

OSN POSITION STATEMENT

RE: OUTPATIENT AND COMMUNITY REHABILITATION SERVICES FOR STROKE

BACKGROUND

Over 25,000 Ontarians experience a stroke every year and more than 100,000 are living with the consequences of stroke. Stroke is a complex condition with physical, emotional and cognitive impacts; therefore most patients of all ages require integrated interprofessional rehabilitation services¹ provided by health care professionals with expertise in stroke. Stroke is often associated with the elderly, however there is a growing percentage of stroke patients between the ages of 46-65 so access to comprehensive rehabilitation programs (including vocational and reintegration services) is of increasing importance^{2,3}.

Six months post stroke, 39 per cent of stroke survivors have a limitation in functional activities, 54 per cent reported limitations with higher-level activities of daily living, such as housework and shopping, and 65 per cent reported restrictions in reintegration into community activities⁴. To most effectively support stroke recovery, services should be available through outpatient and community stroke rehabilitation as recovery can continue well beyond six months⁵. In addition, many patients with milder impairment could be better served with outpatient and community-based rehabilitation while reducing or eliminating their inpatient rehabilitation stay altogether⁶.

Current status of access to outpatient and community stroke rehabilitative care in Ontario:

- Recent data indicates a low proportion of patients discharged from acute care receive a referral for outpatient rehabilitation (7.3 per cent)³.
- Approximately 16 per cent of patients who could be served in the community are being admitted to inpatient rehabilitation³ due to lack of availability of services in the community⁷.
- Following an acute stroke, patients receive 5.8 Community Care Access Centre (CCAC) visits from **all** rehabilitation services over six months³. The total number of CCAC rehabilitation visits varies dramatically between regions suggesting differences in service availability⁶.

OSN POSITION

- 1. Stroke rehabilitation services should be informed by the latest best practices⁸, including:**
 - Outpatient and/or community-based rehabilitation services should be available within 48 hours of discharge from an acute hospital or within 72 hours of discharge from inpatient rehabilitation
 - Outpatient and/or community- based rehabilitation services should include the same elements as coordinated inpatient rehabilitation services:
 - An interprofessional stroke rehabilitation team¹
 - Case coordination



- Therapy should be provided for a minimum of 45 minutes to three hours per day, three-to-five days per week based on individual patient needs and goals
 - Rehabilitation goals should be developed in conjunction with the patient and family/caregiver and relevant to patients and families specific needs
- 2. These services should be available to all ages, in a variety of settings over the long-term, as recovery can continue well beyond six months.** Funding mechanisms should be put in place to reflect patient need and total rehabilitation program requirements⁹.
- 3. The lack and/or limited availability of data in outpatient and community rehabilitation settings need to be addressed.**

The Ontario Stroke Network is working with the Ministry of Health and Long-Term Care, Health Quality Ontario, Local Health Integration Networks and Ontario's 11 Regional Stroke Networks to advance improved access to post stroke rehabilitation services within hospitals, outpatients and the community.

ABOUT OSN

The [Ontario Stroke Network](http://www.ontariostrokenetwork.ca) provides provincial leadership and planning for the continuum of stroke care in Ontario — from health promotion and stroke prevention to acute care, recovery, rehabilitation and reintegration. For the latest OSN news, visit www.ontariostrokenetwork.ca or follow us on Twitter: [@ONStrokeNetwork](https://twitter.com/ONStrokeNetwork).

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¹ Based on patient need and should include; occupational therapist, primary care provider, nurse, physiotherapist, speech-language pathologist, psychologist, social worker, registered dietitian, pharmacist, therapeutic recreational specialist, therapy/rehabilitation assistant(s), patient, and family and/or caregivers

² Kamal N, Lindsay PM, Côté R, Fang J, Kapral MK, Hill MD. Ten-year trends in stroke admissions and outcomes in Canada Can J Neurol Sci. 2015; 00: 1-8

³ Hall R, Khan F, O'Callaghan C, Kapral MK, Levi J, Cullen A, Wu J, Fang J, Bayley M. *Ontario Stroke Evaluation Report 2014: Targeting Quality Prevention and Care*. Toronto, ON: Institute for Clinical Evaluative Sciences; 2014.

⁴ Mayo NE, Wood-Dauphinee S, Côté R, Duncan L, Carlton J.. Activity, participation, and quality of life 6 months post stroke. Arch.Phys.Med.Rehabil. 2002 Aug;83(8):1035-42

⁵ Teasell R, Mehta S, Pereira S McIntyre A, Janzen S, Allen L Lobo L, Viana R. Time to rethink long-term rehabilitation management of stroke patients . Top Stroke Rehabil 2012 Nov-Dec;19(6):457-62.



⁶ Meyer M, O'Callaghan,C, Kelloway,L, Hall,R., Teasell,R.,Meyer,S.,Allen,L., & Leci,E. The impact of moving to stroke rehabilitation best practices in Ontario. Ontario Stroke Network; 2012

⁷ Meyer M, Pereira S, McClure A, Foley N, Salter K, Willems D, Hall R, Asllani E, Fang J, Speechley M, Teasell R. An economic model for stroke rehabilitation in Ontario: Mapping resource availability and patient need. Ontario Stroke Network; 2011.

⁸ Dawson D, Knox J, McClure A, Foley N, and Teasell R, on behalf of the Stroke Rehabilitation Writing Group. Chapter 5: Stroke Rehabilitation. In Lindsay MP, Gubitz G, Bayley M, and Phillips S (Editors) on behalf of the Canadian Stroke Best Practices and Standards Advisory Committee. Canadian Best Practice Recommendations for Stroke Care: 2013; Ottawa, Ontario Canada: Heart and Stroke Foundation and the Canadian Stroke Network.

⁹ Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-based procedures: clinical handbook for stroke (acute and post-acute). Toronto: Health Quality Ontario; 2015 February.