Health System Pressures Impacting Access to Stroke Services in Long Term Care and the Community

Issues Impacting Delivery of Appropriate Stroke Services in Long-Term Care (LTC) Homes

Limited provision of sufficient medical and rehabilitation services within LTC homes

- Stroke recovery may occur over many years.
- Survivors of severe stroke seem to have less access to inpatient stroke rehabilitation and are therefore discharged to LTC from acute care - limiting functional recovery.
- The "Physiotherapy Strategy" which funds and delivers OHIP-funded physiotherapy in LTC homes with limited access to services, has been a first step to providing rehabilitation for stroke survivors in LTC. There are, however, significant gaps. LTC homes determine the service model and therefore not all services are equal and not all providers contract to give the same level or type of service. As well, there is limited access to other important therapy services (e.g. access to occupational therapy, speech-language pathology, social work, recreation therapy etc.).
- LTC home residents admitted to hospital are often discharged back to their LTC home without any rehabilitation service.
- Resources vary among LTC homes regarding access to blood tests, x-rays, dental care and vision and hearing assessments. Resources may depend on the availability and willingness of community providers to come into the LTC home and the ability of residents to pay for service.
- There is limited monitoring and follow-up regarding stroke prevention medications and recommendations.

Limited funding resources for direct care staff education

- Some LTC homes support staff education much more than others.
- Most LTC homes have insufficient funds to replace staff so that they can attend education opportunities.

Staff/resident ratios

- LTC home funding is based on a case-mix index which reflects dependency not independence. This acts as a financial disincentive for LTC homes looking to offer rehabilitation services.
- Current staffing ratios do not allow staff time to encourage and supervise stroke survivors trying to become more independent.

Limited access to a range of services

- Stroke survivors are generally restricted to participating in programs in their LTC home. Taking part in "outside" programs also funded by the MOHLTC is considered "double dipping". Therefore, stroke survivors living in LTC homes have limited access to community services that might better meet their intensive rehabilitation, social and emotional needs (e.g. day programs).

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Lack of affordable transportation

- Residents in LTC homes and retirement homes have difficulty accessing reliable, flexible and affordable public transportation.
- Residents may not access community services due to the cost and inconvenience of organizing available transportation (e.g. stroke support groups).

Minimal / zero lift policies in LTC homes

- There is wide variation in the interpretation of minimal/zero lift policies among LTC homes.
- Minimal/zero lift policies affect the rehabilitation of stroke survivors by limiting chances to practice assisted transfers which may result in the loss of gains made in rehabilitation and restrict opportunities to become independent.
- The inability to practice transfers also affects independence in bed mobility, standing, walking, going to programs, or going on outings.

Lack of appropriate equipment and space

- Many LTC homes (primarily older homes) do not have designated therapy areas and lack resources to purchase equipment to support rehabilitation.

Limitations in assisted living accommodation and care choices after stroke

- Short stay/respite beds are available in LTC homes and retirement homes. While short stay/respite beds in LTC homes are significantly more affordable than in retirement homes, accessibility is limited due to high utilization. Limited access to short-term assisted living accommodations places the stroke survivor at greater risk of re-hospitalization or LTC placement..
- Generally, the number of beds in LTC homes is inadequate requiring some stroke survivors to wait long periods for a bed. This leads to increased alternative level of care days in acute care or rehabilitation and possible re-hospitalization.

Issues Impacting Delivery and Integration of Community Support Services for Stroke Survivors

Recruitment and retention of experienced therapy providers and pressures on community agencies to provide the same services with less funding

- The competitive request for proposal process for Community Care Access Centre service providers results in staffing cuts, decreased wages, cuts or loss of benefit packages, lack of or insufficient remuneration for mileage and limited funding for educational opportunities to enhance or maintain staff skills. This affects retention of experienced allied health professionals and in turns affects the ability to provide mentorship to new graduates and the ability to take on students.
- There is minimal opportunity in the community and LTC settings to hire health care professionals experienced in stroke care.

Limited transfer of information and follow-up among service providers, health care professionals and community agencies / care centres regarding stroke prevention and rehabilitation needs during transitions in care

- There are inconsistent processes of information transfer and communication at every transition point across the continuum of care. Utilization of tools such as the Ontario Stroke System's Transition Information Plan (TIP) could be used to enhance information transfer and communication.

- Stroke survivors often arrive home or to LTC with minimal information about their medical plan, secondary stroke prevention recommendations or functional status including rehabilitation needs and goals.
- Lack of information flow costs extra health dollars as assessments must be repeated. This results in service delays. Unregulated health care providers following up on care needs tend to take a low risk approach to care delaying initiation of active care plans.

Lack of community services for stroke survivors

- Many communities lack support services for stroke recovery including stroke survivor and caregiver support groups, outpatient services (e.g. day hospital programs) and community activity and exercise programs.
- Access to CCAC rehabilitation services may be limited.

Accessibility to available community services

- Access to community service agencies, outpatient rehabilitation and service providers with stroke expertise is limited and existing programs often have waiting lists.
- Data released in the *Ontario Stroke Evaluation Report 2006: Technical Report* which is a supplement to *Integrated Stroke Care in Ontario an Ontario Stroke Evaluation Report 2006* indicates that CCAC stroke service provision is not meeting the level of service provision recommended in the Community Stroke Best Practice Guidelines (2005).
- Stroke survivors who can be seen in an outpatient setting or community clinic may not be eligible for CCAC services
- Community based services may also be unavailable due to the stroke survivor's financial inability to pay for private therapy services, the physical inaccessibility of the building where the programs are located, and the lack of transportation.

Access to assistive devices

- Limited access to Assistive Devices Program (ADP) assessors for mobility (e.g. wheelchair or walker) and communication devices.
- Minimal/no access to specialized wheelchair/seating and adult augmentative communication clinics. This often means that people who are most at risk stay on lengthy waiting lists and must travel out of their region/district for services.
- There is no funding available to cover the costs of an ADP assessment (unless the assessment is completed while in hospital) and many people have difficulty paying 25% of the equipment cost.
- ADP restrictions provide no funding for outdoor mobility or home safety equipment / modifications including grab bars, raised toilet seats, bath transfer benches etc.

Lack of coordination of available services for stroke survivors

- There is no mechanism in the health care system that assists stroke survivors with system navigation.
- Often stroke survivors are not aware of available programs or how to access these programs.