Stroke Network
Southwestern Ontario
Serving Erie St. Clair and South West LHINs

Speech Language Pathology Care for Stroke Survivors
Quick Reference Guide and Assessment Checklist
(COVID-19 Pandemic)

This document is intended to guide and support Speech Language Pathologists who may have limited experience working with stroke patients. It provides a summary of the care guidelines and assessments required to support stroke survivors during the acute phase of their recovery.

A. For basic information on stroke, refer to the Stroke 101 document

B. Stroke Assessment:

Within 24 hours:

- ❑ Dysphagia screening completed by trained professional at admission **prior** to intake of medication, fluids and food.

Within 48 hours:

- ❑ SLP assessment within **and development of a comprehensive individualized plan.** This should **include swallowing, communication and language.**
- ❑ Refer to Speech Language Pathology (S-LP) stroke assessment checklist.
- ❑ Clinicians should use standardized valid assessment tools to evaluate the patient's stroke-related impairments (Refer to S-LP stroke assessment checklist)
- ❑ Discharge planning should begin as early as possible.

Within 72 hours:

- ❑ For patients in the acute phase of their stroke, the AlphaFIM® assessment (if credentialed), should be completed on or by Day 3. Components filled out by SL-P will generally include "Expression". If **not credentialed,** connect with a credentialed co-worker to assist in completing the AlphaFIM or talk to your leader **(Reminder: patients on droplet isolation are scored as "non-walkers").**

OR

- ❑ For patients in the inpatient rehabilitation phase of their stroke, the AlphaFIM® assessment (if credentialed), should be completed within **72 hours of admission** AND again at **discharge**. Components filled out by SLP include " Communication".

FIM Instrument Overview.pdf

Updated April 25, 2020

Stroke Network
Southwestern Ontario
Serving Erie St. Clair and South West LHINs

C. General Principles for Best Practice during Inpatient Acute and Rehabilitation Phase

Acute phase

- All stroke patients admitted to hospital with acute stroke should be mobilized between 24hours and 48 hours of stroke onset **unless contraindicated.**
- The team should promote the practice and transfer of skills gained in therapy into the patient's daily routine during inpatient stay.
- Education and enabling self-management for people with stroke, their families and caregivers, should be included as part of all healthcare encounters, and during transitions. Education provided by staff should be documented.
- Staff should be aware of methods to support communication with persons impacted by aphasia and other communication disorders (See Education section for training).

Inpatient Rehabilitation Phase

- Therapists should strive towards the target of 180 min of therapy daily per patient across all core disciplines (OT, PT, SLP and Therapist assistant). Provision of therapy should be intensive, 1:1, face-to-face and goal-directed.
- Therapy should include repetitive and intense use of patient-valued tasks that challenge the patient to acquire the necessary skills needed to perform functional tasks and activities. The team should promote the practice and transfer of skills gained in therapy into the patient's daily routine during inpatient stay.
- Education and enabling self-management for people with stroke, their families and caregivers, should be included as part of all healthcare encounters, and during transitions. Education provided by staff should be documented.
- Staff should be aware of methods to support communication with persons impacted by aphasia and other communication disorders (See Education section for training).
- FIM score will determine the patient's stroke severity, known as "Rehabilitation Patient Group", which allows to determine patient target length of stay.

Rehabilitation Patient Group (RPG)	Benchmark LOS (days)
1000 Mild	48.9
1100 Mild	41.8
1200 Moderate	35.8
1300 Moderate	25.2
1400 Moderate	14.7
1150 Mild	7.7
1160 Mild	0

*** Given the unprecedented demands that COVID may require of the system, the above LOS targets may need to be altered, considering primary discharge goals are focused on patient* ***safety and ability to continue their care in a virtual rehab model.*** *As such, teams should be functioning within an Early Supported Discharge paradigm.*

Stroke Network
Southwestern Ontario
Serving Erie St. Clair and South West LHINs

D. Discharge planning:

- ❑ Discharge planning should include the interprofessional team, the patient and caregiver/family.
- ❑ Deliver timely and comprehensive information, education and skills training to all patients and their family and/or caregivers.
- ❑ Does patient meet the eligibility criteria for inpatient rehabilitation or post-hospital rehabilitation services?

Inpatient Rehabilitation	**Post-Hospital Rehabilitation services** **Programs accepting applications during COVID-19 are mostly available through virtual care.*
• Would benefit from interdisciplinary rehabilitation assessment and treatment from staff with stroke expertise • Goals for rehabilitation can be established • Medical stability • The patient demonstrates the ability to participate in rehab • Care needs cannot otherwise be met in the community	• Patient has functional goals that individual/intensive therapy • Medical stability • Patient can manage safely in their home environment with or without HCC • Patient has family supports • Primary rehabilitative needs can mostly be met in the community within a virtual care model of care with or without the assistance of a caregiver.

- **YES? -**liaise with stroke team to make referral to appropriate inpatient, outpatient or community rehab program. See table for programs in the Southwest (SW) and Erie St-Clair (ESC).

- **NO? -**Continue to monitor and assess rehabilitation needs, collaborate with the patient, family, caregiver and the interprofessional team to determine an appropriate discharge plan and link to appropriate community resources (e.g. CNIB, March of Dimes Canada, etc.).

<table>
<tr><th colspan="3">Inpatient, Outpatient and Community Rehab programs in the SW and ESC</th></tr>
<tr><th colspan="3">Inpatient Stroke Rehabilitation Programs</th></tr>
<tr><td>Parkwood Institute, London</td><td>Woodstock General Hospital</td><td>St-Thomas Elgin General Hospital</td></tr>
<tr><td>Huron Perth–
*temporarily located in Seaforth</td><td>Grey Bruce – Owen Sound Hospital</td><td rowspan="2">Hotel Dieu Grace Healthcare, Windsor</td></tr>
<tr><td>Bluewater Health, Sarnia</td><td>Chatham Kent Health Alliance-Chatham Campus</td></tr>
<tr><th colspan="3">Outpatient Programs</th></tr>
<tr><td>Comprehensive Outpatient Rehabilitation Program – Parkwood Institute, London
**Services provided virtually; in-person visits by exception</td><td colspan="2">Intensive Rehabilitation Outpatient Program – Woodstock
*referrals accepted internally only at this time
**Services provided face to face or/and via phone</td></tr>
<tr><td>Transitional Stroke Program – Chatham
*referrals not accepted at this time</td><td>Community Reintegration Program – Sarnia
*services provided virtually</td><td>Windsor Outpatient Program - Hotel Dieu Grace, Windsor</td></tr>
<tr><th colspan="3">Community Rehabilitation Programs</th></tr>
<tr><td>Community Stroke Rehabilitation Team (London, Middlesex, Elgin & Oxford; Grey Bruce; Huron Perth)
**Services provided virtually; in-person visits by exception</td><td>Community Outreach Team, Hotel Dieu Grace Healthcare, Windsor
*services provided virtually</td><td>eRehab program (Windsor and Chatham)
*services provided in person and virtually</td></tr>
</table>

E. Patient & Family Information & Education

Education and Information is the responsibility of the entire health care team.
Ensure that you are keeping the patient, and their family members/caregivers apprised of all aspects of care and are providing any necessary education.
Education starts in the ER and continues throughout the inpatient phase into the community.

Key education resources include

- ✓ Hospital specific Stroke Education resources (e.g.: Your Stroke Journey, etc.)
- ✓ Key Stroke care providers (educators, staff on stroke unit, manager) can direct you to education resources that are typically used
- ✓ Community Stroke resources on the SW Healthline and ESC Healthline
- ✓ Supported Conversation for Adults with Aphasia (SCA™) training module

Speech Language Pathology Stroke Assessment Checklist – COVID-19 Pandemic

Prior to seeing the patient consider the following during the chart review:

- Is the patient NPO for a procedure or surgery?
- Has a swallow screen been completed? What is the treatment plan?
- Review acute care notes, SBAR and liaise with previous care team for handover if possible
- Review the NIHSS and the Neurology and/or Neurosurgery note if available

Swallowing Assessment	Swallowing Management & Education
❑ All patients admitted with stroke will be **screened for risk of dysphagia** as soon as possible prior to intake of meds, fluid or food, using a validated screening tool • Patients will remain NPO until screen is completed and passed (negative screen) ❑ If **identified to be at risk for dysphagia** (i.e. failed/positive screen) they remain NPO & will require a more detailed **clinical swallowing assessment** ❑ If, based on clinical swallowing assessment, patient is considered to be at **high risk for oropharyngeal dysphagia or poor airway protection,** a videofluoroscopic swallow study (VSS, VFSS) or fiberoptic endoscopic examination of swallowing (FEES), should be considered to guide dysphagia management (e.g. therapeutic intervention). o If patient is COVID +ve, VFSS should be considered over FEES, and only performed if deemed necessary. See up to date CASLPO and organization guidelines related to AGMPs. ❑ Assess readiness for patient, family and caregiver education	❑ Develop an individualized management plan to address therapy for dysphagia, nutritional needs, and specialized nutrition plans. Consider the following: • Consult RD to support nutrition/hydration needs orally or through enteral nutrition management • Restorative swallowing therapy: e.g. lingual resistance, breath holds and effortful swallows • Compensatory techniques: e.g. consider posture, sensory input with bolus, volitional control, and texture modification • Oral care protocol - Frequency of oral care - Types of products - Management for dysphagia ❑ Patients, families and caregivers should receive tailored education on swallowing, prevention of aspiration, and feeding recommendations (consider strategies such as teach back)

Stroke Network
Southwestern Ontario
Serving Erie St. Clair and South West LHINs

Communication Assessment and Education:

- ❑ All patients admitted with stroke should undergo **communication assessment** as soon as possible and **within 48 hours of admission**, as appropriate. Consider the following:
- ❑ Severity of impairment and determine early rehabilitation needs
- ❑ Use of a valid standardized tools as able, to determine functional activity limitations, role participation restrictions and environmental factors
- ❑ Discharge planning should begin as a component of the initial assessment in collaboration with the patient, family, caregivers and interprofessional team
- ❑ Results of communication assessment as well as recommended strategies should be communicated to the interprofessional team, patient, family and caregivers.
- ❑ Staff and family should be guided in the use of supported conversation
  - necessary. See up to date CASLPO and organization guidelines related to AGMPs.
- ❑ Assess readiness for patient, family and caregiver education

SWOSN extends thanks to the other Ontario Stroke Networks who have contributed to the development of these documents.