



Understanding Discharge Planning for Stroke Patients in The Great Lakes Region

Background and Purpose

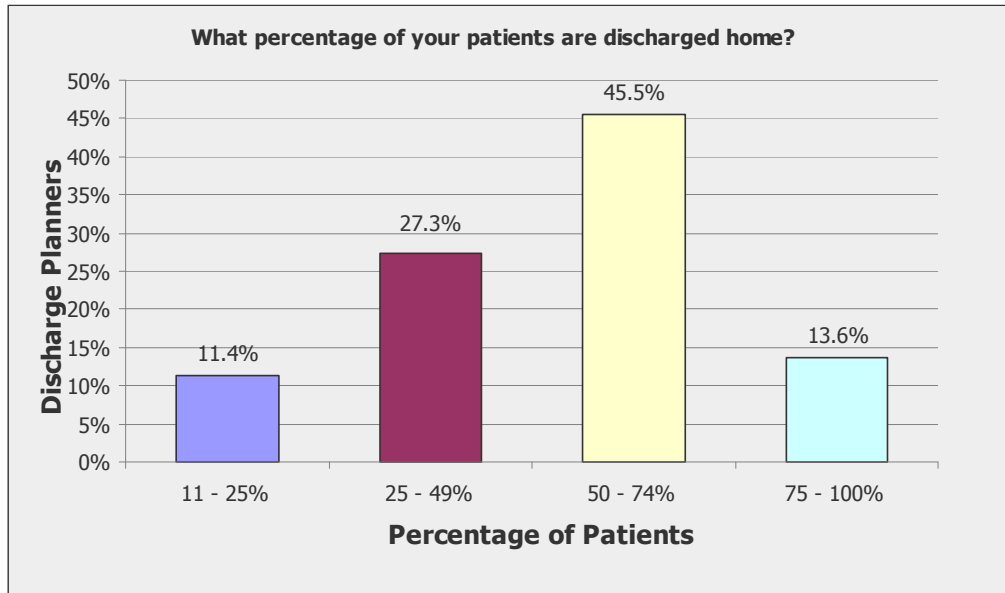
Recognizing the importance of the rehabilitation component from Stroke Systems Care, the Great Lakes Regional Stroke Network (GLRSN) undertook a multi-state rehabilitation inventory in 2007 to better understand rehabilitation services available to stroke survivors in the Great Lakes region. *The Burden of Stroke in the Great Lakes Region* found that over 50% of all strokes in the Great Lakes region are discharged to home, begging the question, "What happens to these survivors?" The purpose of this project was to better understand the discharge planning process for stroke survivors in the Great Lakes region.

To answer these questions, collaborating with our partners, Paul Coverdell National Acute Stroke Registries (PCNASR) in Michigan, Minnesota and Ohio, a survey was created to better understand discharge planning for stroke patients. The PCNASR programs in the Great Lakes region provided a convenience sample. The survey was pilot tested with hospitals in Ohio and Indiana, revisions made and the survey was then finalized. PCNASR Managers from Michigan, Minnesota and Ohio then sent the survey link to their PCNASR contacts, asking them to forward to the person who does discharge planning for stroke patients at their facility. Data was collected between October, 2009 and January, 2010. Forty-nine persons completed the online survey (out of 89) PCNASR hospitals in the region or 55%.

Conclusions

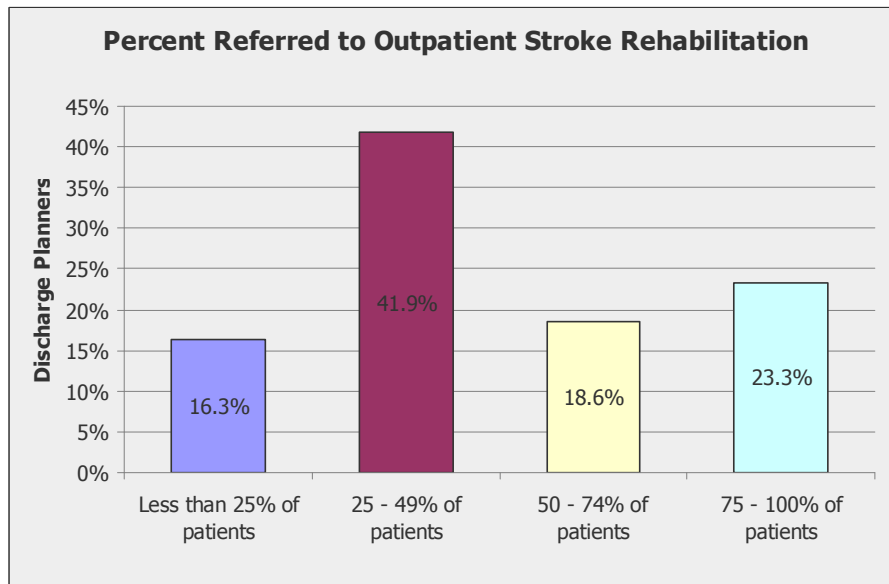
- The majority (89%) of people who conduct discharge planning for stroke patients are social workers. A small percentage (22%) belong to an organization that represents discharge planners, such as American Case Management Association.
- While 100% reported they complete an assessment for rehabilitation prior to the stroke survivor being discharged, this is probably representative of the high functioning of the hospitals completing this survey in that they were more likely to be Primary Stroke Centers certified by The Joint Commission and participants of the Paul Coverdell National Acute Stroke Registry in their state.

Graph 1



- The majority of discharge planners (45.5%) responded that 50-74% of their stroke patients are discharged to home.

Graph 2



- For stroke survivors that are discharged to home, 41.9% of discharge planners reported that they refer outpatient stroke rehabilitation therapy to between 25-49% of their patients. Only 23.3% of



discharge planners reported referring 75-100% of stroke survivors who are discharged to home for outpatient stroke rehabilitation.

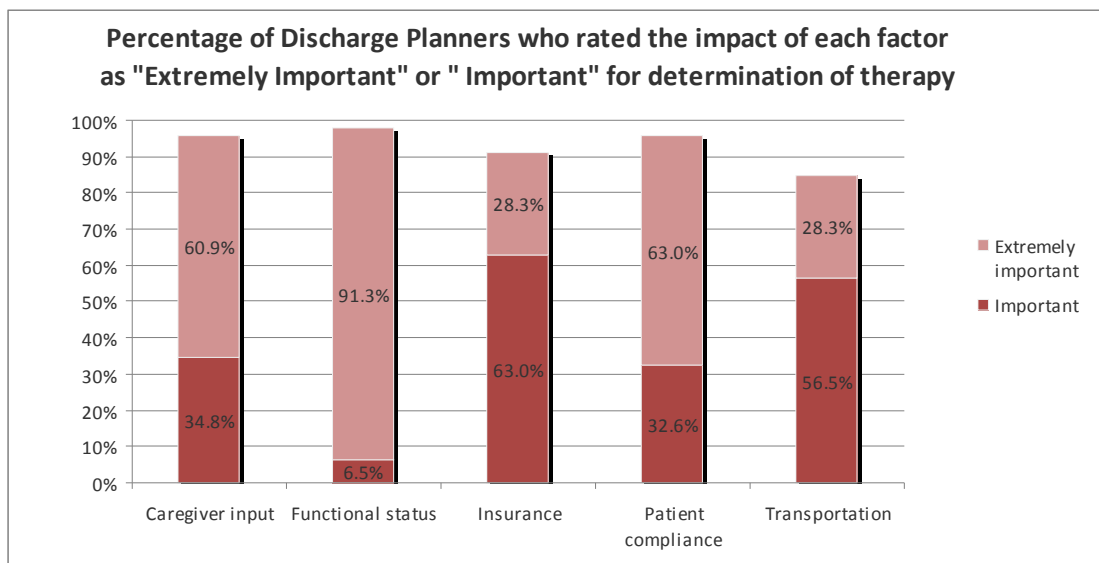
- Home health provides a variety of services including physical therapy (98%), occupational therapy (94%), nursing (92%), and home health aides (85%).

Summary

- Most rehabilitation services are available to those patients discharged home. However, the service least likely to be available is Speech Language Pathology. Also, this is largely dependent on the location of the patient.
- The caregivers of stroke survivors are also assessed for Understanding Stroke Warning Signs (96%), Providing Activities of Daily Living (96%), and Managing symptoms and deficits (91%). They are least likely to be assessed for finances, behaviors and risk factor management.
- The availability of stroke support groups is almost evenly split with 49% of hospitals responding having one and 51% not having a stroke support group.
- Almost three-quarters of discharge planners do not receive follow up information about the stroke survivor post discharge (72%).

Insurance Issues

Graph 3



- All the factors were highly rated for impacting determination of therapy for stroke patients by the respondents. The top rated categories were functional status (97.8%), Caregiver input (95.7) and



Patient compliance (95.7%). Functional status refers to the patient's ability to perform basic functions independently.

- Discharge planners estimate that 39% of patients that would best be managed in an inpatient rehabilitation facility are directed to another level of care due to insurance issues. Not all patients discharged from acute care are able to tolerate 6 hours of therapy, as required by inpatient rehabilitation, until a later date. However, often insurance, particularly Medicare, will not pay for the rehabilitation without an acute care stay immediately prior.
- When asked what would improve the discharge/recovery process for stroke patients, several noted stroke support groups. A few also mentioned improved insurance coverage, including in-home care be covered, an extension in the number of days insurance is willing to pay, as well as faster approval for services from insurance companies, and insurance companies following the physician's request for inpatient/sub acute rehabilitation services.
- 64% of respondents believe that the economic downturn had an impact on the kinds of services/providers available to their patients. They reported cuts in federally funded programs, losing insurance coverage, home health agencies tightening up their territory and will not go out into remote areas as much. This poses a problem for those that live out in the country, waiting lists for services, and more people going home and cared for by family instead of going to a skilled nursing facility or assisted living.