

Why Deliver Rehab At Home?

Supporting individuals to achieve a quality of life that is important to them is a focus within rehabilitation. When asked individuals and families indicated that they had spent too long in hospital following a stroke and would have preferred to receive stroke specific rehabilitation at home in a setting that is familiar to them. Some individuals also reported feeling abandoned on discharge from hospital.

Our Aims

- Reduce the number of in-hospital therapy days for patients who do not have any other barriers to discharge
- Truly collaborate with patients to develop a service
- Transform the way rehab is delivered, supporting the delivery of rehabilitation in the community using a self management approach
- Support individuals to transition from hospital by enabling staff to work flexibly across the hospital and community
- Deliver priorities 7 (Transition to Community) and 8 (Living with Stroke) of National Stroke Improvement Plan.

Our Approach

A quality improvement approach was applied throughout.

- Individual and family feedback was collated through focus groups, open questionnaires and patient stories
- Process map of existing rehab pathway identifying opportunities for improvement
- PDSA testing of care model
- Data for improvement – family of measures including patient and staff feedback
- Sharing learning and celebrating success

Test of Change

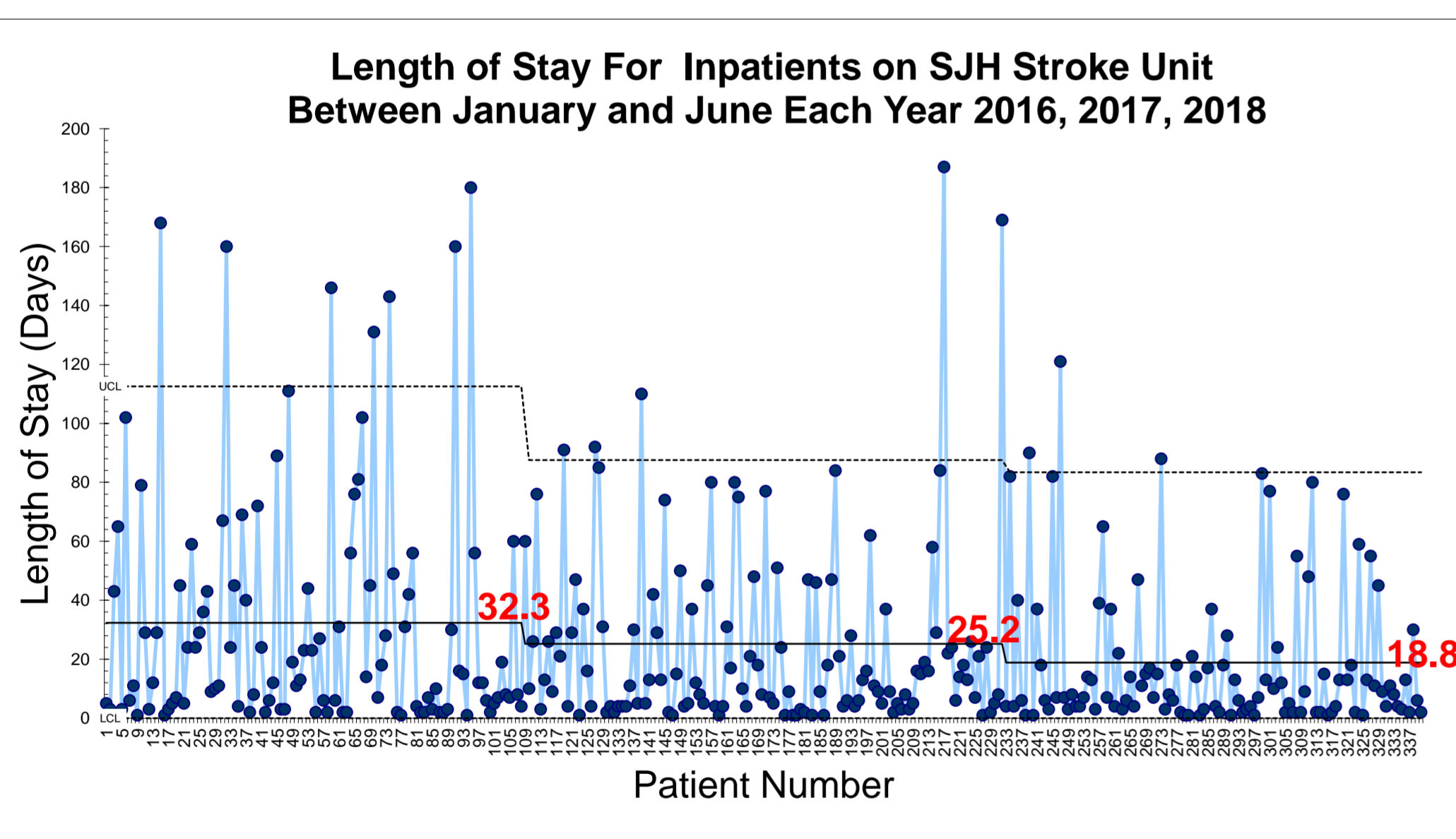
In response to feedback a Stroke Outreach Rehab Team (SORT) has been introduced and continuously developed for the past 11 months.

SORT is a ring-fenced resource which provides specialist person-centred stroke rehabilitation. Rehab is delivered in a setting familiar to the individual at an intensity similar to hospital. The model of care facilitates an earlier transition from hospital.

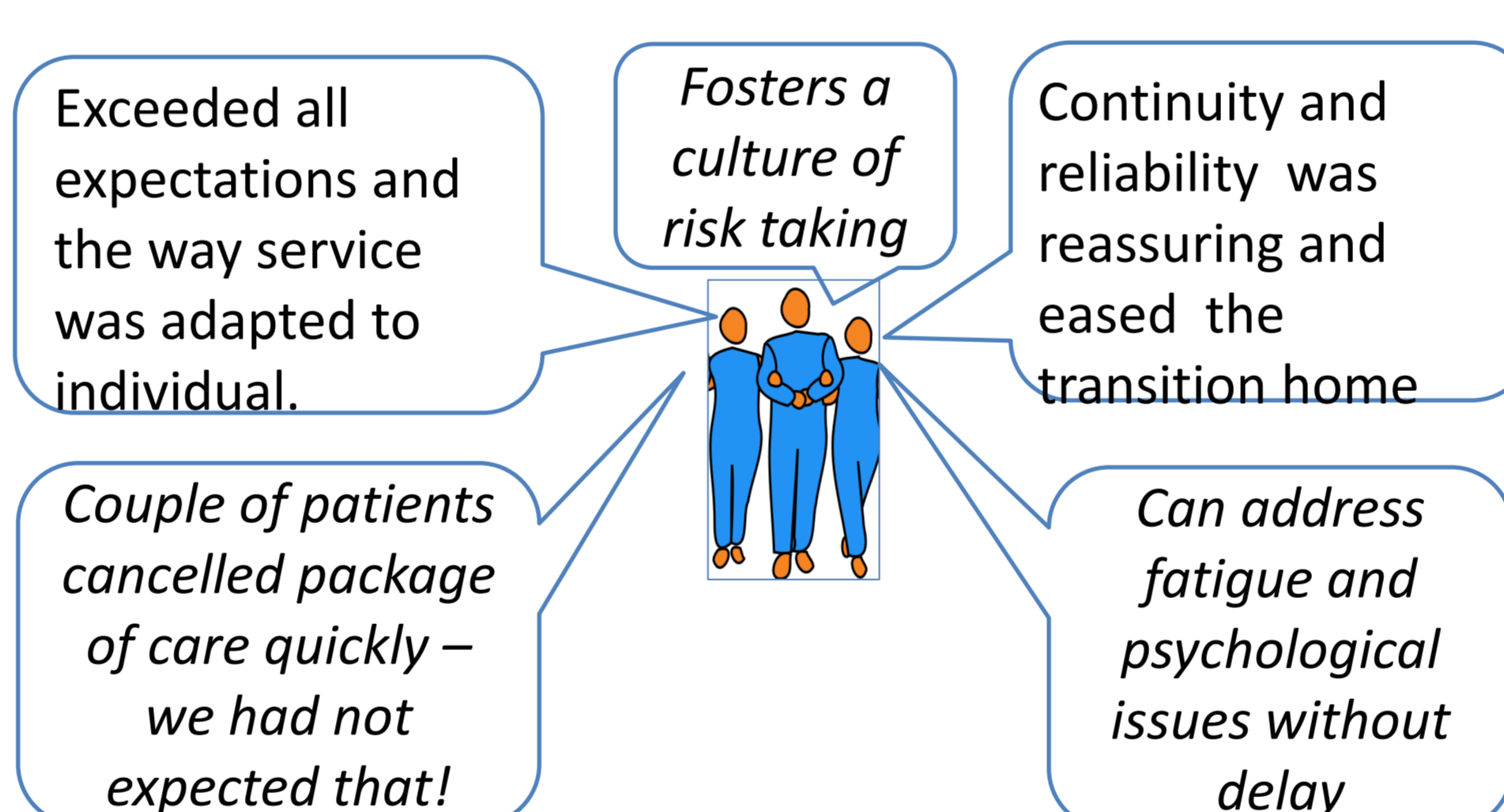
Access to the team is currently criteria based. Individuals must reside within West Lothian, have a new onset stroke, have a continence plan in place and have any care needs met by spouse/family support or care provider.

Outcomes

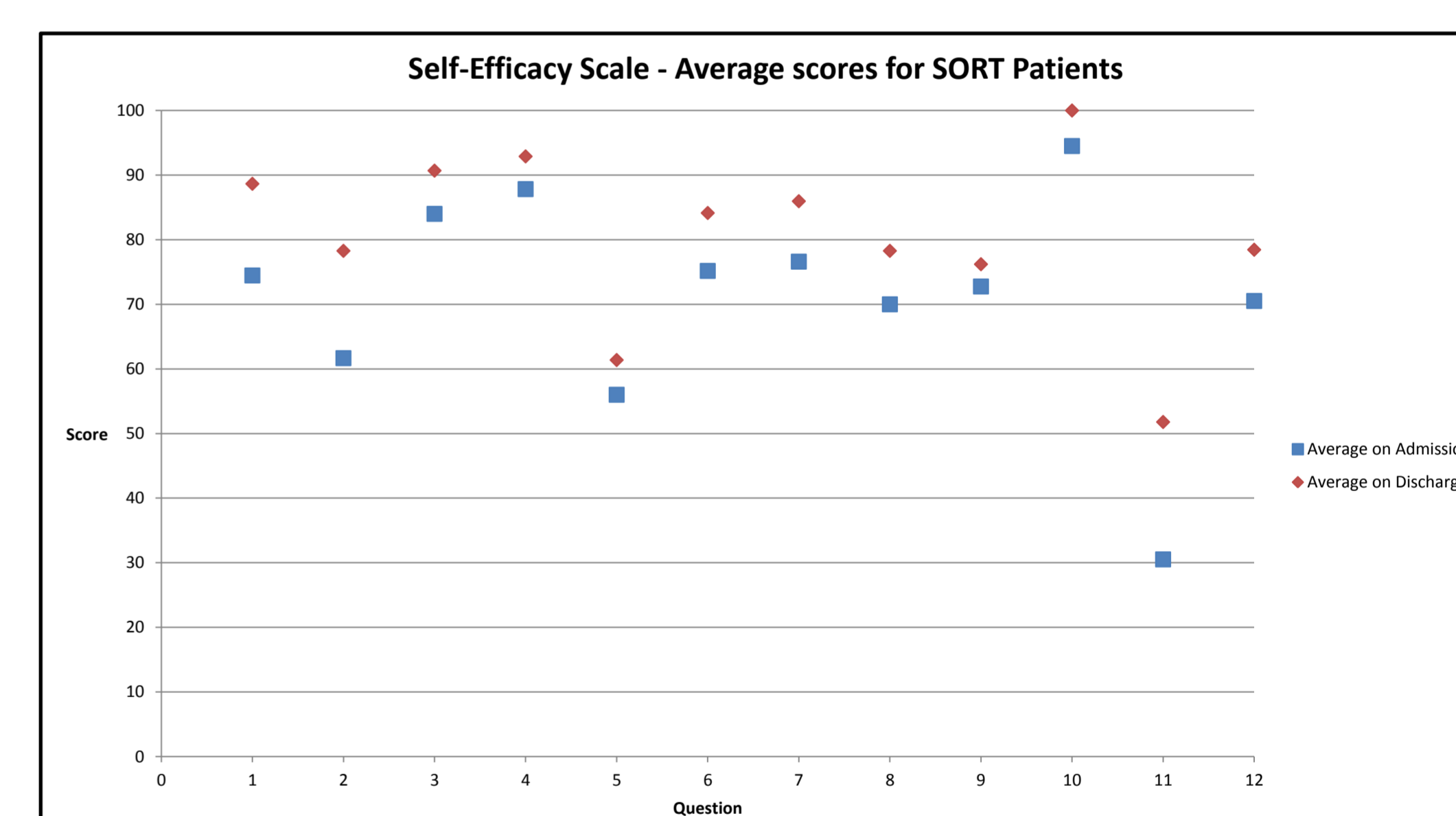
Length of Stay



Feedback



Patient Reported Outcomes



Conclusions

- It is possible to deliver stroke specific holistic rehab at home at similar levels to that in the Stroke Unit .
- The SORT Team delivered interventions addressing the physical, cognitive and emotional impact of stroke. There were improvements in individuals self- efficacy which may be attributable to the intervention.
- Improvement in Therapist rated scores of Impairment, Activity, Participation and Wellbeing.
- Significant reduction in inpatient unit length of stay
- No change to readmission rate

Lessons Learnt

- It is highly valuable to involve patients in shaping Rehabilitation services. Patients priorities may differ from staff priorities. Developing in collaboration has led to both staff and patients reporting this service has had a positive impact.
- Therapists have delivered interventions for commonly reported unmet needs at a time when patients would still be waiting for mainstream rehab teams to commence input. By collating these interventions the team can focus on further patient-centred service improvements.
- It has been possible to prevent Stroke Unit admission for some patients. This was an unexpected benefit to patients and potentially influence achievement of acute Stroke Bundle.

Acknowledgements

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