



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

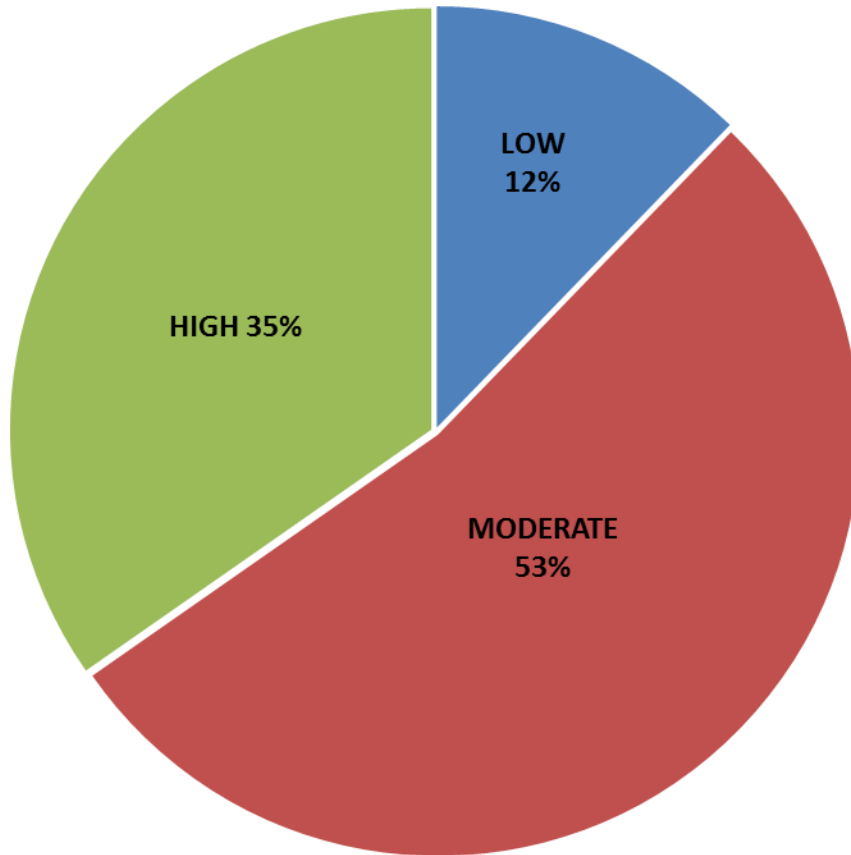
Our Initiative

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

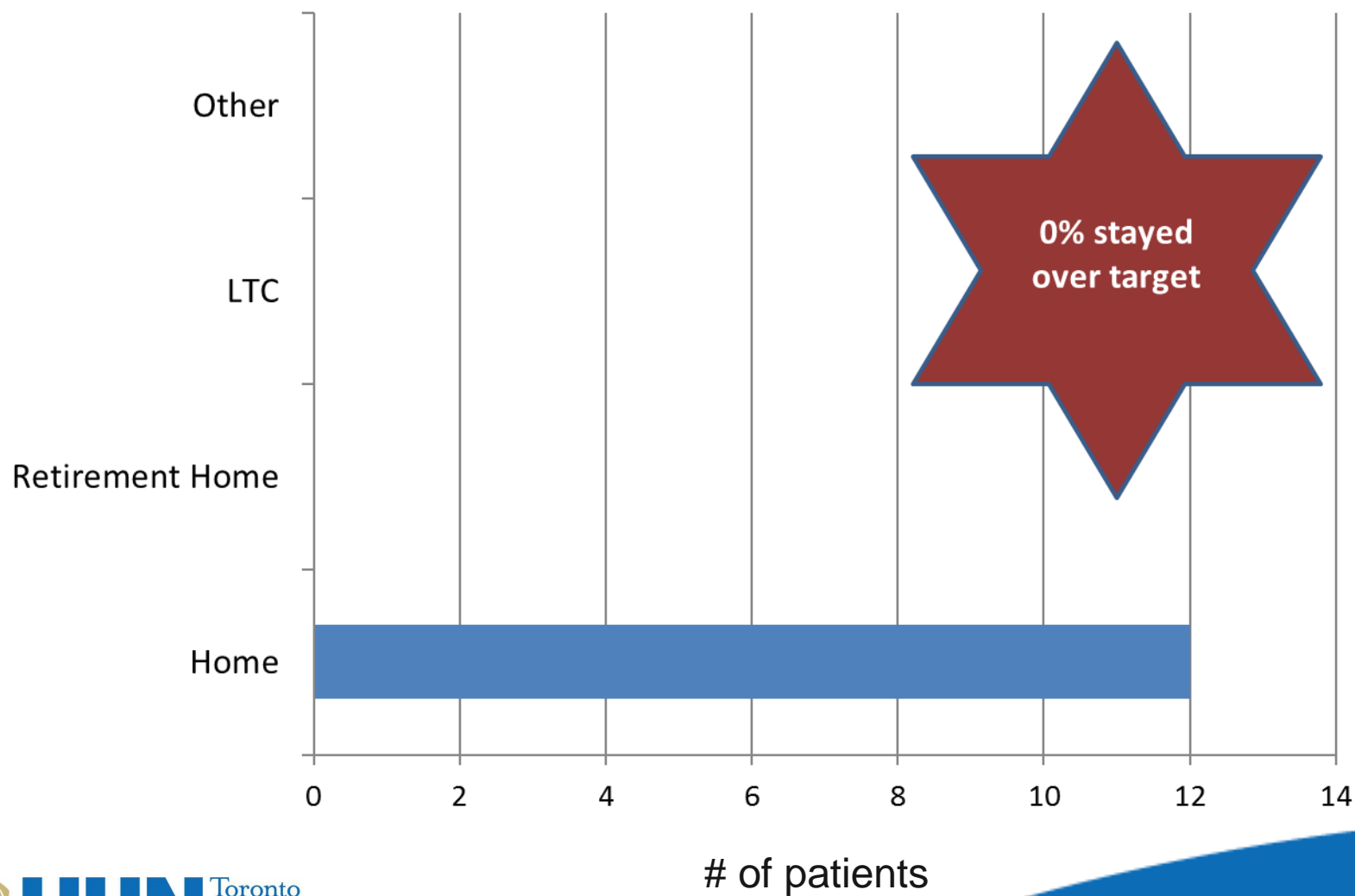


■ Low (Score \leq 10)

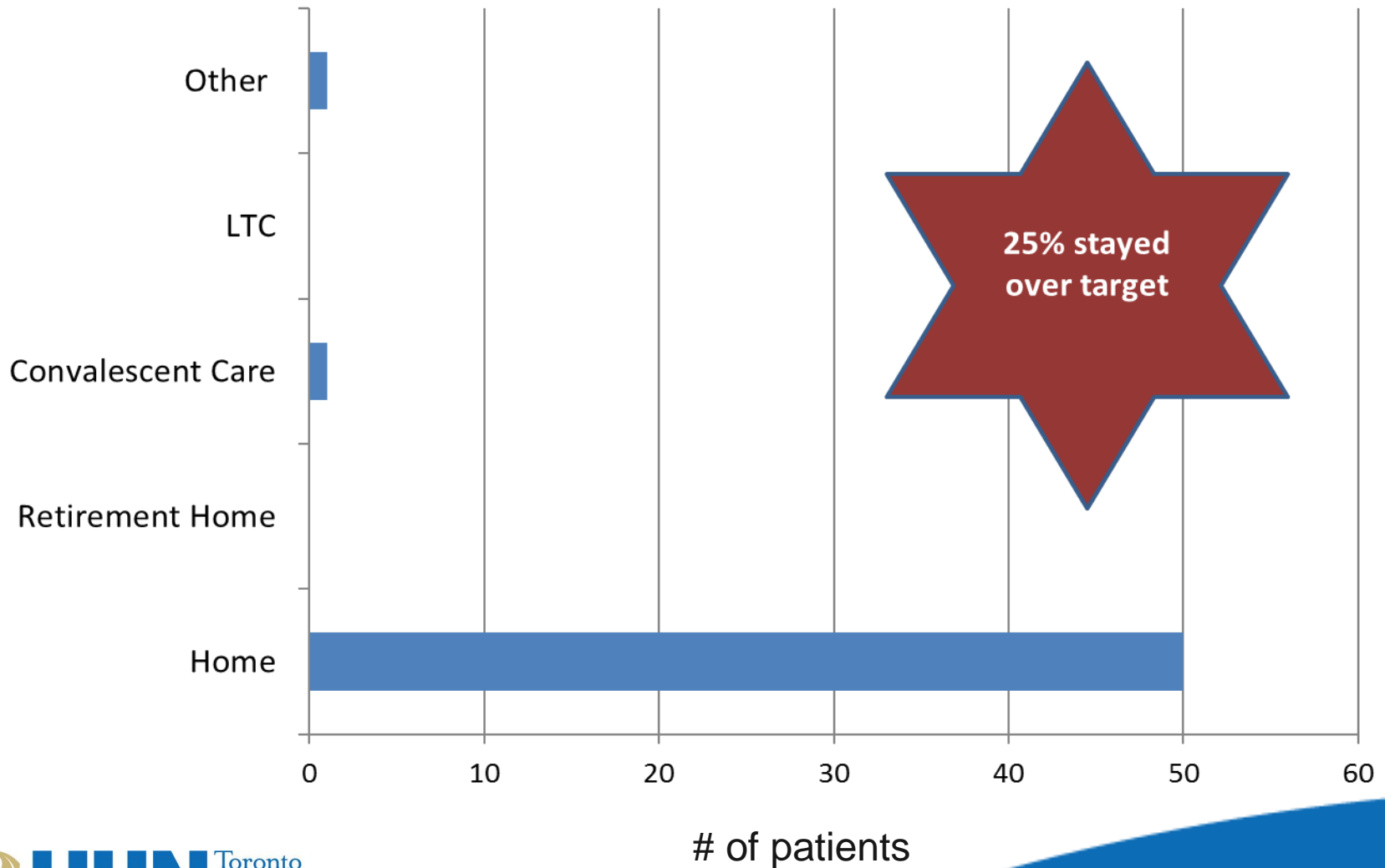
■ Moderate (Score 11-19)

■ High (Score \geq 20)

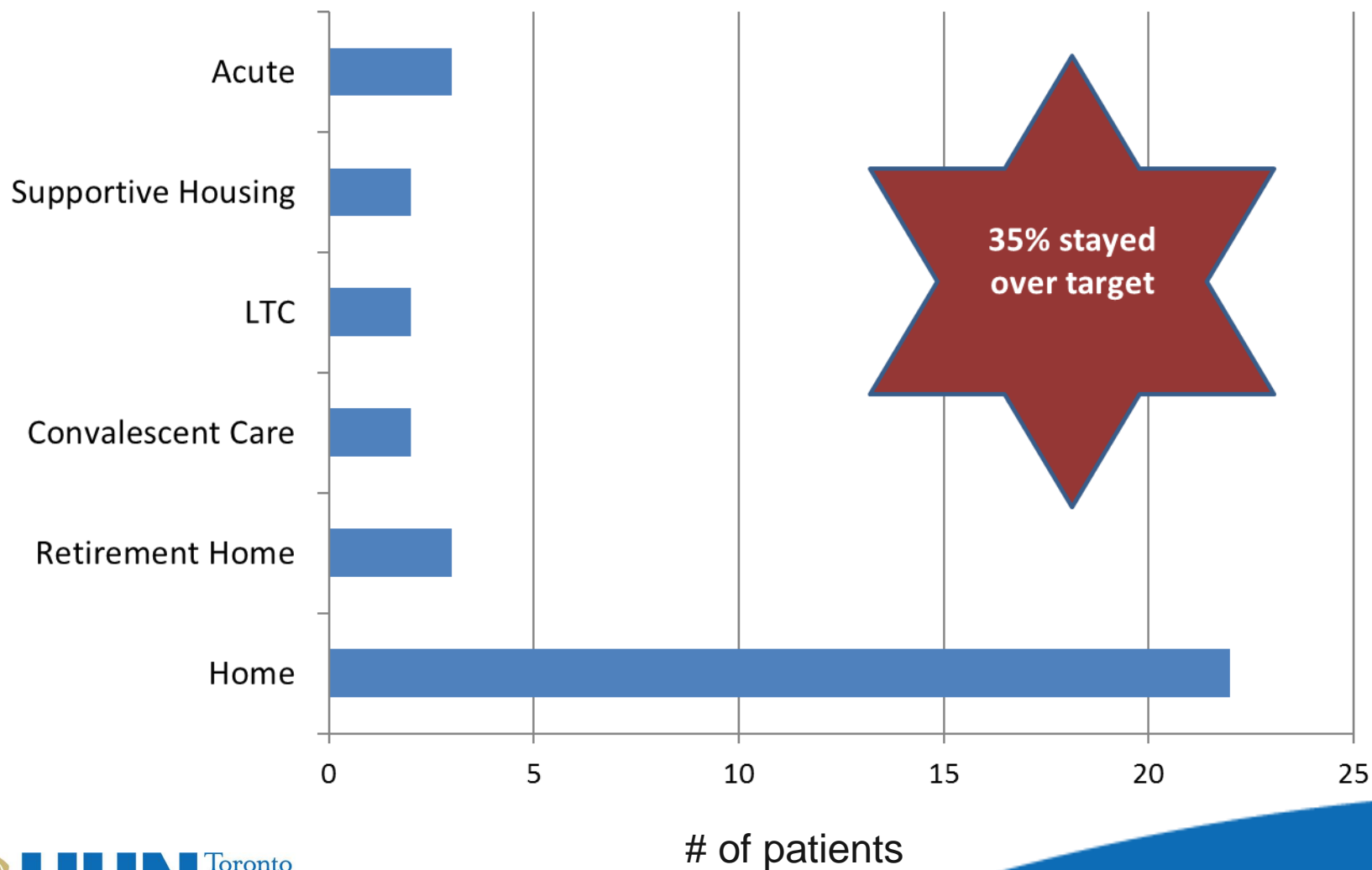
Low Risk – Discharge Destination



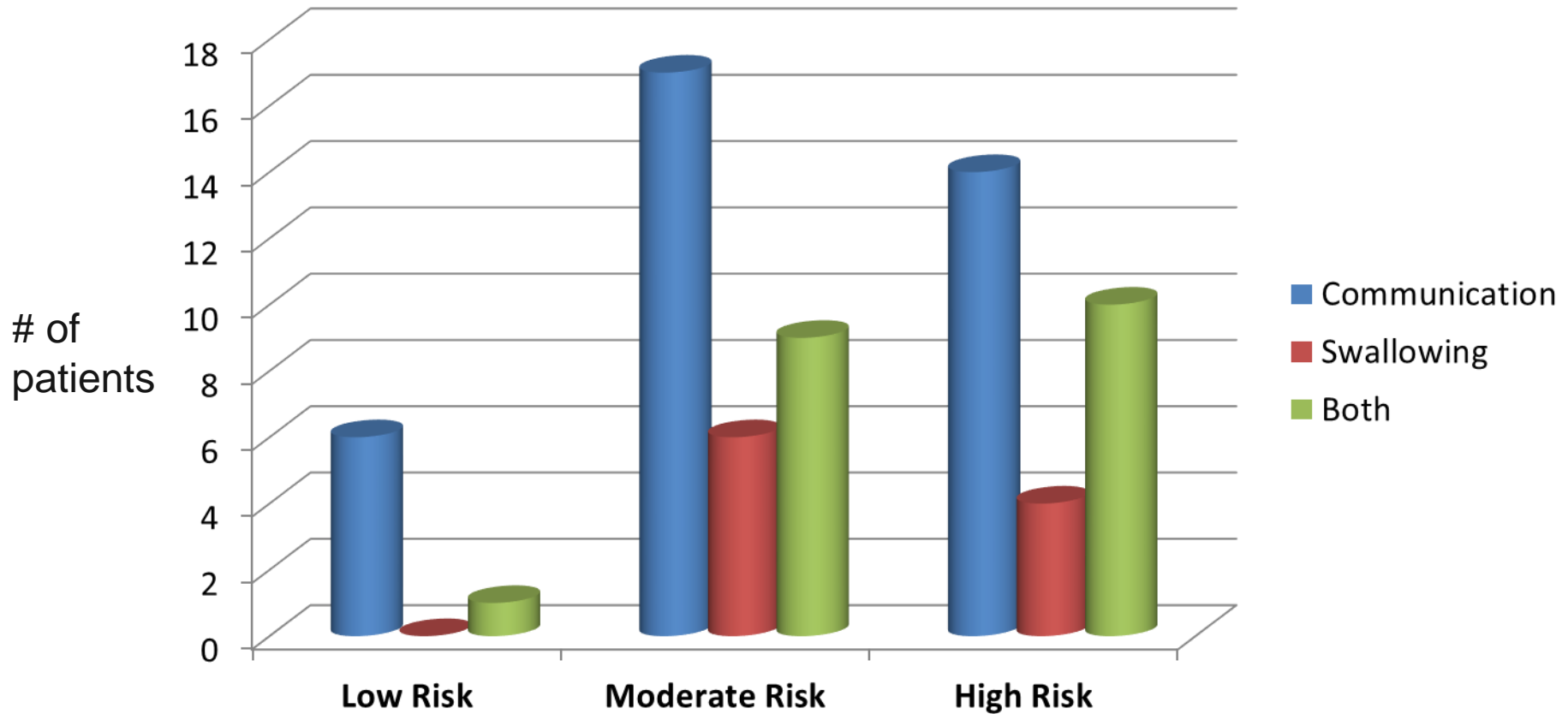
Moderate Risk – Discharge Destination



High Risk – Discharge Destination



Swallowing and/or Communication Impairments



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

Blaylock, A. Carson, C. (1992). Discharge Planning: Predicting Patients' Needs. *Journal of Gerontological Nursing*, 18(7), 5-10. <https://www.ncbi.nlm.nih.gov/pubmed/1629535>

Cunic, D., Lacombe, S., Mohaier, K., Grant, H., Wood, G. (2014). Can the Blaylock Risk Assessment Screening Score (BRASS) predict length of hospital stay and need for comprehensive discharge planning for patients following hip and knee replacement surgery? Predicting arthroplasty planning and stay using the BRASS. *Canadian Journal of Surgery*, 57(6), 391-397. doi: [10.1503/cjs.024113](https://doi.org/10.1503/cjs.024113)

Health Quality Ontario. (date unknown). Adopting a Common Approach to Transitional Care Planning: Helping Health Links Improve Transitions and Coordination of Care. Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/health-links/bp-improve-package-traditional-care-planning-en.pdf>

Mistiaen, P., Duijnhouwer, E., Prins-Hoekstra, A., Wynand, R., & Blaylock, A. (1999). Predictive validity of the BRASS index in screening patients with post-discharge problems. *Journal of Advanced Nursing*, 30(5), 2050-2056. <https://www.ncbi.nlm.nih.gov/pubmed/10564403>