

Integrated Stroke Unit

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**Brockville
General Hospital**

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- ISU patients
 - Types of CVAs & volumes
 - Benefits
 - Disposition options
 - Discharge process
 - Follow-up post-acute stroke
- ER patients



Integrated Stroke Unit

- Opened on October 12, 2021
- 12-bed unit
- Supported by a skilled multidisciplinary team including stroke coordinator, SW, PT, OT, SLP, RNs/RPNs





Who is admitted?

- Acute CVA outside window for TNK or EVT
- High-risk TIA

From where?

- Admission from Brockville ER
- Direct admission from P/SF ER
- Patients from tertiary care who have received hyperacute interventions and require ongoing ISU care



- **Volume of stroke admissions:**
 - 187 total
 - Ischemic: 143
 - Haemorrhagic: 14
 - High-risk TIA: 30
 - 143 patients from BGH and 44 patients from PSFDH



Benefits of an ISU

- Reduced morbidity and mortality
- Reduced complications



- Staffing
- Communication
- Investigations
- Management




Post acute stroke care

- Transition to inpatient Rehab within ISU
- Discharge home
- If from P/SF area: repatriation for ongoing medical care & Rehab, if appropriate



ALPHA-FIM

 **AlphaFIM[®] Instrument for Stroke**

What is it?

AlphaFIM[®] Instrument

- Standardized method of assessing patient **disability/functional status** in the acute care setting
- Consists of six items that can be reliably collected in acute care
- Facilitates the transfer of patients from acute care to rehabilitation by using common language

AlphaFIM[®] Components

6 items are rated:

MOTOR

- Toilet Transfer
- Bowel Management

If patient walks 11M feet: **3. Eating** *If patient walks 11M feet:* **3. Walking**

- Grooming
- Bed Transfer

COGNITION

- Expression
- Memory

Rating Method:

7 - Complete Independence (timely, safety)	No helper
6 - Modified Independence (device)	
5 - Supervision	Helper
4 - Minimal Assist (Subject > 75%)	
3 - Moderate Assist (Subject = 50 - 74%)	
Complete Dependence	
2 - Maximal Assist (Subject = 25 - 49%)	
1 - Total Assist (Subject < 25%)	

Triage Guidelines*

AlphaFIM [®] Rating	Recommended Referral
Mild > 60	Community-based rehabilitation
Moderate 40 to 60	Inpatient rehabilitation
Severe < 40	Restorative care with regular assessment for rehab potential

Who Completes it?

Acute Care Allied Health and Nursing Assessors must be credentialed, but all team members may be consulted for information gathering.

When: Day 3 post admission

Benefits

- Utilize a common language for functional status and rehabilitation needs
- Provide objective data regarding disability and stroke severity
- Facilitate transfer of information to inpatient stroke rehabilitation
- Help make decisions regarding discharge from acute care
 - amount of help needed
 - best destination

What it Provides:

- Standardized Measure of Stroke Severity and Function
- Motor and Cognitive rating
- Projected FIM[®] ratings*
- Help Needed (in hours per day)

*AlphaFIM[®] rating is only one component for consideration in discharge planning.

Further AlphaFIM[®] info:

For further information on the AlphaFIM[®] Instrument please contact the Ontario Stroke Network at:
www.ontariostrokecentre.ca
 or
info@ontariostrokecentre.ca

*Functional Independence Measure (FIM) is an 18 item functional status measure used in inpatient rehabilitation. AlphaFIM[®] and FIM are trademarks of Uniform Data System for Medical Rehabilitation, a division of US Foundation Activities, Inc. December 2012



Acute to Rehab

- FIM 40-80 (moderate)
- FIM < 40 (severe): trial of Rehab vs CMM
- 31.1% are transitioned to the BGH Rehab unit

Acute to Community

- FIM > 80 (mild)
- Community-based Rehab via HCCSS
- Consider pre-home OT assessment
- Referral to peer stroke support
- *P/SF: day hospital

Rehab to Community

- HCCSS referral
- Consider pre-home OT assessment
- Referral to peer stroke support



Discharge from ISU

- Review FAST/911 and other resources
- Medication review
- Personalized discharge checklist

Discharge Plan Checklist

During your admission you had Social Work support from me **Natalie Aitken MSW /RSW**. If you have a question for me I can be reached at the hospital at 613-456-5649 ex 52224.

Recommended Services

SELHIN Home and Community Care 1-800-267-6041 ☒

Your care team recommended you be assessed for the following services: Occupational Therapy, Physiotherapy, Speech Language Pathology, Rapid Response Nurse, Wound Care Nursing, Social Work and Personal Support Worker. Equipment: over the toilet commode, 4WW.

Community Primary Health Care: Peer Stroke Support ☒

During your stay here you met Jennifer from CPHC. She runs Peer Stroke Support and the Adult Day Program. Their number is (613) 342-4076. They will phone you in 1-2 weeks to review the supports they offer.

Stroke Prevention Clinic (Brockville General Hospital) 613-345-5649 ext. 51257. This outpatient clinic will phone you to book a follow up appointment in the next 1-2 months.

Urology – during your stay you were referred for follow up with Dr. Roberts. This clinic will phone you to book a follow up appointment.

You are encouraged to contact your family doctor and book a follow up appointment in the next 7 to 10 days to have an appointment.

Reminders Before Discharge:

- Review discharge medications with your nurse
- Review follow-up appointments with your nurse
- Understand any activity limitations/ what symptoms should I watch for



Discharge from ISU

- MD discharge summary includes results of investigations, medications initiated, driving, etc
- Include instructions for any FP follow-up; Holter results, antiplatelet therapy, anticoagulation

Assessment/Plan: []

1. CVA:

- Etiology: []
- Deficits: []
- Antiplatelet: []
- Anticoagulation: (if indicated)
- Hypertension: []
- Dyslipidemia: LDL []
- HbA1C: []
- Arrhythmia screening: [indicate if follow-up required]
- Vascular imaging: []
- Driving: [MTO Report Sent – yes/no?]
- Community referrals: []
- SPC/VPC follow-up



Patients discharged from ER

- Low-risk TIA not needing admission



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Peter Langhorne; The Stroke Unit Story: Where Have We Been and Where Are We Going?. *Cerebrovasc Dis* 1 December 2021; 50 (6): 636–643. <https://doi.org/10.1159/000518934>)

Lo A, Tahair N, Sharp S, Bayley MT. Clinical utility of the AlphaFIM® instrument in stroke rehabilitation. *Int J Stroke*. 2012 Feb;7(2):118-24. doi: 10.1111/j.1747-4949.2011.00694.x. Epub 2011 Nov 22. PMID: 22103839.



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Thank You!

