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NATIONAL STROKE NETWORK

TRANSITIONS IN STROKE REHABILITATION

This document highlights the needs and experiences of people with stroke & family/whānau. It makes suggestions & recommendations for services and heath professionals to support optimal transitions of care.

TRANSITIONS FROM ACUTE STROKE TO LIVING WELL WITH STROKE

Person with stroke

WHAT WILL HAPPEN TO ME?
WHAT WILL MY LIFE LOOK LIKE?

Family / whānau of person with stroke

WHAT WILL HAPPEN TO US?
WHAT WILL OUR LIFE LOOK LIKE?

Rehabilitation practitioners

WHO IS THIS PERSON / LIFE ROLE?
WHAT MATTERS TO THEM?

Stroke Service

WHAT SERVICES /INTERVENTIONS ARE NEEDED TO SUPPORT SMOOTH TRANSITIONS OF CARE

ACUTE STROKE

Person with stroke
- Feeling shock, grief, fear, uncertainty, hope for normality, early response to loss

Family / whānau of person with stroke
- Feeling shock, grief, fear, loss, uncertainty, hope for normality

Rehabilitation practitioners
- Get to know the person and their family – who they are, what matters to them
- Aim for kind, clear consistent communication about their condition, progress and future
- Recognise the affect stroke is having on them
- Ensure cultural awareness & safety

Stroke Service
- Timely transitions between services (settings and providers)
- Clear information flow between services. Care pathways
- Clear communication and resources to help people understand recovery & services

INPATIENT REHABILITATION

Person with stroke
- Realising impacts of stroke – financial, emotional, functional etc
- Worrying about the future and what it might look like. Hope and uncertainty
- Seeking confidence / support to do more
- Focusing on regaining function and getting home
- What I need to do and what I want to do

Family / whānau of person with stroke
- Preparing for discharge and what it will bring about Experiencing new and changed roles
- Concerns about the future
- Uncertainty about what will happen
- Sense of 'ambiguous loss' for the person and relationship that existed pre-stroke
- Confidence to allow person with stroke to do more
- Making space to attend to their own wellbeing and relationships
- Finanicial worries

Rehabilitation practitioners
- Identify and focus on outcomes that matter to the patient/family/whānau
- Provide skilled, evidence-based, person-centred care at the appropriate intensity
- Consider psychosocial wellbeing. Proactively share knowledge about recovery and life after stroke so people know what to expect
- Support patients toward independent decision making including well-judged risk-taking & self-management
- Involve patient & family in rehab discharge planning. Provide education & strategies to support self-management & to equip people to live well after discharge
- Trial home visits
- Offer training & opportunities for practice (in natural contexts)
- Connect with support services & home-based rehab providers
- Transitions of care plans that include patient/family priorities, strengths, potential, details of ongoing rehab & support providers
- Incorporate a whānau ora approach

Stroke Service
- Resource services to enable staff to provide appropriate intensity in fit-for-purpose facilities
- Ensure the rehabilitation environment fosters participation & recovery over 24 hours
- A skilled comprehensive team with connections to acute & community-based teams that can support people's psychosocial and cultural needs
- Processes and protocols to support efficient & inclusive rehab discharge planning
- Regular audits to monitor & improve service quality
- Quality processes that include opportunity for patient / family feedback
- Professional development for staff
- Enable flexible services (with choice) individually adjustable in keeping with need
- Ensure services are culturally safe,appropriate & have access to cultural expertise

EARLY SUPPORTED DISCHARGE / COMMUNITY HOME BASED REHAB

Person with stroke
- Readjusting
- Confronted by challenges (eg fatigue) and realising how things are different
- Growing insight into impact of stroke
- Want to be home but often feel unprepared for home
- Experiencing changes in identity, roles, relationships and routines. At risk of isolation
- Holding more responsibility for recovery and rehabilitation

Family / whānau of person with stroke
- Responsiblity is 24/7
- Experiencing changes in identity, roles, relationships and routines
- Often feel unprepared for coming home
- Managing strangers in the home & co-ordinating care
- Managing respite care
- At risk of fatigue and isolation
- May feel excluded from rehabilitation
- Sense of 'ambiguous loss' for the person and relationship that existed pre-stroke
- Growing confidence to allow person with stroke to do more
- Relationships altered
- Making space to attend to their own wellbeing and relationships

Rehabilitation practitioners
- Negotiate rehab timetables and rehabilitation plans
- Work as a team, linking in other providers and services as required
- Include family and support people in rehab planning and treatment, recognising carers as critical partners in care. Consider needs of carers
- Review hopes, priorities and goals and match rehab to these, considering people's holistic needs. Plan for next steps and life after formal rehab
- Help people understand what to expect
- Connect with support services. Transitions of care plans include patient/family priorities, strengths, potential, & options/details for ongoing supports
- Consider cultural beliefs & seek expertise to support transition/discharge procedures

Stroke Service
- Resource services to enable staff to provide appropriate intensity in fit-for-purpose facilities
- Rehabilitation environment fosters participation and recovery
- A skilled comprehensive team with connections to acute & community-based teams that can support people's psychosocial and cultural needs
- Processes & protocols to support efficient & inclusive rehab discharge planning
- Regular audits to monitor and improve service quality
- Quality processes that include opportunity for patient / family feedback
- Professional development for staff
- Enable flexible services (with choice) individually adjustable in keeping with need

LIVING WITH STROKE
(Goals and outcomes that matter to people with stroke)

Person with stroke
- Having hope for the future
- Valuing social connections (including people with similar experiences)
- Engaging in valued leisure / work activities. Growing confidence, control & self management. Being healthy, active and accepted
- Able to access services (eg driving, Return To Work)
- Having sense of security about the future. Feeling valued, involved in society

Family / whānau of person with stroke
- Having ongoing supports
- Able to engage in valued activities
- Sense of independence
- Long term impact and adjustment
- Sense of security about the future

Rehabilitation practitioners
- Information about supports (including peer supports)
- Ongoing access to specialist supports for areas still required e.g. driving, Return To Work, psychosocial cultural supports
- Clear communication / handover between tertiary / primary health services (e.g. GP)

Stroke Service
- People with stroke / caregivers / primary care providers are able to access rehab services and specialist review as required
- Rehabilitation services can be reactivated in response to patient goals, needs, and changes in function
- Information and connections with community cultural resources and groups

PERSON/WHĀNAU CENTRED **SAFE** **EFFECTIVE** **TIMELY** **EFFICIENT** **EQUITABLE** **CULTURALLY RESPONSIVE** **FLEXIBLE** **EVIDENCE BASED**