PATIENT CARE NEEDS CAN BE MET AS OUTPATIENT AND PATIENT CAN ACCESS OUTPATIENT SERVICES

It is important to ensure that patients are able to return to their home environment and that they are able to access the outpatient stroke rehabilitation services to which they have been referred before they are discharged from acute care. The recommendations and questions that follow should be used to determine whether the patient is a suitable candidate for outpatient stroke rehabilitation services or if another sub-acute stroke service should be considered.

PROCESS FOR ACUTE STROKE UNITS:

Does the patient meet the General Inclusion Criteria for all Sub Acute Care as defined in Appendix A of the Champlain Regional Stroke Rehabilitation System Project Charter? If yes, continue.

The acute care team, patient, and family/caregiver/other should make every effort to address any barriers to the patient accessing outpatient stroke rehabilitation services (e.g. finding alternate transportation if a family member is unable to help). **If, after exhausting all options to address barriers, the acute care team answers "no" to any of the questions below, the patient should be referred to inpatient stroke rehabilitation services** as either (a) their care needs cannot be met as an outpatient, or (b) they are unable to access outpatient stroke rehabilitation services.

1) Do the patient and family/caregiver agree that the patient access reliable transportation to and from the outpatient stroke rehabilitation service?

2) Does the patient have the stamina to participate in the demands and schedule of the outpatient stroke rehabilitation service (minimum of 45 minutes per day 2-3 times per week) and to tolerate travel time to and from the service? A travel time of <30 minutes has identified by the Ontario Stroke Network as a guideline to access outpatient services.