

Home-based stroke therapy improves outcomes, eliminates wait times, saves money

October 1 2012

Home delivery of stroke rehabilitation improves care, eliminates waiting lists for treatment and saves hundreds of thousands of dollars annually in hospital costs, according to a quality improvement project presented today at the Canadian Stroke Congress.

Early Supported Discharge, introduced as a permanent part of the Calgary Stroke Program in 2011, has resulted in equally good or better cognition, communication and physical function for people who receive therapy in their own homes as opposed to in a hospital or facility.

Not only that, the program has helped to virtually eliminate waiting lists for inpatient [stroke therapy](#) in Calgary, reduced lengths of stay in inpatient rehabilitation by an average 12 days, and saved approximately \$1 million in the first year.

The 160 Calgary residents who received therapy in their homes for an average of five weeks following stroke saw significant improvements in knowledge use, [upper limb](#) use, domestic life and [interpersonal interactions](#). All participants said they would recommend this approach to other people with stroke.

The program "blurs the boundaries between different disciplines providing care," including occupational therapy, physical therapy, recreation therapy, speech-language pathology, social work and nursing, says project lead Darren Knox, Unit Manager of the Calgary Stroke Program. Individualized therapy takes place three to five times a week

for up to eight weeks.

The Calgary team focuses on skills involved in activities meaningful for daily living in the community. For example, a client's goal of visiting the local [coffee shop](#) requires work on walking and route-finding, [cognitive skills](#) involved in money management and the language necessary for ordering a beverage.

"Addressing multiple areas of care every day keeps the person with stroke interested and motivated, which leads to a higher intensity of care, better carry-over from rehabilitation to real life, and faster improvements in a shorter period of time," Knox says.

"Providing people with therapy in their own homes or community is very effective," says neurologist Dr. Michael Hill, Co-Chair of the Canadian Stroke Congress. "By sending the person with stroke home and bringing rehabilitation to them, a more personalized approach to health care is being delivered with excellent results."

"This program demonstrates the benefits of focusing on clients' individual needs and aspirations following stroke," says Ian Joiner, director of stroke for the Heart and Stroke Foundation. "Imagine the savings to the health care system if similar programs were made available to all Canadians."

The Canadian Stroke Congress is co-hosted by the Canadian Stroke Network, the Heart and Stroke Foundation and the Canadian Stroke Consortium.

Provided by Heart and Stroke Foundation of Canada

Citation: Home-based stroke therapy improves outcomes, eliminates wait times, saves money

(2012, October 1) retrieved 20 March 2024 from <https://medicalxpress.com/news/2012-10-home-based-therapy-outcomes-money.html>

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