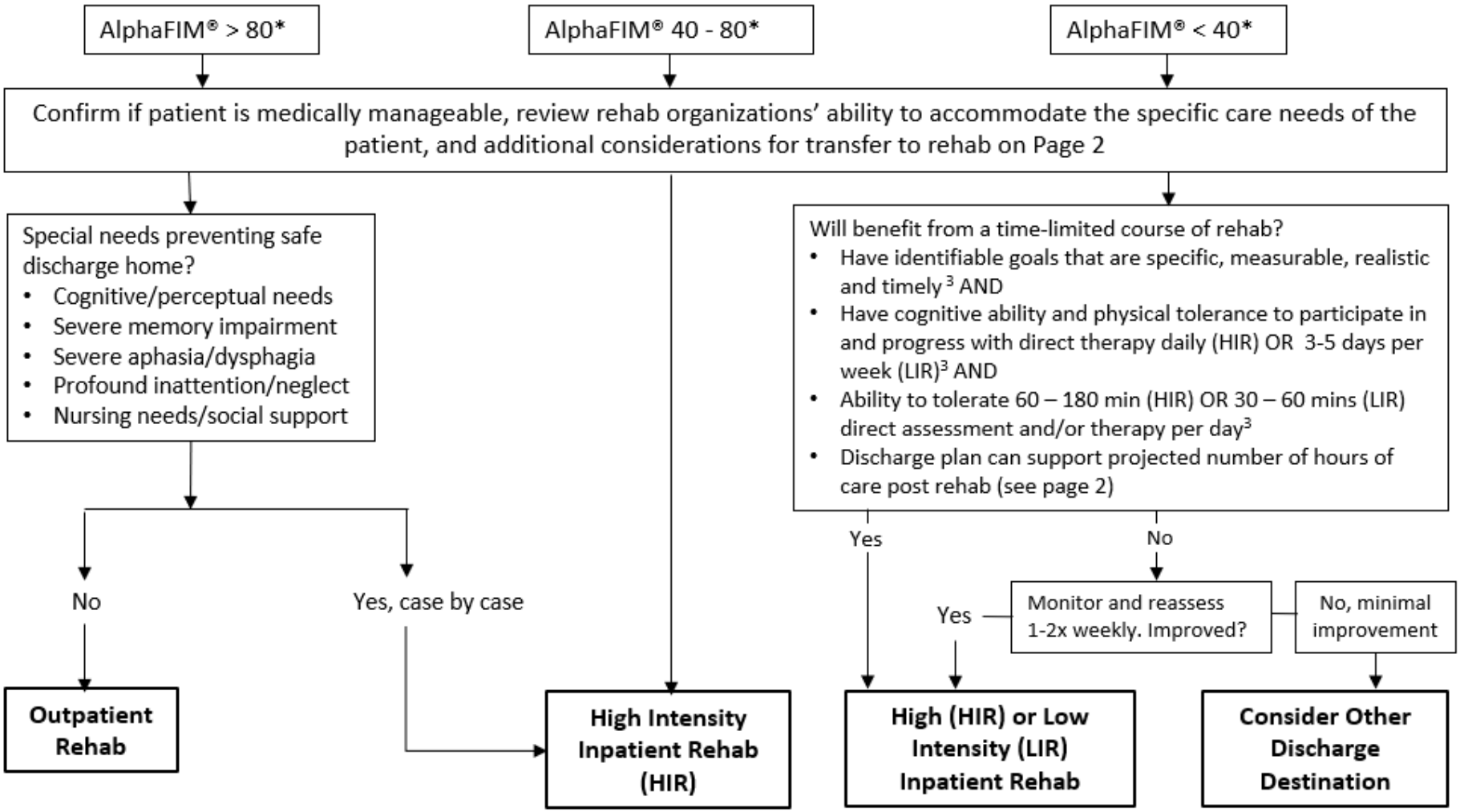
Toronto Stroke Networks

GTA REHAB Network

Stroke Triage Tool[1] – Inpatient High and Low Intensity Stroke Rehab Admission Guidelines

Complete AlphaFIM® Instrument[2] on or by Day 3 (post stroke admission)

Target Transfer to Rehab: Ischemic 5 days, Hemorrhagic 7 days



*Projected FIM® rating

[1]The Stroke Triage tool is set within the context of the Stroke Flow initiative and will be evaluated on an ongoing basis. The AlphaFIM® Instrument should not be used as the sole source for triage decisions – please review the inpatient admission guidelines for stroke rehab on page 2 of this document.

[2]A projected FIM® rating (sum of raw motor and cognitive ratings) is derived from completion of the AlphaFIM® Instrument. 2004, 2005, 2007, 2010 Uniform Data System for Medical Rehabilitation (UDSMR), a division of UB Foundation Activities, Inc. (UBFA) All rights reserved. All marks associated with AlphaFIM, FIM are owned by UBFA.

[3]Adapted from RCA Framework for Bedded Levels of Rehabilitative Care 2023

INPATIENT ADMISSION GUIDELINES FOR STROKE REHAB – Supplement to Stroke Triage Tool

PREDICTING DAILY CARE REQUIREMENTS

The AlphaFIM® Instrument provides an estimate or projection of the FIM® rating on the day the AlphaFIM® items were assessed[4]

Raw FIM® Rating (Sum of Raw Motor and Cognitive Rating)	Daily Care Requirements (Hours of Assistance)
20	>8
21-30	Approximately 7-8
31-40	Approximately 6-7
41-50	Approximately 5-6
51-60	Approximately 4-5
60	Approximately 4
80	Approximately 2
90	Approximately 1
100	Minimal or no assistance
110	No assistance

As a guide when discussing final discharge plans, consider the approximate daily hours of assistance required from another individual to perform typical ADLs. The average stroke patient makes a 20-25 point change in FIM during inpatient rehab[5]

REHAB ORGANIZATION'S ABILITY TO ACCOMMODATE THE SPECIFIC CARE NEEDS OF THE PATIENT

Patient is medically stable as per the medical stability criteria but has one or more of the following:

X – Not able to accommodate ✓ - Able to accommodate EPC – Essential Professional Conversation

*Patient must be able to attend off-site HD appointments safely and independently or with family and/or caregiver support, after 3 pm

	Bridgepoint	Providence	St John's	Toronto Rehab	West Park
NG Tube	X	X	X	X	X
Hemodialysis (HD)	✓ On-site HD	✓ Off-site HD* ✓ EPC required	✓ Off-site HD* ✓ EPC required	X	✓ Off-site HD* ✓ EPC required
Peritoneal Dialysis (PD)	✓	✓	X	X	X
Locked Unit	X	X	X	X	✓ Fall 2024
IV Chemo	✓EPC required	X	X	X	X

PATIENT IS MEDICALLY MANAGEABLE[6]

- ❑ A clear diagnosis and co-morbidities* have been established.
- ❑ At the time of discharge from acute care, acute medical issues have been addressed; disease processes and/or impairments are not precluding participation in the rehab program
- ❑ Patient's vital signs are stable
- ❑ No undetermined medical issues* (e.g. excessive shortness of breath, falls, congestive heart failure)
- ❑ Medication needs have been determined

*All medical investigations have been completed or a follow-up plan is in place at time of referral and follow-up appointments made by time of discharge.

ADDITIONAL CONSIDERATIONS TO SUPPORT TRANSFER TO REHAB

Essential professional conversation may be required for the following:

- Supplemental oxygen:
  - Note: home oxygen may need to be arranged
- IP&C: precautions/isolation needs
- Specialized equipment: i.e. bariatric, VAC, air mattress
- Tracheostomy
- Pre-existing/emerging conditions that require a plan of care to support patient's transition to rehab (e.g. behavioral or psychiatric conditions)

[4] AlphaFIM® Instrument Guide 4.03 /personal correspondence Uniform Data System for Medical Rehabilitation 2012.
[5] Ontario Stroke Evaluation Report, Ontario Stroke Network 2012
[6] Referral Guidelines for Bedded Levels of Rehabilitative Care revised Feb 2023