

BOX ONE: Eligibility and Admission Criteria for Stroke Rehabilitation

DETERMINING IF A PATIENT IS A CANDIDATE FOR REHABILITATION

The following criterion has been developed as part of the Canadian Stroke Best Practice Recommendations to provide guidance and increase consistency on key elements that should be considered in decision-making regarding stroke rehabilitation for individual patients. Criteria for access to rehabilitation services should be agreed upon by all relevant stakeholders in each region, be clearly stated and communicated to all referral sites to improve patient access and admission to stroke rehabilitation programs in an efficient and transparent manner. This applies to all rehabilitation settings, including inpatient rehabilitation, out-patient and community-based rehabilitation, and home-based rehabilitation.

General Inclusion Criteria for Stroke Rehabilitation

- All acute or recent stroke patients (less than one year post-stroke) **or** patient greater than one year post stroke who requires:
 - inpatient or outpatient interprofessional rehabilitation to achieve functional goals that will prevent hospital admission and/or improve independence;
 - interdisciplinary rehabilitation assessment, treatment, or review from staff with stroke experience/expertise (including disciplines such as physical therapy, occupational therapy, speech-language pathology, nursing, psychology, and recreation therapy);
 - and whose stroke etiology and mechanisms have been clarified and appropriate prevention interventions started.
- The patient is **medically stable**:
 - A confirmed diagnosis of stroke has been identified, although the mechanism or etiology may not be initially clear, such as in cryptogenic stroke; these situations should not cause delays in access to rehabilitation;
 - all medical issues and/or co-morbidities (e.g. excessive shortness of breath, and congestive heart failure) have been addressed;
 - at the time of discharge from acute care, acute disease processes and/or impairments are not precluding active participation in the rehabilitation program;
 - patient's vital signs are stable;
 - all medical investigations have been completed **or** a follow-up plan is in place at time of referral and follow-up appointments made by time of discharge from acute care.
- The patient demonstrates at least a minimum level of function, which includes:
 - patient has the stamina to participate in the program demands/schedule;
 - the patient is able to follow at minimum one-step commands, with communication support if required;
 - the patient has sufficient attention, short term memory, and insight to progress through rehabilitation process.
- Patient demonstrates by their post-stroke progress the potential to return to premorbid/baseline functioning **or** to increase in post-stroke functional level with participation in rehabilitation program.
- Goals for rehabilitation can be established and are specific, measurable, attainable, realistic and timely.
- The patient or substitute decision-maker has consented to treatment in the program and demonstrates willingness and motivation to participate in the rehabilitation program (Exceptions: patients with reduced motivation/initiation secondary to diagnosis e.g. depression).

- Patient **is ready to participate in rehabilitation**:
 - patient meets the criteria of medical stability as defined in guideline above;
 - patient is able to meet the minimum tolerance level of the rehabilitation program as defined by its admission criteria;
 - there are no behavioural issues limiting the patient's ability to participate at the minimum level required by the rehabilitation program.

General Exclusion Criteria for Stroke Rehabilitation

- Severe cognitive impairment preventing patient from learning and participating in therapy;
- Patient already receives treatment elsewhere and needs are being met;
- Behaviour is inappropriate putting self or others at risk (i.e. aggressive, etc.);
- Terminal illness with expected short survival;
- Not willing to participate in program.

DETERMINING IF A PATIENT IS A SUITABLE CANDIDATE FOR OUTPATIENT REHABILITATION:

- Patient meets the criteria for rehabilitation candidacy, medical stability, and rehabilitation readiness as defined above.
- The patient's current medical, personal care, or rehabilitation needs can be met in the community
- The patient can attend therapy alone or if assistance is required (i.e., for feeding or toileting) a caregiver is available to attend therapy sessions.
- The patient is able to tolerate, and organize their own transportation (where necessary) to and from the program. People with communication limitations such as aphasia may require assistance with transport organization.

Characteristics to Consider in Planning Rehabilitation of Stroke Patients

Stroke Characteristics:

- Initial stroke severity
- Location, etiology and type of stroke (ischemic versus hemorrhagic)
- Functional deficits and functional status – using FIM ® Instrument, Barthel Index, Rankin Score, and/or Alpha FIM ® Instrument scores
- Types of therapy required based on assessment of deficits (e.g., OT, PT, SLP, and others as required)
- Cognitive status – patient is able to learn and actively participate in rehabilitation
- Time from stroke symptom onset.

Additional Patient Characteristics:

- Medical stability
- Rehabilitation goals can be identified by patient and/or health care team in order to increase independence in all activities of daily living. Some examples of goals may include: transfer unassisted, walk independently with aids, use involved arm, improve communication skills, and provide personal self-care
- Adequate tolerance and endurance to actively participate in stroke rehabilitation therapy
- Age and pre-stroke frailty
- Existing co-morbidities such as dementia, palliative care status for another medical condition/terminal illness

- Caregiver availability for patients with severe impairment is important

System Characteristics:

- Efficient referral process for rehabilitation.
- Rehabilitation professionals knowledgeable about stroke should be responsible for reviewing intake applications.
- Family members and informal caregivers should be included as part of the rehabilitation process, including decisions regarding inpatient and/or outpatient rehabilitation.
- Standards for time from receipt of referral to decision regarding intake (suggest 24-48 hours).
- Available services and resources at different inpatient rehabilitation sites within a geographic region; types and levels of rehabilitation services available at those sites.
- Presence of an early supported discharge (ESD) program and criteria for patient appropriateness for ESD.