

Current Canadian Clinical Concepts

An interdisciplinary team was created to coordinate treatment of stroke patients in an acute care setting at the Sir Mortimer B. Davis Jewish General Hospital. Three phases of rehabilitation were established: acute care, active rehabilitation and discharge planning. The coordinator of the stroke team screens each patient before contacting the team members to complete a thorough assessment. Suitable intervention is then arranged. The patient's family is involved from the start and is encouraged to participate in decisions regarding ongoing care and discharge planning. A one day workshop is held to provide information to the public and professional community about stroke, its management and the coordinated team approach at the hospital. As well, ongoing service education is offered to maintain continued awareness of the stroke team's functions. A bilingual black and white poster was designed by the Speech-Language Pathology Department to provide information regarding communication problems following stroke.

Comments, suggestions and contributed articles should be sent to the Coordinator:

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STROKE REHABILITATION: A TEAM APPROACH

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The Sir Mortimer B. Davis Jewish General Hospital (JGH) stroke team was created in 1979 in this acute care hospital to coordinate treatment and avoid duplication of services to CVA patients. The JGH is the only acute care hospital in Montreal with a coordinated team approach. The main objectives of the stroke team are to involve and educate the family in the rehabilitation process; to maintain open channels of communication; to ensure that objectives are met; to maintain and restore maximum possible function to the patient; to assist the patient and family to achieve a realistic acceptance of deficits; and to plan reintegration into the home and community with the patient and family.

The stroke team consists of the CVA administrative committee and the CVA clinical team. Both groups are composed of a coordinator, speech-language pathologist, physiotherapist, occupational therapist, physician, nurse and social worker.

The CVA administrative committee is involved in the maintenance of the clinical team. It obtains necessary financial resources, publicizes the team's activities, allocates funds for continuing education, and interviews and hires specialized personnel. As well, it devotes time to research and evaluation of the team. In conjunction with this, a research project was carried out (Wood-Dauphinee, 1982), to evaluate the efficacy of coordinated team care versus

traditional care. Results indicated that the two patient groups were similar in terms of mortality and neuromotor status but that the team group performed significantly better in activities of daily living.

The clinical team is headed by the stroke coordinator. She assesses each stroke patient admitted to the hospital so that appropriate intervention can be determined and carried out by the various team members. She also provides information, education, and emotional support. From the day of the patient's admission, the family is encouraged to participate in ongoing care and discharge planning. This helps the family retain some responsibility for its kin, enables professionals to plan more carefully and facilitates transfer from this acute care facility.

The clinical team meets twice weekly. During rounds, it assesses all new CVA admissions, and reviews weekly progress of current patients. In the second meeting, other current patients are discussed and family conferences are scheduled as needed.

The clinical team deals with three phases of rehabilitation. In the acute phase, which occurs upon admission, the main focus of treatment is geared towards stabilizing the patient's medical condition and providing initial information and support to the family. Active rehabilitation, the second phase, begins once the patient is stable medically. Based on their evaluations, the speech-language pathologists set short term goals. Subsequently a treatment plan is developed by the team and the family. To facilitate transfer of skills learned in therapy the treatment plan in speech therapy is outlined to primary nurses and allied medical staff, occupational and physiotherapists, orderlies and nurses aides, as well as the family. The severity of the stroke and the patient's progress help determine the appropriate discharge placement,

the final stage in acute care rehabilitation. The team remains available even after discharge from the J.G.H.

In order to maintain continued awareness of the existence and function of the team, periodic inservice education is carried out with staff by all the disciplines dealing with stroke patients. A nurse's resource group was developed to facilitate carryover of this idea. It is comprised of one or two nurses from each medical ward, who have been trained specifically in the care of CVAs. Its goal is to supply information and support to other, less experienced nurses working with stroke patients.

In an effort to inform the public about stroke and its rehabilitation, the stroke team held a one-day workshop at the hospital. The interdisciplinary team members used posters, filmstrips, slides and handouts to provide information on risk factors and signs leading to a stroke, and the rehabilitative management of the stroke patient. Demonstrations of actual treatment with patient volunteers were carried out. A variety of therapy materials and objects were on display for review and manipulation. Speech-language pathologists were present to answer questions about stroke and about the availability of services in the hospital and community. In particular, the Department of Speech Pathology provided information booklets, photographs and audiovisual presentations dealing with aphasia and related speech and language disorders after stroke. The department also designed a poster in English and French to convey information about communication problems following stroke.

The poster, a 22" x 40" black and white, consists of three major sections: left brain damage and its major speech and language characteristics; right brain damage and its major speech and language characteristics; therapy goals and other factors influencing the outcome of treatment. The poster is designed to be used in inservice education to hospital or rehabilitation staff, as

introductory information to speech-language pathology students and others (e.g. medical, nursing, occupational and physiotherapy, etc.) and counselling to the stroke patient's family. This poster is now available commercially at the hospital. For further information about the stroke team or the communication poster, contact Claudette Fletcher, Coordinator of Stroke Team, or Bernice Mendelsohn,

Director, Department of Speech-Language Pathology.

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Reference

Wood-Dauphinee, S. A trial of team care in the treatment of acute stroke. Unpublished doctoral dissertation, McGill University, 1982.

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