Early Supported Discharge (ESD) Progress Report
January 31, 2011- November 15, 2011
Acknowledgments

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1 - Executive Summary

The Calgary Stroke Early Supported Discharge (ESD) Project was implemented in January 2011 as an initiative to improve access to stroke rehabilitation in Calgary. ESD is staffed by a transdisciplinary team with stroke rehabilitation expertise and delivers home and community-based services to Calgary residents meeting the established admission criteria.

The ESD service has been implemented successfully and has achieved its principal objectives of both improving patient flow and access to rehabilitation services. Length of stay on the acute stroke unit at Foothills Medical Centre (FMC), and both tertiary inpatient stroke rehabilitation units in Calgary have shown a statistically significant reduction since implementation. ESD has also demonstrated significant clinical gain for clients and high levels of acceptability for both service providers and users. More than 11% of all stroke patients admitted to FMC with a stroke have received access to the ESD team. Ongoing funding for the current level of service has now been secured and next steps will involve continuing to work with our partners and stakeholders to further increase access to an ESD approach as part of an integrated stroke rehabilitation service across the City.

The mission of the ESD team is to facilitate early hospital discharge and transition for people affected by stroke through the provision of client-driven, community-based rehabilitation that optimizes their community re-integration. In the first 10 months of operation 122 referrals were received. Of those discharged (n=101), 28% were referred to Community Accessible Rehabilitation (CAR) for further rehabilitation, while 68% of clients required no further referral. Other end-of-ESD service referrals have included the Living with Stroke program as well as various community recreation facilities and programs.
2 – Objective 1 Progress Report

Objective 1: To improve access to rehabilitation services for stroke patients in Calgary.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Measure</th>
<th>Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>Treatment resumed within 2 working days of discharge to home from acute inpatient bed.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Difference between discharge to home and first point of contact with therapy providers</td>
<td></td>
</tr>
<tr>
<td>ii)</td>
<td>Treatment resumed within 3 working days of discharge to home from tertiary inpatient bed.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Difference between discharge to home and first point of contact with therapy providers</td>
<td></td>
</tr>
<tr>
<td>iii)</td>
<td>Length of ESD service 20 to 30 days for clients with mild stroke, 30 to 40 days for clients with moderate stroke</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Difference between date/time of client discharge from ESD service and date/time of client admission to ESD service (days)</td>
<td></td>
</tr>
<tr>
<td>iv)</td>
<td>90% of people receiving inpatient tertiary rehabilitation will have a FIM score less than 85</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Tertiary impatient FIM score</td>
<td></td>
</tr>
<tr>
<td>v)</td>
<td>Central Rehab Coordinator referral to ESD intake less than 24 hours</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Difference between ESD intake (date/time) and central rehab referral (date/time)</td>
<td></td>
</tr>
<tr>
<td>vi)</td>
<td>Net reduction in time from acute care stroke admission to stroke rehabilitation admission (either unit 58 FMC, or Vernon Fanning Centre)</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Difference between acute stroke admission (date/time) and admission to stroke rehabilitation (date/time) (Inclusive for 2008, 2009, 2010, 2011 prospectively)</td>
<td></td>
</tr>
</tbody>
</table>
Objective 1i) Treatment resumed within 2 working days of discharge to home from acute inpatient bed.

The ESD team identified a target of 2 working days between the time of a client’s discharge from an acute inpatient unit to the ESD home intake.

**Figure 1:** Cycle time for discharge from acute inpatient unit to ESD home intake (n=69)

The ESD team’s ability to meet this target (process capability) is 87%. The client with a seven day discharge-to-home intake cycle time experienced a home flood, and postponed the intake. The following five missed-targets coincide with a team process improvement event during which time ESD members were unable to intake clients according to their established processes. The ten day cycle time was an exceptional referral—a client had been discharged to community with other resources, and later referred to ESD for enhanced services. The final missed target reflects a patient cancellation.
Objective 1ii) Treatment resumed within 3 working days of discharge to home from tertiary inpatient bed.

The ESD team identified a target of 3 working days between the time of a client’s discharge from an inpatient stroke rehabilitation unit to the ESD home intake.

**Figure 2:** Cycle time for discharge from inpatient rehab or transition unit to ESD home intake (n=48)

The ESD team’s process capability in this regard is 90%.

The first five discharge-to-home intake cycle time coincides with a team process improvement event during which time the ESD members were unable to intake clients according to their established processes. The seven day cycle time is partially explained by client illness and cancellation of appointments – delaying the initial intake by several days. The last five day cycle time also reflects a client’s cancellation.
Objective 1iii): Length of ESD service 20 to 30 days for mildly disabled stroke clients, and 30 to 40 days for moderately disabled stroke clients.

Length of Stay

Based on the extent and types of stroke impact, the team identified a target length of service duration as 20 to 30 days for mildly disabled clients and 30 to 40 days for moderately disabled clients. The mean and median lengths of stay are currently 25 and 24 days respectively (n=101).

Figure 3: ESD service average length of stay by intake month

![Graph showing ESD service average length of stay by intake month. The mean length is 25 days and the median length is 24 days. The graph includes data from February to October 2011.](image)
Objective 1iv): 90% of people receiving inpatient tertiary inpatient rehabilitation will have a FIM score less than 85.

Functional Independence Measure (FIM)

The Functional Independence Measure (FIM) scale assesses physical and cognitive disability, focusing on the burden of caring for the individual. Items are scored using an ordinal scale of 1 to 7 based on the level of assistance required for an individual to perform activities of daily living. The FIM consists of 18 items, 13 of which are physical domains based on the Barthel Index and the remaining 5 assess cognition. Possible scores range from 18 to 126 with higher scores indicating more independence.

The ongoing evaluation of this objective is intended to demonstrate a trend whereby clients with FIM scores >85 will be diverted to the community, leaving clients with FIM <85 receiving tertiary inpatient rehabilitation – consistent with Garraway’s (1985) recommendations for effective stroke rehabilitation.

Currently 46% (Target 90%) of clients receiving tertiary inpatient rehabilitation on Unit 58 have an admit FIM score of less than 85 (median) while 54% at VFC have an admit FIM score less than 85. The target is currently not being met. Monitoring of this performance measure will continue at the Stroke Rehabilitation Advisory Committee (SRAC) and improved compliance with referral processes through the Stroke Rehabilitation Central Intake Coordinator should continue to support achieving this target.
Figure 5: Average Admit FIM by month for Unit 58

Figure 6: Average Admit FIM by month for Vernon Fanning Centre (VFC)
Objective 1v): Central Rehab Coordinator referral to ESD intake less than 1 business day.

The average referral to intake cycle time is 0.6 days with a process capability of 89%.

Objective 1vi): Net reduction in time from stroke admission to stroke rehabilitation admission (either Unit 58 FMC, or VFC).

Figure 7: Stroke admission to inpatient rehabilitation Unit 58
There is a trend towards a reduction in both the variation and average times between admission and transfer to rehabilitation across both units although as yet this trend has not reached statistical significance.
3 – Objective 2 Progress Report

Objective 2: Increase capacity of post-acute stroke rehabilitation services.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Measure</th>
<th>Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Demonstrate a significant change in patient flow that will yield an increase in discharges from Unit 100.</td>
<td>Number of stroke patients discharged from unit 100 per quarter (Year 2008, 2009, 2010, 2011 prospectively)</td>
<td>YES</td>
</tr>
<tr>
<td>ii) Demonstrate a significant change in patient flow that will yield a reduction in stroke discharges from Unit 58</td>
<td>Number of stroke patients admitted to unit 58 (Year 2008, 2009, 2010, 2011 prospectively)</td>
<td>YES</td>
</tr>
<tr>
<td>iii) Demonstrate a significant change in patient flow that will yield a reduction in stroke discharges from neuro-rehab at VFC</td>
<td>Number of stroke patients admitted to VFC (2008, 2009, 2010, 2011 prospectively)</td>
<td>YES</td>
</tr>
<tr>
<td>iv) Demonstrate a significant change in patient flow that will yield a reduction in admissions to Community Accessible Rehabilitation (CAR)</td>
<td>Number of stroke patients admitted to CAR (2008, 2009, 2010, 2011 prospectively)</td>
<td>YES</td>
</tr>
</tbody>
</table>
Objective 2i) Demonstrate a significant change in patient flow that will yield an increase in stroke discharges from Unit 100.

Figure 9: Average number of Unit 100 stroke discharges per quarter.

The introduction of ESD has been associated with a trend for increased discharges from Unit 100 i.e. greater throughput which reached statistical significance in June 2011. This has not been associated with a significant increase in the overall number of stroke patients admitted to FMC over this time period.
Objective 2ii) Demonstrate a significant change in patient flow that will yield a reduction in stroke discharges from Unit 58.

Figure 10: Unit 58 stroke discharges per quarter
Objective 2iii) Demonstrate a significant change in patient flow that will yield a reduction in stroke discharges from Vernon Fanning Centre (VFC).

Figure 11: VFC stroke discharges per quarter
Objective 2iv) Demonstrate a significant change in patient flow that will yield a reduction in admissions to CAR

Figure 12: Stroke clients admitted to CAR by month

For Unit 58, there is a trend for decreased admission rates since the introduction of ESD although this trend has not yet reached statistical significance. There are no trends observed with the number of discharges from VFC or CAR.
4 – Objective 3 Progress Report

Objective 3: Assist stroke survivors and their families in returning to community participation and reduce the burden of stroke in Alberta.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Measure</th>
<th>Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) 100% of ESD clients will experience significant improvement in self-identified goals</td>
<td>Net improvement in self-identified goals between discharge COPM and intake COPM</td>
<td>YES</td>
</tr>
<tr>
<td>ii) ESD will be as clinically effective in self-identified goal achievement as CAR</td>
<td>Net change in self-identified goals between discharge COPM and intake COPM</td>
<td>N/A</td>
</tr>
<tr>
<td>iii) ESD will be as clinically effective in self-identified goal achievement as Unit 58</td>
<td>Net change in self-identified goals between discharge COPM and intake COPM</td>
<td>N/A</td>
</tr>
<tr>
<td>iv) ESD will be as clinically effective in self-identified goal achievement as VFC</td>
<td>Net change in self-identified goals between discharge COPM and intake COPM</td>
<td>N/A</td>
</tr>
<tr>
<td>v) 90% of ESD patients will experience a significant improvement in functional outcome</td>
<td>Net improvement between discharge FIM and admission FIM</td>
<td>YES</td>
</tr>
<tr>
<td>vi) 98% of ESD clients would recommend the program to a friend or family member</td>
<td>Percentage of clients recommending program to a friend or family member</td>
<td>YES</td>
</tr>
<tr>
<td>vii) 85% of clients will answer “agreed definitely/to some extent” on client satisfaction survey</td>
<td>Percentage of clients answering “agreed definitely/to some extent”</td>
<td>YES</td>
</tr>
</tbody>
</table>

Objective 3i) 100% of ESD clients will experience improvement in self-identified goals.

Outcome Measures

There is currently no standardized outcome measure for stroke rehabilitation that is shared or utilized by all services across the continuum in Calgary. The ESD team identified the Canadian Occupational Performance Measure, the Australian Therapy Outcome Measure, and the Functional Independence Measure as the outcome measures to be assessed on each client. The scores for each of the measures are derived by consensus from all rehabilitation professionals involved with the client. At the time this report was prepared, documented discharge outcomes were not complete on all clients, which has resulted in varying (n) in the pages to follow.
Canadian Occupational Performance Measure (COPM)

The COPM is a valid, reliable and standardized tool used to identify areas of concern from the client’s perspective. It facilitates the identification of goals within the occupational performance areas of self-care, productivity and leisure then measures the change in performance and satisfaction for each identified goal. The COPM is administered pre-intervention (ESD service) and post-intervention and uses an ordinal scale of 1 (worst) to 10 (optimal), with a Minimal Clinically Important Difference (MCID) equal to 2 (Phipps & Richardson, 2007). 100% of ESD clients discharged from the service experienced an improvement in self-identified goals.

Table 1: COPM Results – Change in Performance and Satisfaction for clients with both intake and discharge scores: ESD vs FDTT

<table>
<thead>
<tr>
<th></th>
<th>Performance (n=83)</th>
<th>Satisfaction (n=83)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average difference in scores (ESD)</td>
<td>3.40</td>
<td>3.80</td>
</tr>
<tr>
<td>Average difference in scores (FDTT)</td>
<td>3.11</td>
<td>3.52</td>
</tr>
</tbody>
</table>

Australian Therapy Outcome Measure (AusTOMs)

The AusTOMs is performed pre-intervention (ESD service) and post-intervention, measuring the results of occupational, physical and speech-language therapy interventions separately in domains of body/structure/function, activity and participation from the International Classification of Functioning, Disability and Health (WHO, 2001). Further, the AusTOMs allows the therapists (the treating team) to measure and assess client and care-giver (if applicable) well-being and overall participation. The scale is ranked 0 (worst) to 5 (optimal) and can be scored in 0.5 increments. Table 2 demonstrates the average change in AusTOM scores for ESD clients. Table 3 demonstrates the change in client and care-giver participation and well being.
Table 2: Average ESD client AusTOM changes (n=83)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Admission</th>
<th>Discharge</th>
<th>% Improvement</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning &amp; Applying Knowledge</td>
<td>3.7</td>
<td>3.6</td>
<td>4.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Upper Limb Use</td>
<td>4.0</td>
<td>3.8</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Domestic Life-Home</td>
<td>3.6</td>
<td>3.3</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Interpersonal Interactions &amp; Relationships</td>
<td>4.0</td>
<td>3.8</td>
<td>4.5</td>
<td>4.4</td>
</tr>
<tr>
<td>Community Life, Recreation, Leisure &amp; Play</td>
<td>3.4</td>
<td>3.2</td>
<td>4.2</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Using Wilcoxon’s test, the average changes (improvements) in impairment and activity limitation are statistically significant (p<0.05).

Table 3: Team AusTOMs results ESD vs FDTT

<table>
<thead>
<tr>
<th>Change in Participation</th>
<th>Change in Well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>% improvement</td>
<td>% with positive change</td>
</tr>
<tr>
<td>ESD AusTOMs Client Ratings (n=83)</td>
<td>18%</td>
</tr>
<tr>
<td>FDTT AusTOMs Client Ratings</td>
<td>18%</td>
</tr>
</tbody>
</table>

Using Wilcoxon’s test, changes in well-being and participation are statistically significant (p<0.05).
Objective 3v): 90% of ESD patients will experience an improvement in functional outcome (FIM)

Figure 13: FIM results – Change in FIM from intake and discharge scores

94% (Target 90%) of clients experienced an improvement in functional outcome (FIM).

Objective 3vi) 98% of ESD clients would recommend the program to a friend or family member (ESD strives to survey all clients).

100% of clients surveyed (n=45) would recommend the program to a friend or family member.
Objective 3vii) 85% of clients will answer “Yes definitely/Yes to some extent” on client satisfaction survey.

Clients surveyed (n=45) answered “Yes definitely/Yes to some extent” (positive response) to 89% of the questions on the client satisfaction survey (Appendix III). Figure 10 demonstrates respondent feedback to client satisfaction survey.

Figure 14: Client Satisfaction Survey Results

<table>
<thead>
<tr>
<th>Objective</th>
<th>Yes Definitely</th>
<th>Yes to some extent</th>
<th>No</th>
<th>Didn't receive any information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend Stroke FDT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan meets whole needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in ending</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sufficient length of time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-coordinated care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledgeable and...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team members spent...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treated with respect and...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right healthcare staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough frequency to...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough treatment to...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate as much as...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care relevant to goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goals were achievable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goals met needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family participation in...</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Participation in goal...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait acceptable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Useful information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received written...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Refer to Appendix for Client Satisfaction Survey

In reviewing this data, despite an overall positive response, there appears to be opportunities for improvement around client and family participation, information management and frequency of therapy. The ESD team will be working towards implementing change in these areas in the months ahead.
5 - Objective 4 Progress Report

Objective 4: Optimize utilization of available rehabilitation services.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Measure</th>
<th>Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Assess impact of ESD on access to Unit 58</td>
<td>Difference between referral to rehab (date/time) and admission to rehab (date/time) (2008, 2009, 2010, 2011 prospectively)</td>
<td>YES</td>
</tr>
<tr>
<td>ii) Assess impact of ESD length of stay on Unit 100</td>
<td>Average length of stay on unit 100 (2008, 2009, 2010, 2011 prospectively)</td>
<td>YES</td>
</tr>
<tr>
<td>iv) Assess impact of ESD on access to neuro-rehab VFC</td>
<td>Difference between referral to rehab (date/time) and admission to rehab (date/time) (2008, 2009, 2010, 2011 prospectively)</td>
<td>YES</td>
</tr>
<tr>
<td>vi) Assess number of patients admitted to long term care at end of ESD service provision</td>
<td>Number of patients admitted to long term care at end of ESD program</td>
<td>YES</td>
</tr>
<tr>
<td>vii) Assess number of patients admitted to long term care at end of CAR service provision</td>
<td>Number of patients admitted to long term care at end of CAR program</td>
<td>N/A</td>
</tr>
<tr>
<td>viii) Assess number of patients admitted to long term care at end of VFC service provision</td>
<td>Number of patients admitted to long term care at end of VFC program</td>
<td>YES</td>
</tr>
<tr>
<td>ix) Assess number of patients admitted to acute facility at end of ESD service provision</td>
<td>Number of patients admitted to acute facility at end of ESD service provision</td>
<td>YES</td>
</tr>
<tr>
<td>x) Assess number of patients admitted to acute facility at end of CAR service provision</td>
<td>Number of patients admitted to acute facility at end of CAR service provision</td>
<td>N/A</td>
</tr>
<tr>
<td>xi) Assess number of patients admitted to acute facility at end of Unit 58 service provision</td>
<td>Number of patients admitted to acute facility at end of unit 58 program</td>
<td>YES</td>
</tr>
</tbody>
</table>
Objective 4ii) Assess impact of ESD on length of stay on Unit 100.

Figure 15: Average length of stay on Unit 100 per quarter

Length of stay on the acute unit has shown a statistical significant reduction since the introduction of ESD with an average LOS post implementation of 6.3 days versus 9.3 days in the 12 months prior to the commencement of the service.
Objective 4iii) Assess impact of ESD on length of stay on Unit 58:

Figure 16: Average length of stay on Unit 58 per quarter

Length of stay on Unit 58 has shown a reduction since the introduction of ESD with an average LOS post implementation of 35.9 days versus 56.2 days in the 12 months prior to the commencement of the service.
Objective 4iv) Assess impact of ESD on VFC length of stay.

Figure 13: Average length of stay for VFC per quarter.

Length of stay for VFC has shown a statistical significant reduction since the introduction of ESD with an average LOS post implementation of 61.9 days versus 85 days in the 12 months prior to the commencement of the service.
Objective 4v) Assess number of patients admitted to long term care (LTC) at end of ESD service provision.

No clients have been admitted to LTC at end of ESD service provision.

Objective 4vii) Assess number of patients admitted to LTC at end of Unit 58 service provision.

Figure 17: Number of patients admitted to LTC at end of Unit 58 service provision per quarter.
Objective 4viii) Assess number of patients admitted to LTC at end of VFC service provision.

Figure 18: Number of patients admitted to LTC at end of VFC service provision per quarter.

Objective 4ix) Assess number of patients admitted to acute facility at end of ESD service provision.

3.2% (n=4) of ESD clients have been admitted to an acute facility during ESD service provision. Reasons have included admission for carotid endarterectomy (n=2), as well as other health concerns (n=2).
Objective 4xi) Assess number of patients admitted to acute facility at end of Unit 58 service provision.

Figure 19: Number of patients admitted to acute facility at end of Unit 58 service provision.
Objective 4xii) Assess number of patients admitted to acute facility at end of VFC service provision.

Figure 20: Number of patients admitted to acute facility at end of VFC service provision.

ESD has had no effect on LTC admissions or acute care re-admissions on system-level in Calgary.
7 – Conclusions and Next Steps

Resulting from the partnership and collaboration with Calgary zone stroke service providers, the Calgary Stroke ESD team has demonstrated that early, supported discharge and transition from hospital utilizing a transdisciplinary approach to care is clinically effective and efficient. ESD has improved access to acute and inpatient rehabilitation stroke beds while reducing hospital length of stay. The proportion of clients receiving rehabilitation is increasing, with clinical outcomes data and reports of high patient satisfaction demonstrating program effectiveness.

The strategic direction for ESD includes further collaborative work with stakeholders to establish performance benchmarking for clinical effectiveness and efficiencies of stroke services, with an overarching goal to provide the right service for the right patient at the right time in their recovery from stroke.

Ongoing ESD reporting will continue as a component of the Calgary Stroke Program Performance Measurement Plan (Appendix IV).
8 – References


9 – Appendices

Appendix I – Incoming referral sources

Appendix II – Outgoing referral destinations
Appendix III – Client Experience Survey

FIRST CONTACT WITH THE TEAM

These questions ask about your experience of referral to the team and arranging first appointments with team.

1. Did you receive any written information about the team prior to you leaving hospital?
   - Yes definitely
   - Yes to some extent
   - No
   - Didn’t receive any information

2. Was this information useful?
   - Yes definitely
   - Yes to some extent
   - No
   - Didn’t receive any information

3. Were you able to speak with a team member on the phone if you had a question before your first visit?
   - Yes definitely
   - Yes to some extent
   - No
   - I did not need to call

4. Once you arrived home, how long was it before you were contacted by the team?
   - within one day
   - within 3 days
   - within 5 days
   - more than 5 days

5. Considering the time above, was the length of time you waited acceptable to you?
   - Yes definitely
   - Yes to some extent
   - No

SETTING YOUR GOALS FOR YOUR CARE

These questions ask about your experience of setting goals for care, therapy or treatment with the team.

6. Did you participate as much as you wanted in setting goals for your therapy?
   - Yes definitely
   - Yes to some extent
   - No

7. Did your family / caregiver participate as much they wanted in setting goals for your therapy?
   - Yes definitely
   - Yes to some extent
   - No
   - Not applicable

8. Did the goals that were set fully meet your emotional, mental, social and physical needs?
   - Yes definitely
   - Yes to some extent
   - No

9. Did you feel that the goals set were achievable?
   - Yes definitely
   - Yes to some extent
   - No
### YOUR TREATMENT AND THERAPY

These questions ask about the therapy, treatment and care provided by the team.

10. Was the care you received relevant to the goals you set?
   - Yes definitely
   - Yes to some extent
   - No

11. Did you participate as much as you wanted in the choice of treatment activities?
   - Yes definitely
   - Yes to some extent
   - No

12. Did you receive enough treatment or therapy to achieve your goals?
   - Yes definitely
   - Yes to some extent
   - No

13. How often did you usually receive therapy from the team?
   - Once per week
   - 2-3 times per week
   - Daily

14. Considering the above was this often enough to meet your goals?
   - Yes definitely
   - Yes to some extent
   - No

15. In your opinion did you receive treatment from the right kind of healthcare staff?
   - Yes definitely
   - Yes to some extent
   - No

16. Did the team members you saw treat you with respect and dignity?
   - Yes definitely
   - Yes to some extent
   - No

17. In your opinion, did the team members spend enough time with you to meet your needs?
   - Yes definitely
   - Yes to some extent
   - No

18. In your opinion, were the team members knowledgeable and competent?
   - Yes definitely
   - Yes to some extent
   - No

19. Did your care appear to be well coordinated amongst the team?
   - Yes definitely
   - Yes to some extent
   - No

### YOUR KNOWLEDGE ABOUT STROKE CARE

These questions ask about what you learned from the team about stroke care.

20. Did the team provide you with information about stroke, its medical management and how it can impact your everyday life?
   - Yes definitely
   - Yes to some extent
   - No

21. Did you find that the information you received helped you to manage the effects of the stroke in your everyday living?
   - Yes definitely
   - Yes to some extent
   - No
   - Didn’t receive any information
NEXT STEPS

These questions ask about achieving your goals, completing your course of treatment, and next steps.

22. Was the length of time you received services from the team long enough to achieve your goals?
   ○ Yes definitely
   ○ Yes to some extent
   ○ No

23. Did you participate as much as you wanted in decisions about ending your course of treatment with the team?
   ○ Yes definitely
   ○ Yes to some extent
   ○ No

24. Did you participate enough in planning next steps e.g. referrals to other services?
   ○ Yes definitely
   ○ Yes to some extent
   ○ No

25. Did the plan in place for next steps fully meet your emotional, mental, social and physical needs?
   ○ Yes definitely
   ○ Yes to some extent
   ○ No

OVERALL EXPERIENCE

These questions ask you to rate your overall experience in receiving services from the team.

26. Do you agree with the following statement?
I would recommend the Stroke Facilitated Discharge and Transition Team to a friend if they were in need of similar help.
   ○ Yes definitely
   ○ Yes to some extent
   ○ No

27. We want to know your overall rating of the care and treatment you received at from the team
   Using any number from 0 to 10, where 0 is the worst care and treatment possible and 10 is the best care and treatment possible, what number would you use to rate your care and treatment.

<table>
<thead>
<tr>
<th>Worst care and treatment possible</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Best care and treatment possible</th>
</tr>
</thead>
</table>
### Appendix IV: ESD Performance Measurement Plan

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Treatment resumed within 2 working days of discharge to home from acute inpatient bed</td>
<td>90% process capability</td>
<td>ESD database</td>
</tr>
<tr>
<td>ii) Treatment resumed within 3 working days of discharge to home from tertiary inpatient bed</td>
<td>90% process capability</td>
<td>ESD database</td>
</tr>
<tr>
<td>iii) Length of ESD service 20 to 30 days for clients with mild disability, 30 to 40 days for clients with moderate disability</td>
<td>100% process capability</td>
<td>Clinibase</td>
</tr>
<tr>
<td>iv) Number of referrals per month</td>
<td>16</td>
<td>ESD database</td>
</tr>
<tr>
<td>v) Number of intakes per month</td>
<td>16</td>
<td>ESD database</td>
</tr>
<tr>
<td>vi) Admit FIM to ESD &lt;105</td>
<td>70% process capability</td>
<td>ESD database</td>
</tr>
<tr>
<td>vii) Percent improvement on AusTOMS</td>
<td>10%</td>
<td>ESD database</td>
</tr>
<tr>
<td>viii) Change in COPM</td>
<td>Average change &gt;3.5</td>
<td>ESD database</td>
</tr>
<tr>
<td>ix) 100% of ESD clients would recommend service to a friend of family member</td>
<td>100%</td>
<td>ESD database</td>
</tr>
<tr>
<td>x) Responds positively to all questions on patient experience survey</td>
<td>95%</td>
<td>ESD database</td>
</tr>
</tbody>
</table>