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Rehabilitation Transforming Healthcare

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Title: **Filling in the Gaps: A Regional Stroke Team Approach**

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Abstract:

Purpose: The purpose of this presentation is to describe the innovative model of care employed by the interprofessional Regional Stroke Team – North and East GTA to promote stroke recovery and community re-integration for stroke out-patients. **Relevance:** This model of service delivery is relevant to the practice of rehabilitation because it promotes a flexible, interprofessional and holistic approach to stroke care. It suggests that gaps continue to exist in our current continuum of services to stroke survivors and that these gaps can be filled by a regional stroke team, thereby improving function and promoting participation in life activities for stroke survivors. **Methods/Materials/Principles:** The Regional Stroke Team – NEGTA accepts referrals for stroke out-patients from a variety of physician sources. Using an interprofessional assessment battery which is based on best practice guidelines, the team develops an individualized and holistic care plan for each patient to maximize the person's potential to recover and integrate into community life. The range of interventions provided will be described and include: education/counseling, referral to inpatient or outpatient rehabilitation facilities, time-limited direct treatment from the RST PT/OT/SLP/dietician, AAC assessment, and assistance in establishing linkages with community programs. The expediting of referrals to specialty programs will also be outlined, including a description of team's direct link to the following: seating clinic, spasticity clinic, gait and balance clinic, Lifestyle Management Program and Learner-centred Training for Spouses of Adults with Aphasia program. **Analysis:** Patient information was analyzed over a two-year period. Quantitative data included demographic patient information and outcomes following RST involvement. Data were also reviewed informally to identify patient trends and needs. **Results:** Results of analyses will be presented, including: 1) Description of the two major categories of patients who were identified as "falling between the cracks" in the stroke system. Ways in which the RST fills the gap for these types of patients will be presented with case study examples. 2) A brief description of the benefits of expedited referrals to specialty clinics will be outlined. **Discussion:** This Regional Stroke Team model of care is innovative in that the interprofessional team uses a flexible and person-centred approach to identify and manage gaps in care for the stroke patient living in the community. Preliminary data suggest that this is an effective and economical model of care. **Conclusions:** The implications of the above results will be discussed. Ways to minimize the likelihood of patients "falling between the cracks" will be discussed as well as ways to improve communication among acute care, rehabilitation, and community stroke programs.