



American Heart Association®  
Mission:Lifeline®  
Stroke

**MONTANA**  
Stroke Initiative



# DISCHARGE PLANNING GUIDE FOR STROKE REHABILITATION





# Discharge Planning Guide for Stroke Rehabilitation

Adapted by the Montana Mission: Lifeline Post-Acute Care Subcommittee.

## Purpose of the guide:

To assist healthcare professionals in determining the appropriate level of stroke rehabilitation care by comparing various types and settings in an easy-to-read format.

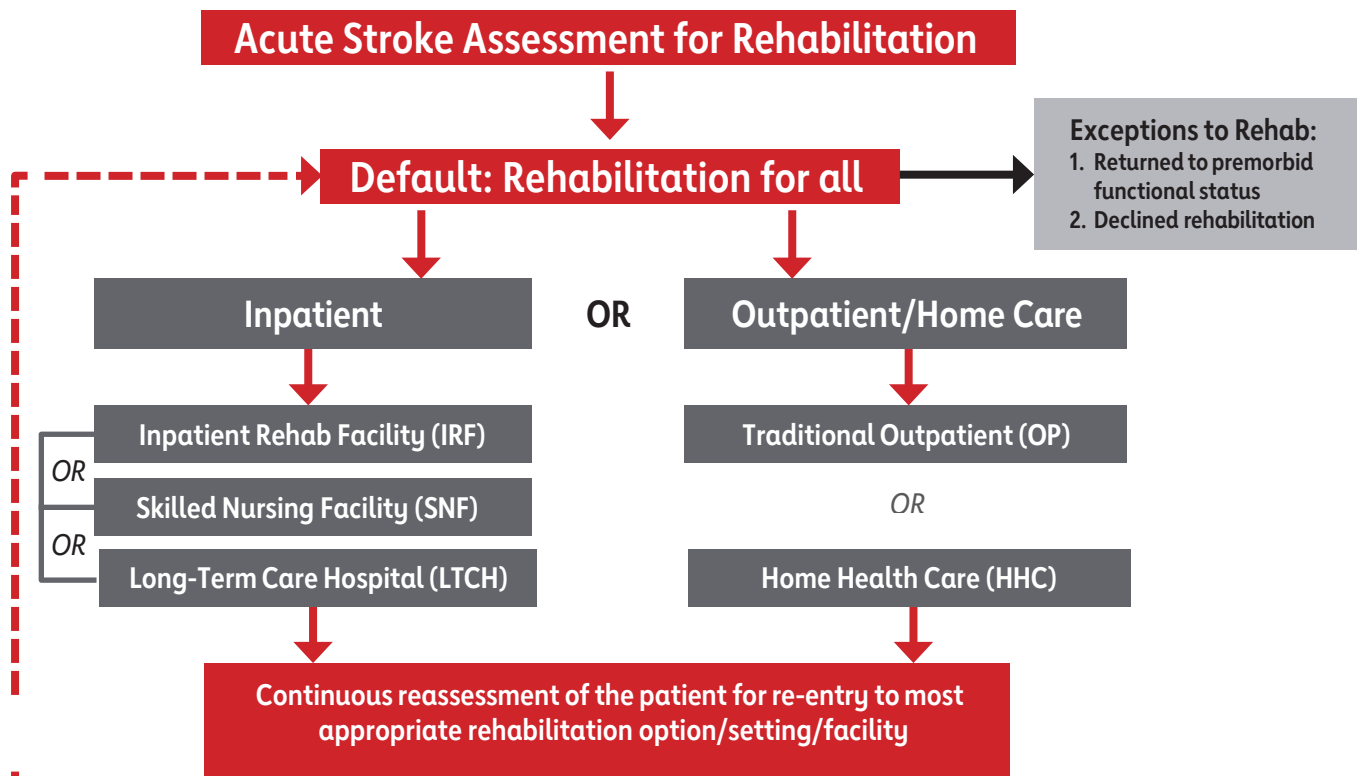
## The guide:

- Is designed to assist health care professionals who plan discharge, including social workers, case managers, nurses, physicians, and therapists.
- Describes the various options for post-acute stroke rehabilitation with the Inpatient Rehabilitation Facility offering the most intense, comprehensive care.
- Aligns with recommendations from the *Guidelines for Adult Stroke Rehabilitation and Recovery: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association* (Winstein et al., 2016).

## The guide consists of two parts:

1. Pathway to guide decision-making for the appropriate level of post-stroke rehabilitation
2. Post-Acute Stroke Rehabilitation Comparison Tables

## Discharge Planning Guide for Stroke Rehabilitation Pathway



## Discharge Planning Guide for Stroke Rehabilitation: Post-Acute Stroke Rehabilitation Comparison Tables

Inpatient Program Settings	Inpatient Rehabilitation Facility (IRF, Acute Rehab) Recommended setting for stroke rehabilitation <sup>1</sup>	Skilled Nursing Facility (SNF Sub-Acute Rehab)	Long-Term Care Hospital (LTCH)
<b>Purpose of program/facility</b>	For patients with complex medical, rehab, and nursing needs	For patients with daily skilled nursing and/or rehab needs who cannot tolerate intensity of IRF and who do not require a daily physician visit	For patients with complex medical needs requiring a hospital level of care (e.g. ventilator weaning, wound care)
<b>Medical services</b>	Daily physician visit required, often a physiatrist	Daily physician visit not required	Daily physician visit, often an internist
<b>Nursing services</b>	24/7 nursing; may be certified rehab nurse	Nursing onsite based on patient population needs	24/7 nursing
<b>Rehabilitation services</b>	Comprehensive, intensive rehab program with a coordinated team approach (PT, OT, SLP, Psych, Recreation Therapy)	Rehab program with PT, OT, SLP	Multiple therapy disciplines (PT, OT, SLP, Respiratory Therapy) are available
<b>Coordinated, team approach</b>	Yes, with regular coordinated, interdisciplinary team meetings	Not required	Not required
<b>Therapy intensity</b>	3 hours/day, 5 days/week minimum	No minimum therapy requirement; typically, lower intensity than IRF	No minimum therapy requirement
<b>Type of patient needs</b>	Able to tolerate intensive rehab (3 hours/day, 5 days/week minimum)	Daily skilled nursing and/or rehab needs for patients who cannot tolerate intensity of IRF; minimal medical complexity	Complex medical needs with multiple co-morbidities
<b>Expectation for discharge</b>	Expect measurable improvement in functional status by discharge; goal is return to community	Expect measurable improvement in functional status within 100 day stay	Dependent on progress and medical stability
<b>Type of facility</b>	Separate unit of a hospital or a free standing rehab hospital	Stand-alone facility, or separate licensed unit of a hospital or nursing home	Stand-alone facility, or separate licensed unit of a hospital

Home/Outpatient Settings	Traditional Outpatient (OP)	Home Health Care (HHC)
<b>Purpose of program</b>	For patients who benefit from 1-2 skilled therapies	For patients who live at home but are unable to travel to obtain treatment
<b>Medical services</b>	Medical services provided by primary care provider and/or specialist	Medical services provided by primary care provider and/or specialist
<b>Nursing services</b>	No nurse on-site	Available
<b>Rehabilitation services</b>	PT, OT, and/or SLP	PT, OT, and/or SLP
<b>Coordinated, team approach</b>	Not required	Not required
<b>Therapy intensity</b>	1-3 therapies per day, 2-3 days per week	1-3 therapies per day, 2-3 days per week
<b>Type of patient needs</b>	<b>Able to travel</b> , medical problems are well controlled, continue to have rehab needs	<b>Homebound</b> , with rehab and/or nursing needs
<b>Expectation for discharge</b>	Maximal rehab potential	No longer home bound or achieves maximal rehab potential
<b>Type of facility</b>	Outpatient clinic, outpatient clinic of a hospital, other outpatient centers	In the home

<sup>1</sup>Level 1A Recommendation, from Winstein, C. J., Stein, J., Arena, R., Bates, B., Cherney, L. R., Cramer, S. C., ... Zorowitz, R. D. (2016). Guideline for adult stroke rehabilitation and recovery: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*, 47(6), pp. e98-e169. <https://doi.org/10.1161/STR.0000000000000098> Length of stay and services information: <http://www.cms.gov/>