



Implementation of the Assessment for Rehabilitation Tool (ART) for Northern Health Acute Stroke interdisciplinary discharge planning

INTRODUCTION

The Northern Hospital (TNH) Stroke team meet weekly to discuss patient care however the decisions regarding rehabilitation and discharge planning are not consistently discussed and documented. The implementation of the Assessment for Rehabilitation Tool (ART), based on the National Stroke Guidelines (2017), for use during stroke case conferences, provides a framework to facilitate consistent documentation and collaborative discharge planning. The aim of this project was to determine whether use of the ART results in improved interdisciplinary documentation and reduces length of stay.

METHOD

A retrospective audit of medical progress notes provided baseline data regarding the consistency of interdisciplinary case conference documentation, recommendations for rehabilitation, and patient length of stay.

The ART was completed for all newly presenting patients with stroke and those whose clinical condition changed during the course of their admission. The completion of the ART was considered evidence of inter-disciplinary discussions and decisions. The ART was not completed for patients who were not referred to allied health during their acute admission or were deceased prior to case conference.

A post implementation audit of progress notes was conducted to determine consistency of discharge documentation and impact of ART implementation on length of stay. Staff satisfaction surveys completed by medical, nursing and allied health captured qualitative data regarding the impact of the ART on interdisciplinary collaboration in discharge decisions.



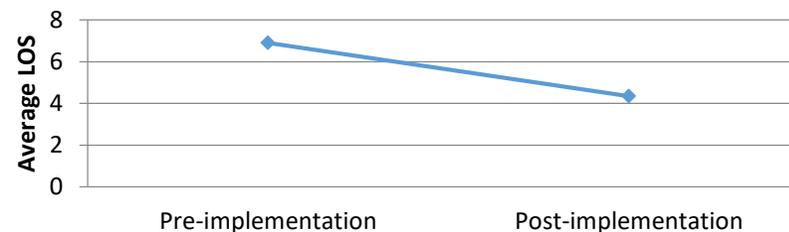
Northern Health

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RESULTS/DISCUSSION

- Average length of stay reduced from 6.9 days to 4.35 days pre and post implementation (**Table 1**).

Table.1 Average LOS pre and post implementation of ART



- The initial stages of implementation highlighted the need to increase the frequency of case conferences to ensure all stroke patients were discussed. This resulted in the introduction of twice weekly case conferences.
- The increase in case conference to twice weekly may have had an impact on LOS due to more timely inter-disciplinary discussions regarding rehabilitation and discharge plans.
- The implementation of the ART resulted in an approximately 50 % increase in the consistency of the documentation of interdisciplinary case conferences and the recommendations for rehabilitation and discharge plans.
- The survey data indicated the implementation of the ART resulted in increased opportunity for team members to discuss their clinical perspectives. This included perceived improvements in discussion of a patient's level of function and recommendations for rehabilitation and discharge planning.
- Additionally, the survey identified barriers to implementation including the formatting of the ART and time constraints.

CONCLUSION:

Implementation of the ART tool brings Northern Health's Acute Stroke team discharge planning practice into line with recent National Stroke Clinical Guidelines (2017). The data demonstrated a reduction in patient length of stay and an improvement in stroke patient care through increased interdisciplinary collaborative decision-making regarding rehabilitation and discharge planning.