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DISCHARGE PLANNING GUIDE FOR STROKE REHABILITATION

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Introduction to the Discharge Planning Guide for Stroke Rehabilitation

This guide was created to educate health care professionals about the various types and settings of stroke rehabilitation services by comparing them in an easy-to-read format.

Why is this guide needed?

According to the American Heart Association (AHA)/American Stroke Association (ASA) *Guidelines for Adult Stroke Rehabilitation and Recovery* (Winstein et al., 2016), stroke rehabilitation is ideally provided by an interdisciplinary team of providers with training in neurology, rehabilitation nursing, occupational therapy, physical therapy, and speech/language therapy under the leadership of physicians trained in physical medicine or neurology with specialized training in rehabilitation medicine. The guidelines also recommend that patients who are post-stroke be assessed by professionals (including social workers and case managers) who can guide the discharge process and selection of the most appropriate level of post-acute rehabilitation. Because the intensity of rehabilitation and the availability of services vary by setting, a tool with clear descriptions of the various options is needed. For example, the inpatient rehabilitation facility (IRF) has the most intensive rehabilitation care provided by an organized, interdisciplinary team. This tool will aid the professionals who influence discharge to match the appropriate level of care with the patient's assessed rehabilitation needs.

What is the background of this guide?

In 2017, ASA published *Making Rehabilitation Decisions*, a guide designed to help patients and caregivers understand their options for the various types and settings of stroke rehabilitation services. In 2018, AHA designated to the state of Nebraska a Mission: Lifeline Stroke grant through the Helmsley Charitable Trust. With the support of this grant, the Rehabilitation Task Force of the Nebraska Stroke Advisory Council (NSAC) has reviewed the current literature and created this guide. The Rehabilitation Task Force, an interprofessional group of rehabilitation professionals from various regions of Nebraska, has been charged with educating health care professionals who influence decisions about post-acute care. These care choices are key for the successful transition of a patient from hospital to home, given their specific needs, while achieving the highest level of independent functioning possible.

Who is the guide designed for?

This guide is designed to assist health care professionals who plan discharge, including social workers, case managers, nurses, physicians, and therapists. The guide will help them understand the various rehabilitation settings and services available for patients following acute stroke.

How is the guide used?

The guide consists of two parts:

1. Pathway to guide decision-making for the appropriate level of post-stroke rehabilitation
2. Post-Acute Stroke Rehabilitation Comparison Tables

Reference: Winstein, C. J., Stein, J., Arena, R., Bates, B., Cherney, L. R., Cramer, S. C., … Zorowitz, R. D. (2016). Guideline for adult stroke rehabilitation and recovery: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke, 47(6), pp. e98-e169. https://doi.org/10.1161/STR.0000000000000098

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Discharge Planning Guide for Stroke Rehabilitation

Developed by the Nebraska Mission: Lifeline Stroke Rehabilitation Task Force of the Nebraska Stroke Advisory Council

Purpose of the guide:

To assist healthcare professionals in determining the appropriate level of stroke rehabilitation care by comparing various types and settings in an easy-to-read format.

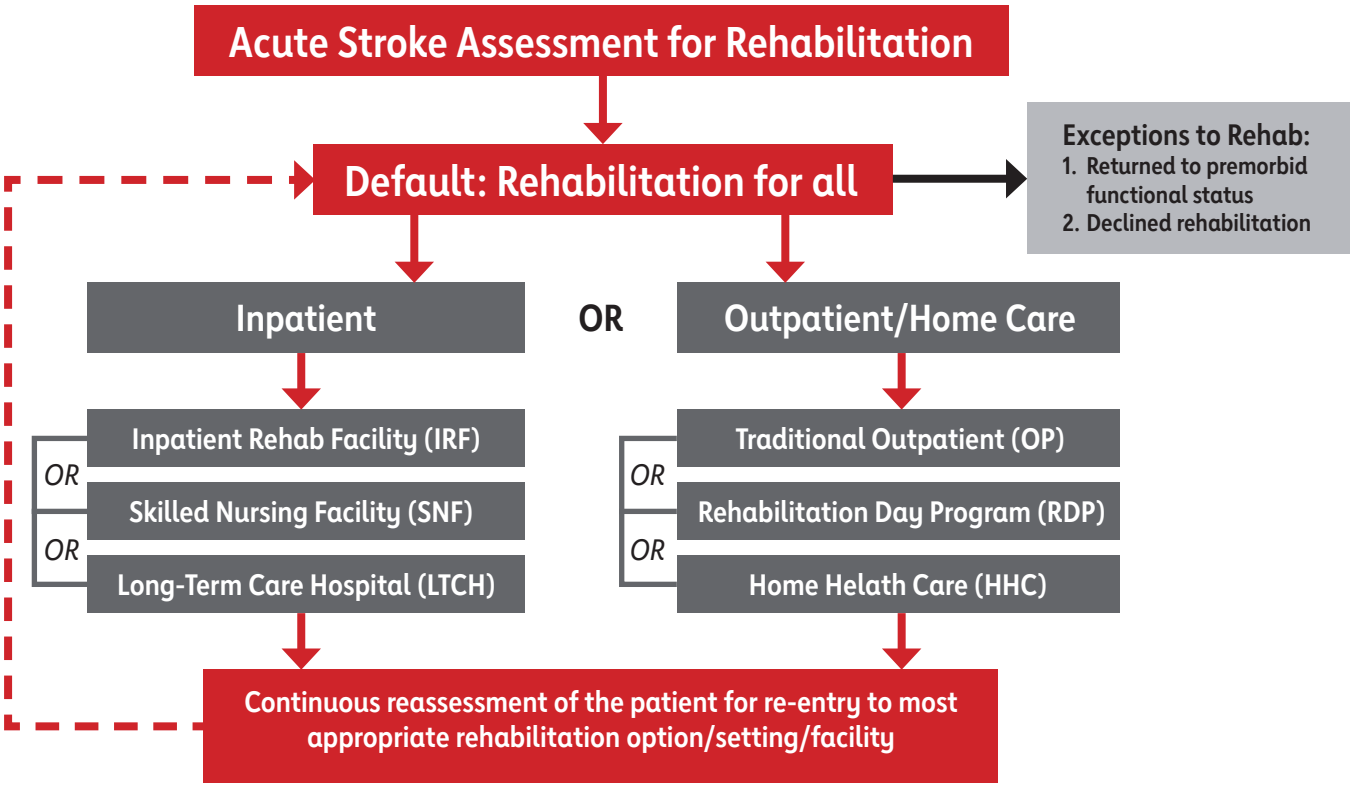
The guide:

- Is designed to assist health care professionals who plan discharge, including social workers, case managers, nurses, physicians, and therapists.
- Describes the various options for post-acute stroke rehabilitation with the Inpatient Rehabilitation Facility offering the most intense, comprehensive care.
- Aligns with recommendations from the *Guidelines for Adult Stroke Rehabilitation and Recovery: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association* (Winstein et al., 2016).

The guide consists of two parts:

1. Pathway to guide decision-making for the appropriate level of post-stroke rehabilitation
2. Post-Acute Stroke Rehabilitation Comparison Tables

Discharge Planning Guide for Stroke Rehabilitation Pathway



Discharge Planning Guide for Stroke Rehabilitation: Post-Acute Stroke Rehabilitation Comparison Tables

Inpatient Program Settings	Inpatient Rehabilitation Facility (IRF, Acute Rehab) Recommended setting for stroke rehabilitation[1]	Skilled Nursing Facility (SNF Sub-Acute Rehab)	Long-Term Care Hospital (LTCH)
Purpose of program/facility	For patients with complex medical, rehab, and nursing needs	For patients with daily skilled nursing and/or rehab needs who cannot tolerate intensity of IRF and who do not require a daily physician visit	For patients with complex medical needs requiring a hospital level of care (e.g. ventilator weaning, wound care)
Medical services	Daily physician visit required, often a physiatrist	Daily physician visit not required	Daily physician visit, often an internist
Nursing services	24/7 nursing; may be certified rehab nurse	Nursing onsite based on patient population needs	24/7 nursing
Rehabilitation services	Comprehensive, intensive rehab program with a coordinated team approach (PT, OT, SLP, Psych, Recreation Therapy)	Rehab program with PT, OT, SLP	Multiple therapy disciplines (PT, OT, SLP, Respiratory Therapy) are available
Coordinated, team approach	Yes, with regular coordinated, interdisciplinary team meetings	Not required	Not required
Therapy intensity	3 hours/day, 5 days/week minimum	No minimum therapy requirement; typically, lower intensity than IRF	No minimum therapy requirement
Type of patient needs	Able to tolerate intensive rehab (3 hours/day, 5 days/week minimum)	Daily skilled nursing and/or rehab needs for patients who cannot tolerate intensity of IRF; minimal medical complexity	Complex medical needs with multiple co-morbidities
Expectation for discharge	Expect measurable improvement in functional status by discharge; goal is return to community	Expect measurable improvement in functional status within 100 day stay	Dependent on progress and medical stability
Type of facility	Separate unit of a hospital or a free standing rehab hospital	Stand-alone facility, or separate licensed unit of a hospital or nursing home	Stand-alone facility, or separate licensed unit of a hospital

Discharge Planning Guide for Stroke Rehabilitation: Post-Acute Stroke Rehabilitation Comparison Tables

Home/Outpatient Settings	Traditional Outpatient (OP)	Rehabilitation Day Program (RDP)	Home Health Care (HHC)
Purpose of program	For patients who benefit from 1-2 skilled therapies	For patients who no longer require hospitalization and would benefit from at least 2 skilled therapies and a more intense OP program	For patients who live at home but are unable to travel to obtain treatment
Medical services	Medical services provided by primary care provider and/or specialist	Medical services provided by primary care provider and/or specialist	Medical services provided by primary care provider and/or specialist
Nursing services	No nurse on-site	Available	Available
Rehabilitation services	PT, OT, and/or SLP	PT, OT, SLP, Recreation Therapy, Psychology	PT, OT, and/or SLP
Coordinated, team approach	Not required	Yes, with weekly interdisciplinary team meetings	Not required
Therapy intensity	1-3 therapies per day, 2-3 days per week	2-3 therapies, 4-6 hours/day, 2-3 days per week	1-3 therapies per day, 2-3 days per week
Type of patient needs	**Able to travel**, medical problems are well controlled, continue to have rehab needs	Living at home, able to travel and would benefit from high-intensity rehab services but do not require 24-hour nursing care in a hospital setting	**Homebound**, with rehab and/or nursing needs
Expectation for discharge	Maximal rehab potential	Maximal rehab potential	No longer home bound or achieves maximal rehab potential
Type of facility	Outpatient clinic, outpatient clinic of a hospital, other outpatient centers	Outpatient clinic of a hospital	In the home

[1]Level 1A Recommendation, from Winstein, C. J., Stein, J., Arena, R., Bates, B., Cherney, L. R., Cramer, S. C., … Zorowitz, R. D. (2016). Guideline for adult stroke rehabilitation and recovery: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke, 47(6), pp. e98-e169. https://doi.org/10.1161/STR.0000000000000098
Length of stay and services information: http://www.cms.gov/

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