Transitioning to the Community – Opportunities and Challenges

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Objectives

- Discuss phenomenon of transition from hospital to community for stroke survivors
  - Findings from two studies
    - Physical therapy for stroke survivors during the transition from hospital to community
    - Chronic disease self management for stroke survivors
  - Evidence from literature
  - Discuss clinical implications

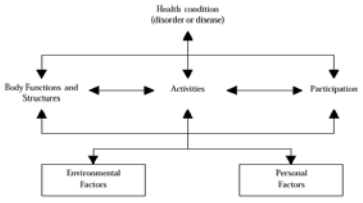
Transition

- 'transitional care is defined as a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location" (JAGS 51: 549-555, 2003)

Components of Effective Transitions
(from J Am Geriatric Soc, 51: 549-555, 2003)

- Communication
  - A common plan of care
  - A summary provided by sending institution
  - The patient's goals and preferences
  - Contact information
- Preparation – of patient and caregiver about what to expect at next site
- Follow-up plan re: outstanding tests and follow-up appointments

Transition – moving to participation?



WHO 2001

Stroke survivors experience of transition?

- 'patients view recovery as a return to previously valued activities, whereas physiotherapists view recovery in the more limited sense of a return to movement and the ability to achieve basic ADL's' (Soc Sci Med 2004: 59: 1263-1273)

Physical therapy for stroke survivors during the transition from hospital to community

Manns PJ, May LA, Chard G, Edney P

Purpose

- Phase I – stroke survivors
  - Explore the phenomenon of the transition from hospital to home
- Phase II – Physical therapists
  - Explore the optimal role of the physical therapist during the transition period

Phase 1 - Methods

- Mixed methodology (qualitative and quantitative)
- Participants
  - Stroke survivors in rehabilitation hospital
  - Ambulatory at least 10 meters
- Timed Data Collection
  - Before discharge
  - 2 weeks after discharge
  - 6 weeks after discharge

Phase 1 - Data Collection

- Quantitative
  - All 3 time periods
    - Ambulatory activity by step activity monitor
    - Stroke impact scale (Duncan et al., 1999)
- Qualitative
  - Interview at 6 week visit

Results

Phase 1 Stroke Survivors

Participants

Ambulatory Activity

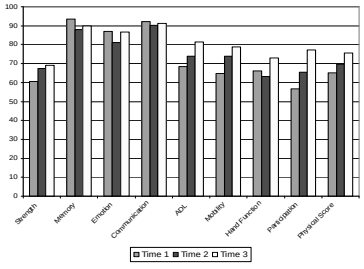
- Measures:
  - Steps per day
  - Pattern of activity

Ambulatory Activity

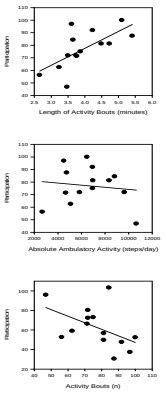
	Pre-discharge	Two weeks post discharge	Six weeks post discharge	p
Dose of Activity				
Steps per day	5541.4 (1845.8)	5506.2 (2196.6)	6195.0 (2068.0)	0.239
Absolute activity (minutes/day)	182.6 (38.5)	198.5 (69.0)	228.8 (65.4)	**0.03**
Activity bouts (n)	57.6 (15.9)	57.2 (21.4)	61.5 (17.9)	0.505
Intensity of Activity				
Low (%)	62.6 (8.6)	68.0 (12.5)	68.5 (8.4)	0.206
Moderate (%)	31.2 (7.4)	24.7 (7.3)	26.2 (5.4)	0.167
High (%)	6.2 (5.0)	7.3 (10.7)	5.4 (5.8)	0.669
Pattern/Variability of Activity				
CV (%)	84.4 (8.3)	76.3 (10.8)	79.0 (8.3)	0.201
Length of activity bouts (minutes)	3.3 (0.5)	3.6 (0.8)	3.8 (0.7)	**0.03**
Max 60	13.1 (4.0)	16.9 (13.6)	18.0 (11.8)	0.147

Intensity of activity: ≤ 15 strides per min = low, >15 and ≤ 40 strides per min= moderate, >40 strides per minute = high.

Stroke Impact Scale Domains over Time



- Is activity associated with successful participation (transition) following discharge?



Qualitative Results

Phase 1 – Stroke Survivors

Interview at 6 weeks

- Purpose – explore the phenomenon of transition to home
- Semistructured interview guide (selected questions)
  - What was it like during the first few weeks after discharge?
  - Did you feel prepared to go home?
  - Tell me about the help you've received since you've been home.

Content Analysis

- Iterative process
- 2 reviewers read transcripts separately
- Reviewers then meet to agree on preliminary categories
- All transcripts coded using NVivo 7®
  - Preliminary categories modified during coding process

Iterative Process - Example

Emotion			Sources	References
	Anger		2	3
	Coping		7	29
	Fear		5	6
	Frustration		7	36
	Happiness		3	3
	Hope		4	12
	Other		6	16
	Pride		2	13
	Sadness		5	14
	Stress		2	12

Results – Phase 1 Stroke Survivors

- Categories
  - Transitions
    - Adaptations of life
    - Adjustments of self
    - Returning home
  - Emotions
  - Resources
- Theme
  - Continuum

Transitions – Adaptation of Life/Self

- ‘ you walk and you move around and you do things and you don’t even think about it. Now I have to think about every move I make’

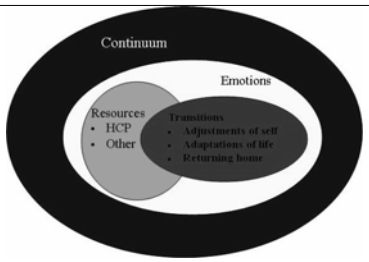
Transitions -Returning Home

- ‘Well, maybe the first two weeks it was hard. You know, just adjusting, because it was all me, and then I had to focus on everybody else‘
- ‘And I think I focused more after I came home, than I did in the hospital’

Resources

- ‘I wait for six weeks, nobody call’
- ‘I would say people should be able to go home, but they should still be able to get therapy…But there isn’t any’.
- ‘if they had the facilities there where you could go down when you had nothing to do – even do the treadmill, or the bicycle’

How the categories fit together



Phase 2 – Physical Therapists

- Ten PT's interviewed (from home-care, inpatient and outpatient rehabilitation settings)
- Semistructured interview questions:
  - What problems do you assist with?
  - What is the ideal role of the PT during transition period
  - Are there factors that affect your ability to work with stroke survivors in the transition period
- Same analysis process used

Role of PT

- What you do?
  - Problems treated
  - Communication
  - Educator
- How you do it
  - Logistics (settings, service delivery, communication)
- Factors that affect role
  - Client
  - Organizational structure
  - Communication

What you do

- Problems treated
  - 'generally when we see them it's shoulder pain and its mobility
  - 'general deconditioning'
  - 'it's stroke plus something else'
  - 'We're at the next (level), where we're going to get all those subtle problems and make them better'
- Education
  - 'We're doing more talking and you know, lifestyle planning…they're not actually doing much physical but you're doing a lot of listening …sort of psychosocial adaptation'.
  - 'Finding the resources, what's out there and accessing them – it's not a barrier, it's just a job you have to do'

How you do it

- Service delivery
  - 'We've been assessed now. We were assessed in acute care, we were assessed at the rehab place, we were assessed by you. When is someone going to do something??'
  - 'Maybe have less people involved but someone more intensively involved … help to ease the number of people going in and asking the same questions'

Factors

- Discussion of factors that affect role including:
  - Communication
    - referral back and forth was challenging
  - Computer technology
  - Funding
  - Staffing (availability of assistants)
  - Time
  - Organization
  - Perceived lack of programs in the community
    - From stroke survivors and PT's

Ideal Role/Services

- Follow-up
  - 'They need to be able to learn to do that in their home environment but, you know, I think it would be useful to check in on them. Even the telephone, and we're not very good at doing that'
- Educator
  - Programs
  - What to expect
  - Adjustments

Clinical Implications

Putting the two study phases together

PT's and Stroke Survivors

- Continuum important to both
- Follow-up important to both PT's and stroke survivors
- Services in the community – timely, available in area

Evidence for Follow-up Interventions

- Passive interventions have no effect on HRQOL and health care utilization in stroke survivors discharged from acute care (Mayo et al. *Age and Ageing* 2008:37; 32-38.)
- 'Therapy-based rehabilitation services targeted towards stroke patients living at home appear to improve independence in personal activities of daily living' (Cochrane Review, 2003; Therapy based rehabilitation for stroke patients at home).
- Relapse prevention workshop with stroke survivors? (Amati F, Barthassat V, Miganne G, et al. *Patient Educ Couns.* Sep 2007;68(1):70-78.

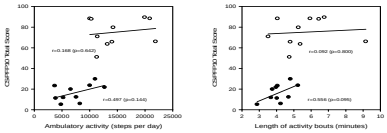
Activity

- We found
  - Daily activity and length of activity bouts increased
  - FIM and Brunnstrom scores not associated with activity or participation
  - Length of activity bout strongest association with participation
- Breaks in sedentary time (i.e. less sitting time) associated with better metabolic profile (Diabetes Care 2008 31: 661-666)
- Is there value in activity monitoring in community setting?
  - LIFE trial provides background information (Med Sci Sport Exerc 2007 39; 1997-2004)

Next questions?

- What is the effect of a physical activity based intervention vs. fitness based on participation and functional ability?

Association between ambulatory physical activity and functional ability



•Close circles (stroke survivors), open circles (matched controls)

•CS-PFP10 =Continuous Scale Physical Functional Performance Test (Cress ME, Petrella JK, Moore TL, Schenkman ML. Continuous-scale physical functional performance test: validity, reliability, and sensitivity of data for the short version. *Phys Ther*. Apr 2005;85(4):323-335).

Chronic disease self management and stroke

Manns PJ, Chard G

Stanford chronic disease self management model

- http://patienteducation.stanford.edu/programs/
  - In Edmonton – Live Better Every Day
  - In Calgary – Row your own Boat
  - Others throughout the province
- Theoretical basis – self efficacy

Living with Stroke™

- Designed for stroke survivors who have completed their active rehabilitation and are living in the community (from website).
  - http://www.heartandstroke.ab.ca/site/c.lqIRL1PJJtH/b.3916701/
- Both programs focus on problem solving, group process, action plans

Why Self Management?

- Many people with stroke demonstrate characteristics that may benefit from self management education, and improvement in self efficacy (Jones, Fiona. Disabil Rehab 2006; 28: 841-847) http://www.steppingoutuk.org.uk/
- Self management programs more available

Purpose of Study

- Determine the feasibility of Stanford Chronic Disease Self Management program for people with stroke

Participants

- 13 stroke survivors
- 4 facilitators
- All participated in Live Better Every Day program
  - Composition of group varied (i.e. 1-2 stroke survivors to majority stroke survivors).

Methods

- Qualitative interview with 13 stroke survivors and 4 facilitators
- Used semi-structured interview guide

Strategies for Change

- Statements that refer to information presented in the workshop with respect to behaviour change
  - 'it would be action plans, I think not even so much doing them but realizing that I need to break things down'
  - 'One of the most important things was goal setting…I was more casual about achieving things before'

Outcome

- Behaviour change
  - 'It builds up my confidence to get out and talk to other people…this is something that helps me on that journey'
- Reframing
  - 'they learned how to reframe everything. And to try to see the positives, rather than just the negatives. And see that they've got abilities, and not just limitations.'

Factors (Learning and Outcome)

- Group important to learning
  - Group too small – ability to learn from others affected
- Environmental Factors
  - External to the participant such as transportation, accessibility
- Timing
- Previous knowledge

Recommendations from Facilitators

Implications for Clinicians

Timing

- 3 of 4 recommended starting program after active rehabilitation
  - 'I think its preferable to wait until things settle down a bit'
- Concurs with Living with Stroke criteria
- Not necessarily in agreement with stroke survivors
  - 'When you're discharged you're thinking positive about getting into routines…so having tools given to you, the toolbox and the goal setting…'

Group composition and logistics

- Amount of content
  - Generally challenging to deliver it content in the 2.5 hour time slot
  - 'I'd go for an hour – 12 times'
- Participants
  - Some degree of cognitive impairment and/or language challenges manageable (i.e. 1-2 people) – if more than that productive discussions more difficult to facilitate
  - Group with a variety of diagnoses recommended by facilitators

Summary

Opportunities?

- Take or make opportunities to work in the community
  - An example
    - http://www.camrose.com/leisure/edgeworth/
  - Collaborate
- Some things better done in the community
- Fitness and activity important for chronic stroke survivor
  - Secondary prevention through risk reduction

Opportunities?

- APSS
- Improving education of rehabilitation professionals across province is really about providing better continuity of care
  - Mentoring is about transitioning
- APSS learning modules
- Stroke Certificate

Challenges

- Community domain perhaps not traditionally rehab professional, what is our contribution?
- Community programs only associated with research are short lived
- Outcome measures

Acknowledgements

- Physiotherapy Foundation of Canada
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