

It's rarely just a stroke...

Defining Complexity in Stroke Rehabilitative Practice

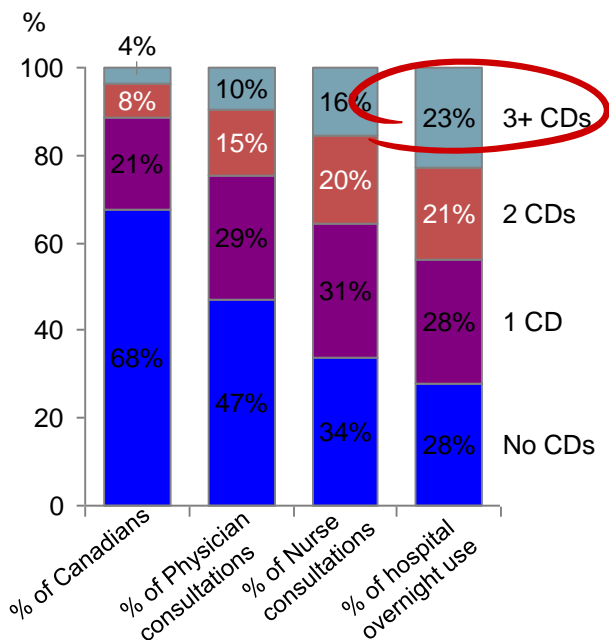
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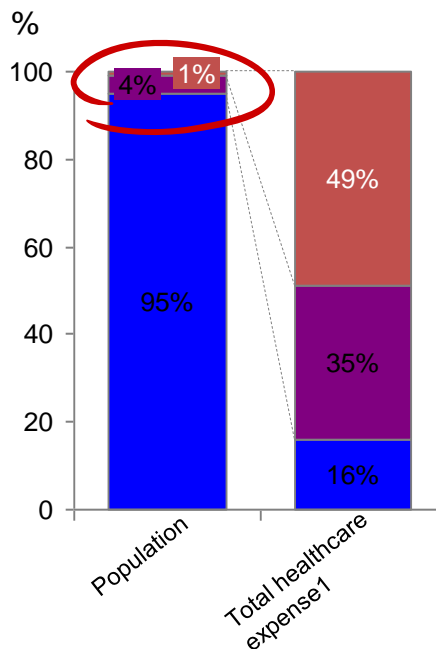
Complex health problems drive the majority of health service encounters in Ontario

Complex chronic disease patients use up to a quarter of healthcare capacity...



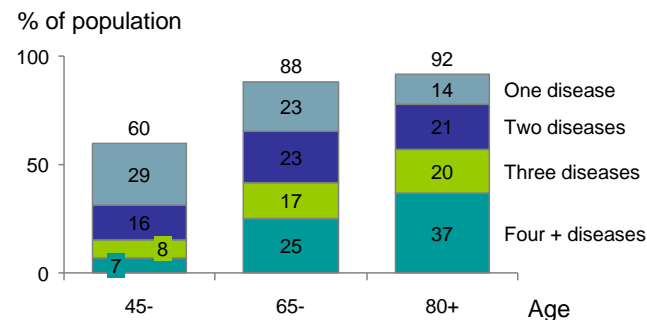
~25% of hospital stays from complex chronic conditions

... and over 50% of healthcare cost...



1% of the population drives 49% of healthcare costs and 5% drives 84%

In Ontario 60% of persons > 65 are living with three or more chronic conditions



Every health service provider encounters health complexity on a daily basis

1. Annual data

Source: Healthcare quarterly "Population patterns of chronic health conditions, co-morbidity, and healthcare use in Canada (2008)", OHA-OACCAC-OFCMHAP "Ideas and Opportunities for Bending the Health Care Cost Curve (2010)", CIHI "The Cost of Hospital Stays (2008)"

Multiple Chronic Diseases

Social Factors

Multimorbidity

Complex Chronic Disease

Pluripathology

**Bio-psycho-
social**

Complex Chronic Illness

Complexity

**Complex
Diabetes**

Social vulnerability

Co-morbidity

Frailty

Polypathology

SO

what is

‘complexity

(in stroke rehab)’ ?

Physical/Functional Factors

Severity of stroke
Need specialized care
Co-morbidities
Cognition, aphasia, dysphagia
Depression
Pain
Mobility impairments
Medication management

Social Support

Community Support
Family support

System Factors

Disconnect between services
and sectors
Inclusion and exclusion criteria
of other programs
Push to quicker discharge
Decreasing length of stay

Personal Characteristics

Personality/attitude
Personal confidence
Self-efficacy
Motivation
Coping skills

Psycho-social Factors

Education level/literacy
Transportation options
Financial situation
Access to community
services
Discharge setting
Housing situation

Complexity is 'the norm'



System Factors

Disconnect between services and sectors

Inclusion and exclusion criteria of other programs

Push to quicker discharge

Decreasing length of stay

“For me - complexity is really connected to the push to get patients discharged faster, especially if their recovery has not been moving as fast as we need it to be” (FG2)

“there is a systems thing that contributes to complexity... we have certain guidelines that are in place. And in terms of lengths of stay – there is a system pressure to get people moved along quicker...” (FG4)

What?

**STROKE & COMPLEXITY
RESEARCH PROGRAM**

Now what?

So what?

