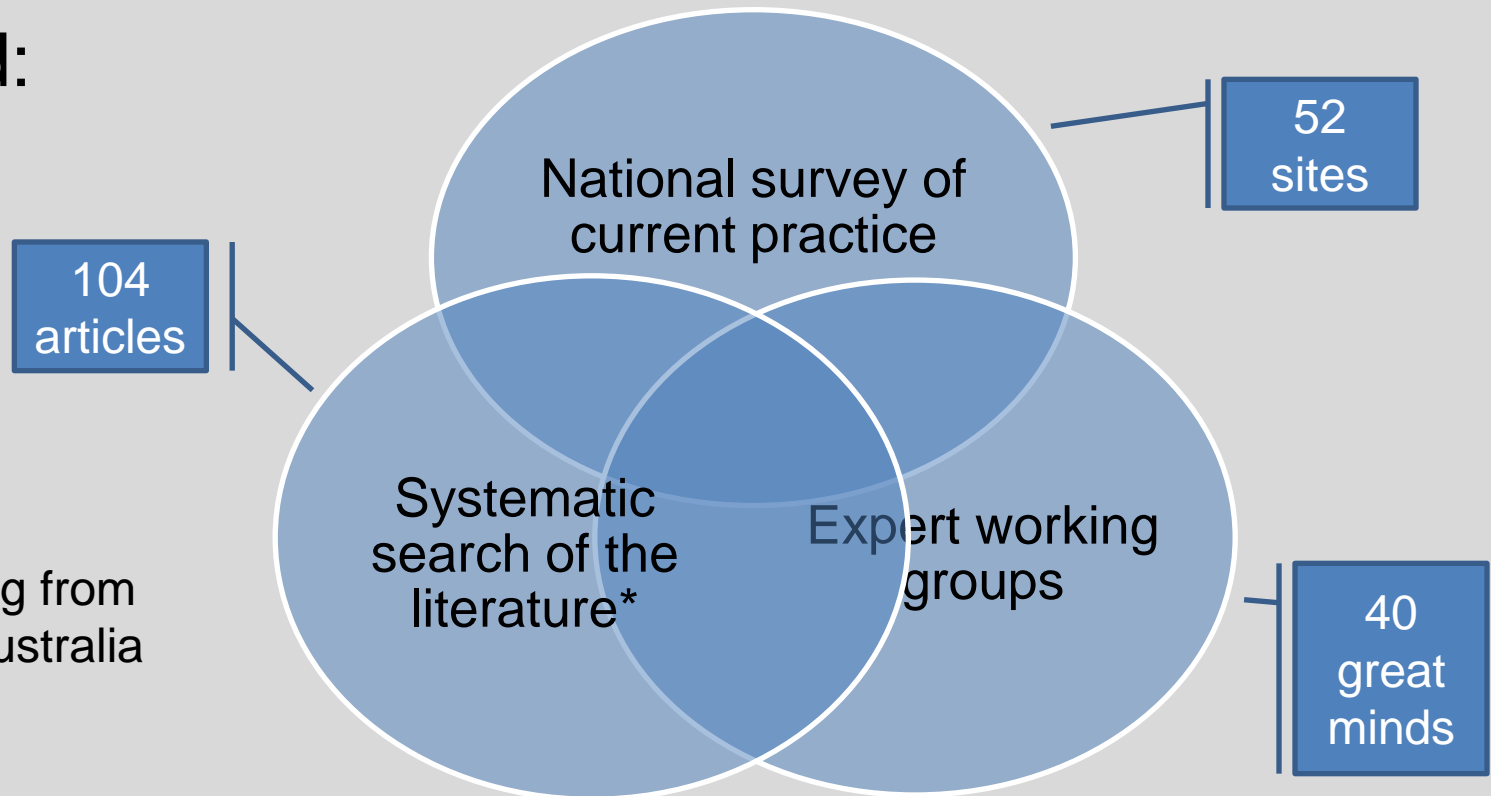
Susan Hillier (Chair), Jodie Aberle, Peter Anastassiadis, Kelli Baker, Elizabeth Barnard, Matt Barrett, Gillian Bartley, Peter Bastian, Maryann Blumbergs, Maree Braithwaite, Jordie Caulfield, Amanda Clayton, Denise Collopy, Maria Crotty, Michelle Curtis, Robyn Dangerfield, Grant Edwards, John Forward, Caroline Fryer, Kendall Goldsmith, Carole Hampton, Peter Hallett, Robyn Handreck, Tony Hewitt, Patricia Holtze, Theresa Hudson, Venugopal Kochiyil, Catherine Lieu, Shelley Lush, Elizabeth Lynch, Annette McGrath, Antonia McGrath, James McLoughlin, Jo Murray, Lee O'Brien, Debra Ormerod, Elizabeth Sloggett, Sally Sobels, Yvonne Tiller, Roly Vinci, Anne Walter, Lauri Wild, Brad Williams, Cathy Young.

Task: Assessment for Rehabilitation

- Identified that there are issues with current methods of assessment for rehabilitation, being
 - Opaque
 - Ad hoc
 - Subjective
 - Inequitable and
 - Based on rehabilitation service capacity, rather than the person with stroke

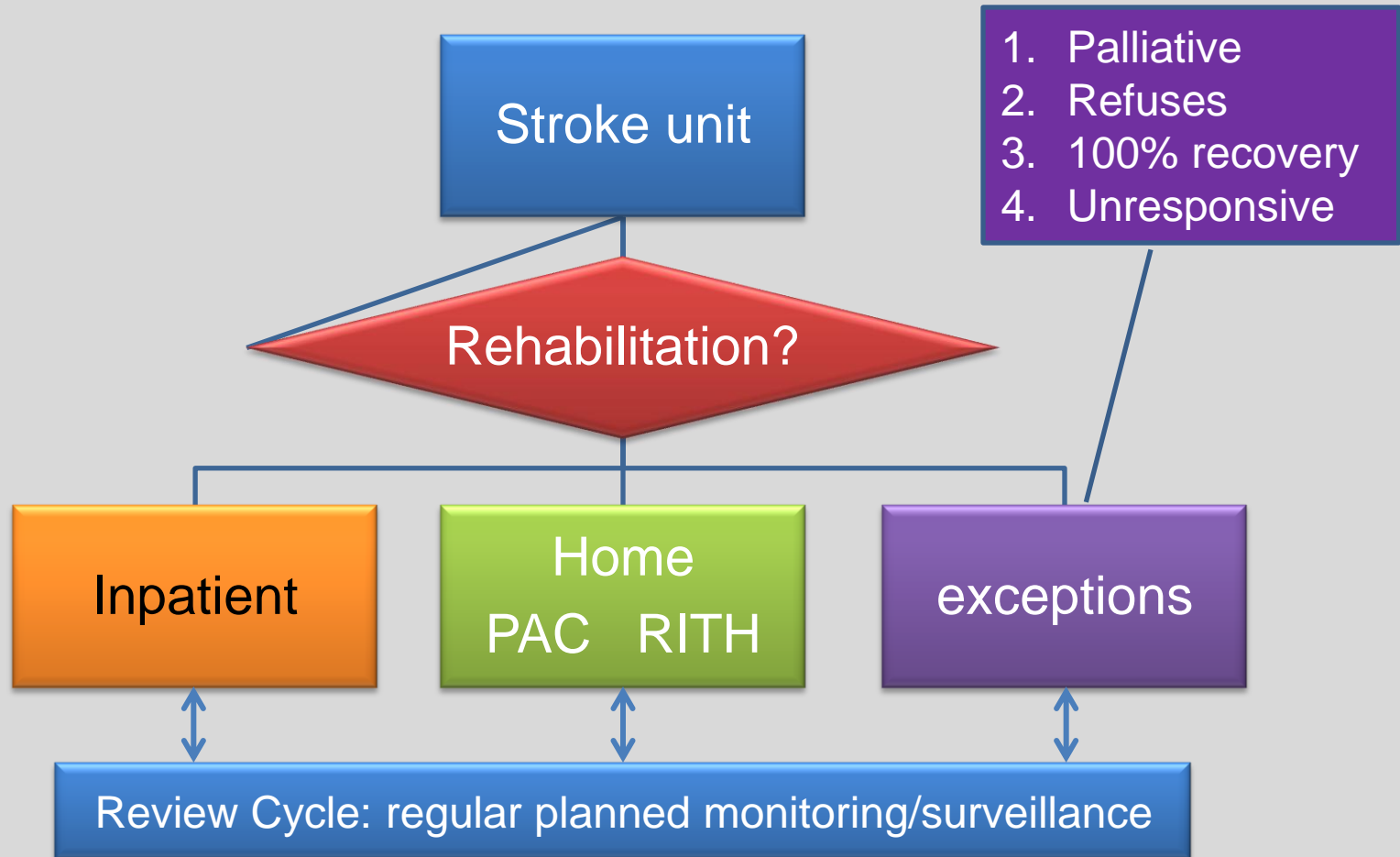
Aim: to devise a process for assessing people for stroke rehabilitation, that is clear, consistent and based on need in the first instance.

Method:



* Funding from Bayer Australia

Results = RADICAL NEW PROCESS



Domain	Current level of function	Rehab indicated	Management level available:	
			Home	Inpatient
Specialty needs (IV, skin)				
Hydration / nutrition				
Contenance				
Swallowing				
Activities of daily living (ADLs)				
Mobility - transfer, gait				
Eating and Drinking				
Communication				
Cognition (insight)				
Level of alertness/engagement				
Visual / sensory systems / perception				
Behavioural				
Emotional/psychological				
Burden of care/ carer support				



REHABILITATION AX and PLAN (+/- standardised measures)

Participation	Role/s pre-stroke	Need for rehabilitation/intervention? Y/N and if yes plan
Domestic		
Vocational		
Recreational		
Social		

Environment	Pre-stroke (note barriers and facilitators)	Need for intervention? Y/N and if Yes – plan?
Home		
Extended		

Piloting – in sites in most states (n=6)

Positives:

- ensured clear and accountable decision-making,
- focused on the person with stroke and their family (not services)
- Increased involvement of all stroke team members
- More wholistic as based on the ICF-WHO framework.

Piloting – in sites in most states (n=6)

Negatives:

- Already do it
- Haven't got time
- No outcome measures
- Unrealistic because some people don't improve with rehabilitation

Changes and additions

- Wording
- Recommend commences in first 48 hrs – at minimum within first week
- Done at team meetings with family if at all possible and updated similarly
- Can be championed by one person but needs whole team input
- Use as handover between services

Changes and additions

- Initially time consuming but with practice can be 10 mins
- Format that can be adapted to suit local record keeping
- Maintain integrity of intention
- Useful for stroke survivor/family ? as held record
- Stress this is survivor-centred and services may not exist to match identified need (YET)

Implementation

Three levels of implementation with aim to be in all Stroke units across Australia and 100% of stroke survivors assessed using the process/tool

1. Raise awareness
2. Education package
3. Implementation project – Liz Lynch - SA sites and interstate as interested (mixed methods, Cluster RCT with process indicators as outcome of interest)
4. *Possible RCT with clinical outcomes later.*

Implementation

- Manual for users with pathway and decision making tool and rationale
- Podcasts and webinars
- Distribute to all stroke units – produced by NSF with financial support from QH – Cindy Dilworth
- Presentations at fora

