

**Title**            **Organization and provision of rehabilitation services for stroke patients and their families: a review of the evidence**

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## Aim

In Québec, the Ministère de la Santé et des Services sociaux has decided to review the care and services devoted stroke patients, in order to improve access, continuity and quality. INESSS was involved in work by a Comité aviseur ministériel sur l'AVC and published a report on the organization of stroke services in 2011. In addition to INESSS' collaboration with the Comité aviseur ministériel, the provincial Ordre des ergothérapeutes, the Ordre professionnel des physiothérapeutes and the Association des établissements de réadaptation en déficience physique du Québec asked INESSS to look more closely at the rehabilitation services available to stroke patients. There were two parts to this request: 1) defining the trajectory to be followed by patients and their families in the different phases of the continuum of stroke rehabilitation services; and 2) describing standards for the process of dispensing services in the different phases to ensure that stroke patients are sent directly and quickly to the place most capable of meeting their rehabilitation needs, given the severity of their impairment and their demographic and socioeconomic characteristics.

## Conclusions and results

This evidence review and the examination of the different publications yields a number of observations.

General considerations :

- The various institutions and their components should be appropriately linked and mechanisms should be put in place: to facilitate transition between the different phases of care; provide for effective communication between facilities; maintain therapeutic objectives determined in individualized intervention plans; facilitate the use of a common set of evaluation tools.
- Of the available evaluation tools, the National Institute of Health Stroke Scale (NIHSS) and Canadian Neurological Scale (CNS) scales and the Functional Independence Measure (FIM) are likely the most appropriate for classifying a stroke according to its severity. The Functional Autonomy Measurement System (SMAF), which is commonly used in Québec with the elderly, could be used to evaluate disabilities.

- As for the intensity of rehabilitation interventions, one should opt for the highest possible level based on the patient's needs and individual tolerance.
- Caregiver involvement is essential, especially when planning patient discharge.
- Professional practice should be evidence based.
- The electronic health record and telerehabilitation are useful for improving access to and the quality of care.

## Methods

This report is a review of the scientific evidence, clinical practice guidelines, and experience of some health care systems outside of Quebec, in order to synthesize the existing knowledge and draw conclusions for decision-makers involved in planning rehabilitation services in Québec. Since the recommendations examined originate from regions where organization of the health care system and demographics differ from that in Québec, transposition to the Québec context is made with caution. Eight clinical practice guidelines from key countries (Canada, United Kingdom, Australia and the United States) were selected, to which was added, work by the Ontario research group Evidence-Based Review of Stroke Rehabilitation (EBRSR), which incorporates several systematic reviews. The methodological quality of the clinical practice guidelines and the research studies that were included was assessed with validated tools.

## Written by

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