Experiences with using a modified Blaylock Discharge Planning Risk Assessment Screening Tool (BRASS) to predict discharge needs and facilitate timely community transitions for stroke patients in a high-intensity rehab setting
Purpose

To find a tool or measure that could aid with early identification of patients at risk for delayed discharge or those likely to have difficulty transitioning back to the community

– Decrease our ALC days
– Positively impact length of stay targets
– Optimize management of patients with complex needs
Our Initiative

Blaylock Discharge Planning Risk Assessment Screening (BRASS) is a pre-transition tool that focuses on discharge planning risks

• Tool areas of focus:
  – Age & living situation
  – Functional status & mobility
  – Active medical problems
  – Cognition & Behaviour
  – ER/Hospital admissions & Sensory deficits
  – Active medical problems & medications
Results – Risk Factor Index

- Low (Score ≤ 10): 12%
- Moderate (Score 11-19): 53%
- High (Score ≥ 20): 35%
Low Risk – Discharge Destination

- Home: 12 patients
- LTC: 0 patients
- Retirement Home: 0 patients
- Other: 0 patients

0% stayed over target
Moderate Risk – Discharge Destination

- Home: 50
- LTC: 0
- Convalescent Care: 0
- Other: 0

25% stayed over target

# of patients
High Risk – Discharge Destination

- Acute
- Supportive Housing
- LTC
- Convalescent Care
- Retirement Home
- Home

35% stayed over target

# of patients
Swallowing and/or Communication Impairments

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Communication</th>
<th>Swallowing</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>18</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>High Risk</td>
<td>14</td>
<td>7</td>
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Take Away Message

• Assessment screening tools have the potential to aid discharge planning

• In a rehab environment the majority of patients score as moderate or high risk on the BRASS
Next Steps – 3 Possibilities!

1. Further modification of the BRASS tool
2. Identification of an alternative tool, preferably more stroke specific
3. Team to create own risk assessment tool
Acknowledgments & Contacts

- Special thanks to the Inpatient Stroke rehab team at TRI!

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Appendix: References


