2012

Stroke Rehabilitation, Length-of-Stay, and Re-Admission Rates: A Literature Review

Morgen Hagedorn

Minnesota State University Mankato

Follow this and additional works at: http://cornerstone.lib.mnsu.edu/etds

Part of the Clinical and Medical Social Work Commons, Neurosciences Commons, and the Social Work Commons

Recommended Citation


This Other Capstone Project is brought to you for free and open access by the Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.
Statement of Purpose
Stroke is shown to be a significant U.S. health problem with a profound impact on the nation’s rising healthcare costs (Hall, Levant, & Defrances, 2012). Longer patient length-of-stay (LOS) and higher re-admission rates have brought consequences to healthcare systems as institutional budgets are unable to reconcile the additional services and the influx of healthcare demands. Through a comprehensive literature review, the author illustrates the general knowledge available on the stroke experience, on stroke rehabilitation, and on patient LOS and re-admission rates. The literature review is based on general medical research with a focus on the stroke population. The objectives of the literature review were: (1) to explore the patient and family experience of stroke, (2) to assess stroke rehabilitation services and the recovery process, (3) to evaluate LOS and re-admission rates associated with this population, and (4) to explore areas for improved practice and implications for social work intervention.

Methodology
To complete this literature review, the investigator searched the Academic Search Premier database through the Minnesota State University, Mankato (MNSU, M) library services. Also, through the MNSU, M library services the investigator accessed Topic’s in Stroke Rehabilitation, Stroke, Stroke Recovery and Rehabilitation, and Disability and Rehabilitation journals. This investigator further utilized the Allina Health library system to search PubMed and the MeSH database with key terms “stroke,” “re-admission rates,” and “length of stay.” All articles and resources collected were between the dates of 2006 to present. The investigator initially selected articles based on subject terms and the content of the abstract prior to including the study in the literature review. All articles were read and analyzed by the investigator to develop themes in order to present a comprehensive literature review.

Summary of the Literature

Patient and Family Experience
• Stroke is shown to influence an individual’s ability to return to work, engage in meaningful life activity, participate in the family system, and contribute to the community and society (Conroy, Milani, Levine, & Stein, 2009; Evans, Kimmon, & Holmes, 2010).
• The impact of stroke on family members can present a variety of issues, including: declining physical and mental health of caregivers, and social issues and financial problems for the family system (Bakas, 2009).
• Family caregivers of stroke patients in the United States rarely have an adequate understanding of the role to which they are committing themselves (Lutz, Young, Cox, Martz, & Creasy, 2011).

Stroke Rehabilitation and Recovery
• Inpatient stroke rehabilitation in the United States is most commonly conceptualized as a “team-oriented, patient-centered, Medicare-driven service provided to stroke survivors” (Conroy, Dziedzic, & Horn, 2009, p. 42).
• Inpatient rehabilitation facilities are the most frequently utilized facilities for stroke rehabilitation in the United States with maximum functional recovery best achieved with early intensive rehabilitation (Conroy et al., 2009; Gregory, Edwards, Faunt, Williams, & Felix, 2010; Kind, Smith, Fytik, & Finch, 2007).

Discussion
The most important aspect of a stroke event is the subjective experience. With limited insight on the personal meaning of stroke, it remains the practitioner’s duty to provide a holistic, comprehensive assessment for effective service provision. With LOS and re-admission rates as an ever-growing concern of administration and practitioners it becomes more difficult to take into account patient preference. The social work role presents a patient-centered approach to service provision and a system of communication for the rehabilitation team in working with the patient and family. As the national healthcare system continues to adjust with increasing economic burden, the social work position provides an opportunity for facilities to deliver highly effective and efficient services with limited cost.

Key Findings
• Specialized stroke unit care in partnership with inpatient stroke rehabilitation may present an ideal system of care in serving this population for administrators, practitioners, patients, and families.
• It would be influential in stroke care to have comparative or statistical models available for assessing risk of re-admission, as such models may present an opportunity for cost savings and improved service provision.

Future Recommendations
• Examine inpatient rehabilitation facilities for specific strategies in predicting and reducing patient LOS.
• Assess organizational features for reducing patient LOS and re-admission rates.
• Develop comparative or statistical models for assessing patient risk of re-admission.
• Continue to study the subjective experience of stroke and the process of family adjustment and community re-integration.

References
References are available from the author upon request.

Practice Implications
• Not until the stroke experience is viewed as a psychosocial transition can the role of social work be adequately understood for this population (Salter, Hefflings, Foley, & Tesseil, 2008).
• More patient- and family-centered care may provide better outcomes for stroke patients as the involvement of the patient and family may aid with coping and adjustment as well as discharge planning (Rosenwasser, Rosenik, & Pandyan, 2011; Visser-Meily et al., 2006).
• It is appropriate to consider patient preference in discharge planning in order to account for the individual’s perception of their limitations and the subjective experience of the stroke survivor (Allberg, Ulander, Thulin, & Berg, 2010).

Table 1: Average Length-of-Stay (Allina Health, 2012b)

<table>
<thead>
<tr>
<th>LOS</th>
<th>National</th>
<th>SKRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>16.54</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>13.72</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graph: Average LOS by Inpatient Rehabilitation Facility