

## Referral to Stroke Rehab

### FAST TRACK and Regular Referral Quick Reference

*Referral and Transfer of patients to Stroke Rehabilitation is a best practice process shared between patients/families and the KHSC and PCH teams providing their care.*

#### Key Acute Stroke Care Activities that contribute to rehabilitation referral decision:

- Ensure stroke patients are admitted to the stroke unit
- Access to Rehabilitation Professionals (PT, OT and SLP) within 24 hours of admission
- Begin mobilization early (unless contraindicated)
- Provide early stroke rehabilitation during acute stay
- Complete the Alpha FIM® on or by Day 3 to help with triage for rehabilitation
- Provide patient and family education, including rehabilitation referral/rationale etc.

#### Joint Referral and Transfer Process

- ✓ KHSC team to determine rehabilitation readiness (by Day 4) (if not yet ready - reassess weekly at minimum and consider later referral)
- ✓ When they are deemed rehab ready – the KHSC team has responsibility to confirm patient meets Fast Track criteria (see below) and is ready to transfer as early as same day
- ✓ If yes – follow Fast Track, if no – refer to “Regular Rehab Referral” information (see page 2)

### FAST TRACK CRITERIA

Patients should have the following characteristics:

1. **Alpha FIM 60+ \***
2. **PT/OT Assessment complete** (SLP may vary based on patient needs)
3. Acute stroke team considers patient a **rehab candidate** (see criteria on PCH referral form – team anticipates tolerating 1 hour of therapy and reasonable sitting tolerance)
4. **Medically Managed:** vitals stable, plan /treatment for acute medical issues in place
5. **Patient is admitted under Stroke Neurology.**
6. If have **NG tube** – SLPs have already connected and a plan in place
7. **Discharge plan** has been considered and is relatively clear at time of referral

(\*with some exceptions based on clinical presentation)

**Fast Track Process DOES NOT change rehab received – only the process to refer and accept**

**Data Collection and Process Monitoring:** Fast Track Referral Type, Alpha FIM and KHSC Admission date added in PCH referral tracker to be captured on ALL stroke rehab referrals. Report has been developed to monitor the rehab referral processes.

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Fast Track	Regular Stroke Rehab Referral
<ul style="list-style-type: none"> <li>✓ KHSC SSCM checks off Fast Track on referral</li> <li>✓ Additional notes to be sent with completed PCH Rehab Referral form: <ul style="list-style-type: none"> <li>○ <i>therapy assessment and/or most recent note (PT and OT, SLP as appropriate)</i></li> <li>○ <i>stroke management form –completed by neurology/medical team</i></li> </ul> </li> <li>✓ KHSC SSCM notifies PCH by email when sending</li> <li>✓ PCH ACT Specialist reviews for completeness (<b>NO ONSITE VISIT</b> to see the patient/chart/team)</li> <li>✓ Critical patient information related to admission shared with unit</li> <li>✓ Patient placed directly on “ready to admit” list (target 4 business hours from referral)</li> <li>✓ Full Referral Package sent to Stroke Rehab Team members (no ACT Specialist summary)</li> </ul>	<ul style="list-style-type: none"> <li>✓ KHSC SSCM checks off CVA Rehab on referral</li> <li>✓ Additional notes to be sent with completed PCH Rehab Referral: <ul style="list-style-type: none"> <li>○ <i>therapy assessment and/or most recent note (PT and OT, SLP as appropriate)</i></li> </ul> </li> <li>✓ PCH ACT Specialist reviews for completeness, gathers additional information and <b>determines need for ONSITE visit</b> for chart review, face to face patient assessment and/or team follow up</li> <li>✓ PCH ACT Specialist completes and shares assessment summary with PCH physicians for admission decision</li> <li>✓ Physician confirms acceptance of patient; may or may not include conversation with KHSC team physicians for clarifying medical concerns.</li> <li>✓ Patient placed on “ready to admit” list (target 3 business days from referral)</li> </ul>
<p><b><i>All rehab referrals share the same patient transfer processes and communication including clinical handoff between teams (with the addition of Stroke Management form)</i></b></p>	
<ul style="list-style-type: none"> <li>✓ Decision communicated to KHSC Stroke Unit</li> <li>✓ KHSC Team inform patient of acceptance and when bed becomes available</li> <li>✓ <b>Stroke Management form</b> completed by neurology/medical team and faxed directly to rehab unit, placed on rehab patient chart (<i>Note: Fast Track process – this is sent with referral</i>)</li> <li>✓ Patient transfers based on bed availability (pending wait list of accepted patients)</li> <li>✓ KHSC Team hand off care to PCH Team as per usual transfer process</li> <li>✓ KHSC chart travels with patient to PCH for team to review during admission process</li> </ul> <p style="text-align: center;"><b><i>Stroke Inpatient Rehabilitation Begins!</i></b></p>	

**For support or questions with the stroke rehab referral process please contact:**

**KHSC** – Stroke Specialist Case Manager (SSCM) – 613 549 – 6666 x 7135 or 2830

**PCH** – Patient Flow Coordinator 613 544 4900 x 60507 or Patient Flow Manager 613 544 4900 x 53073

**Looking for more information:**

- Detailed Process Maps available (ask your site contact)
- Patient is made ALC – Rehab at time of Referral (see SSCM for details)
- Please see [Fast Track Project Report](#) for initial project results.