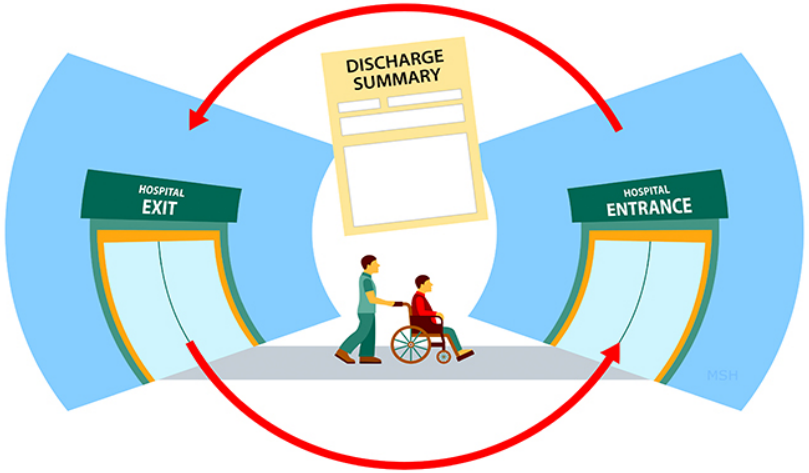
Toronto abi Network

OCTOBER 11, 2017 WEBINAR
(Slide deck updated: August 2023)

Acquired Brain Injury: Transitioning from Acute Care to Inpatient Rehab



Parts of this presentation were taken from Toronto Rehab and St. Mike's Hospital's "ABI: Transitioning from Acute to Rehab" presentation (2014). Authors: Hong, Miranda (TRI – UHN); Poonjiaji, Zia (St. Michael's); Volpe, Carmen (TRI – UHN); Yue, Sandra (St. Michael's).

UHN Toronto Rehabilitation Institute

St. Michael's
Inspired Care. Inspiring Science.

Objectives

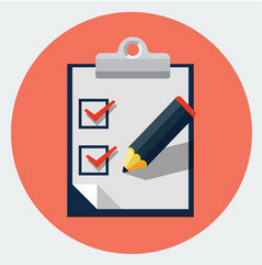
- The inpatient ABI rehabilitation programs and the different streams
- Strategies that can be implemented in hospital to help your patient become ready for inpatient ABI rehab
- Applying to rehab: what to include in the application form
- Considerations for discharge planning if a patient is not a candidate for ABI rehabilitation

Toronto abi Network

Toronto abi Network

ABI Rehab Inpatient Programs and Streams

GTA ABI Admission Criteria



- 18 years of age or older
- Medically and psychiatrically stable
- No IV, continuous oxygen (needs to be off oxygen for therapy), NG/OG tubes, bolus feed schedule if PEG
- Participation must be active and engaged (not PROM)
- Demonstrate learning/carry-over
- Orientated > 1 including use of aids and strategies
- Clearly defined rehabilitation goals and the potential to achieve them
- No exit seeking, wandering is okay for some rehabs
- No restraints or need for sitter (unless for wandering only)
- Minimum participation as per stream criteria

Toronto abi Network

Regular vs. LTLD

- Are they consistently *participating?*
- What is their *tolerance* level?
- How *quickly* are they improving?
- Do you think they would recover enough to go home within 4-5 weeks?
- Are they ambulating?

Toronto abi Network

ABI Inpatient Streams

	Regular Stream Rehab	Low Tolerance Long Duration (LTLD)/ Reconditioning
Tolerance	45-60 minute sessions, 2-3x/day, 5-6 days/week	20-30 minute sessions, 1-3x/day, 3-4x/week
LOS	Average 4 weeks	Average 10-12 weeks
Participation	Active	Active and Passive
Rehabilitation Facilities	• Bridgepoint • Toronto Rehab- University Centre • West Park	• Bridgepoint • Toronto Rehab – Bickle Centre

Toronto abi Network

ABI Programs

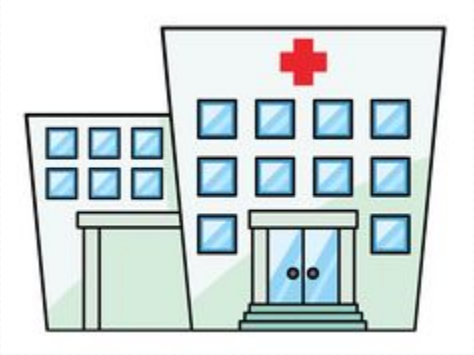
Toronto abi Network

High Intensity Inpatient Rehab Admission Guideline

	Toronto Rehab - UHN *(University Centre)*	Bridgepoint Sinai Health System	West Park Healthcare Centre
Location	Dundas and University Ave.	Broadview and Gerrard	Jane and Eglinton
# of beds	33	14 ABI (19 ABI/Neuro beds, can flex up in numbers of ABI beds)	7
Age	18+	18+	18+
	• All patients must be medically stable • All patients must be psychiatrically stable • All patients must be able to tolerate: 2-3 therapy sessions/day, for 45 - 60 minutes each session for 5-6 days/ week (5 days/week only for West Park Healthcare) • All patients must be oriented x 2 and demonstrate carry-over of new learning		
Tube feeds	⇐ Must tolerate bolus feeds; G-tube-yes, No-NG tube; feeds must be intermittent ⇒		
Secured Unit	Yes	No	No

Toronto abi Network

Strategies in acute care



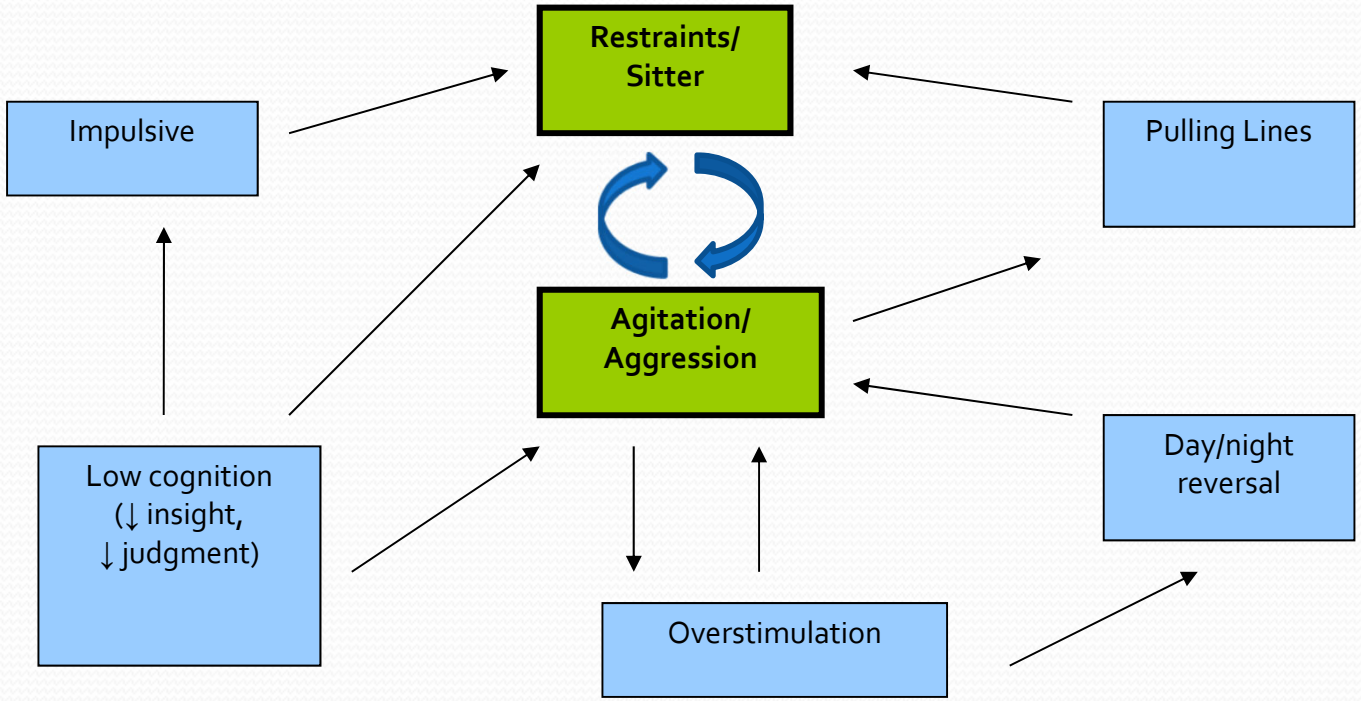
Strategies towards rehab readiness

To address the following:

- Restraints/sitter
- Impulsivity/Judgment/Insight
- Agitation/aggression
- Day/night reversal
- Low cognition (orientation/attention/memory)
- Line management

Toronto abi Network

ABI - Vicious Cycle



UHN Toronto Rehabilitation Institute

St. Michael's
Inspired Care. Inspiring Science.

Toronto abi Network

Strategies towards rehab readiness

- Remove lines as appropriate
  - If patient has a PEG/G tube you can use abdominal binder and/or two gowns to prevent pulling
- Reset sleep cycle
  - Active during the day as tolerated
    - Posting a bedside daily/weekly schedule of activities (nursing/therapy) including naps/rest
    - Ensure team members are accountable to schedule
  - Lights out at night
  - Discussion with medical team regarding relevance of medications to assist with sleep (e.g.. Melatonin, Immovane)

Toronto abi Network

Strategies towards rehab readiness

- OT for cognition
  - Re-orientation
  - Memory book
  - Signs (e.g. room location, bedside calendar with orientation answers, call bell usage)
- Psychiatry vs. geriatric consult for medication management
- Awareness of stimulation level and patient response
- "High-observation room"
- Wanderguard
- Toileting schedule
- Call bell training
- Low bed/bed alarm

Toronto abi Network

Strategies towards rehab readiness

- Purpose:
  - To build awareness of deficits and assist with demonstration of new learning and carry over
- Strategies:
  - Re-orientation
    - Person, place, time, mechanism of injury
    - Verbal and visual
    - Staff and family involvement
  - Signs
    - Room location (outside the room),
    - Bedside calendar with orientation answers
    - Reminder to use the call bell/ask for help
  - Memory book
    - Can contain calendar, visitor log/daily journal, daily schedule, mechanism of injury

Toronto abi Network

Strategies towards rehab readiness

- Referral to psychiatry or geriatrics for medication management of:
  - Agitation
  - Sleep/wake cycle
  - Aggression
  - Delirium/hallucination
  - Premorbid baseline
- Awareness of stimulation
  - Overstimulation (visual, auditory, tactile)
  - Restraints/sitter

Toronto abi Network

Strategies towards rehab readiness

- "High Observation Room"
  - A ward room with one shared sitter
  - May or may not still require restraints
  - Allows opportunity for weaning
  - Reinforces cognition and call bell training
- Wanderguard
- Toileting schedule
  - Decreases incidence of falls

Toronto abi Network

Strategies towards rehab readiness

- Call bell training
  - For those who are still at high risk for falls
  - Requires the ability to use a call bell
  - Can assist with demonstrating new learning/carry over
- Low bed/bed alarm
  - For those who are still at high risk for falls
  - May or may not be used in conjunction with call bell

Toronto abi Network

Toronto abi Network

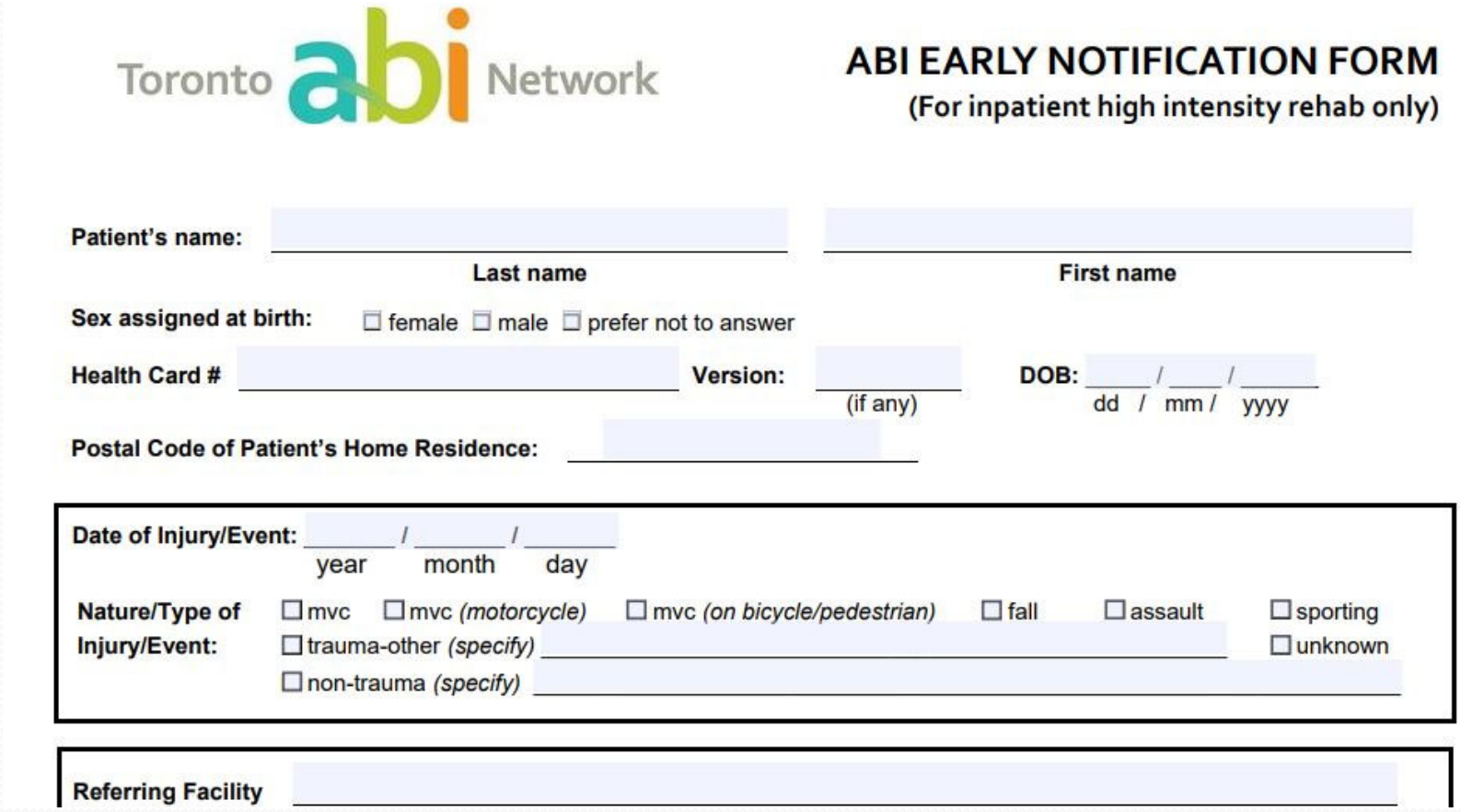
Applying for Inpatient ABI rehab

Early Notification

- All trauma hospitals can send an Early Notification (EN) to the Network (in anticipation of repatriation)
- The EN flags a patient to the Network for follow up
- ABI Network no longer maintains a wait list; EN is no longer a place holder
- A full application when patient is rehab ready is still required
- Hospitals may also receive the ***ABI Rehab ResourceTool*** along with other patient transfer documentation

Toronto abi Network

Early Notification Form



Toronto abi Network

ABI EARLY NOTIFICATION FORM
(For inpatient high intensity rehab only)

Patient's name: _____ _____
Last name **First name**

Sex assigned at birth: ☐ female ☐ male ☐ prefer not to answer

Health Card # _____ **Version:** _____ (if any) **DOB:** ____ / ____ / ____
dd / mm / yyyy

Postal Code of Patient's Home Residence: _____

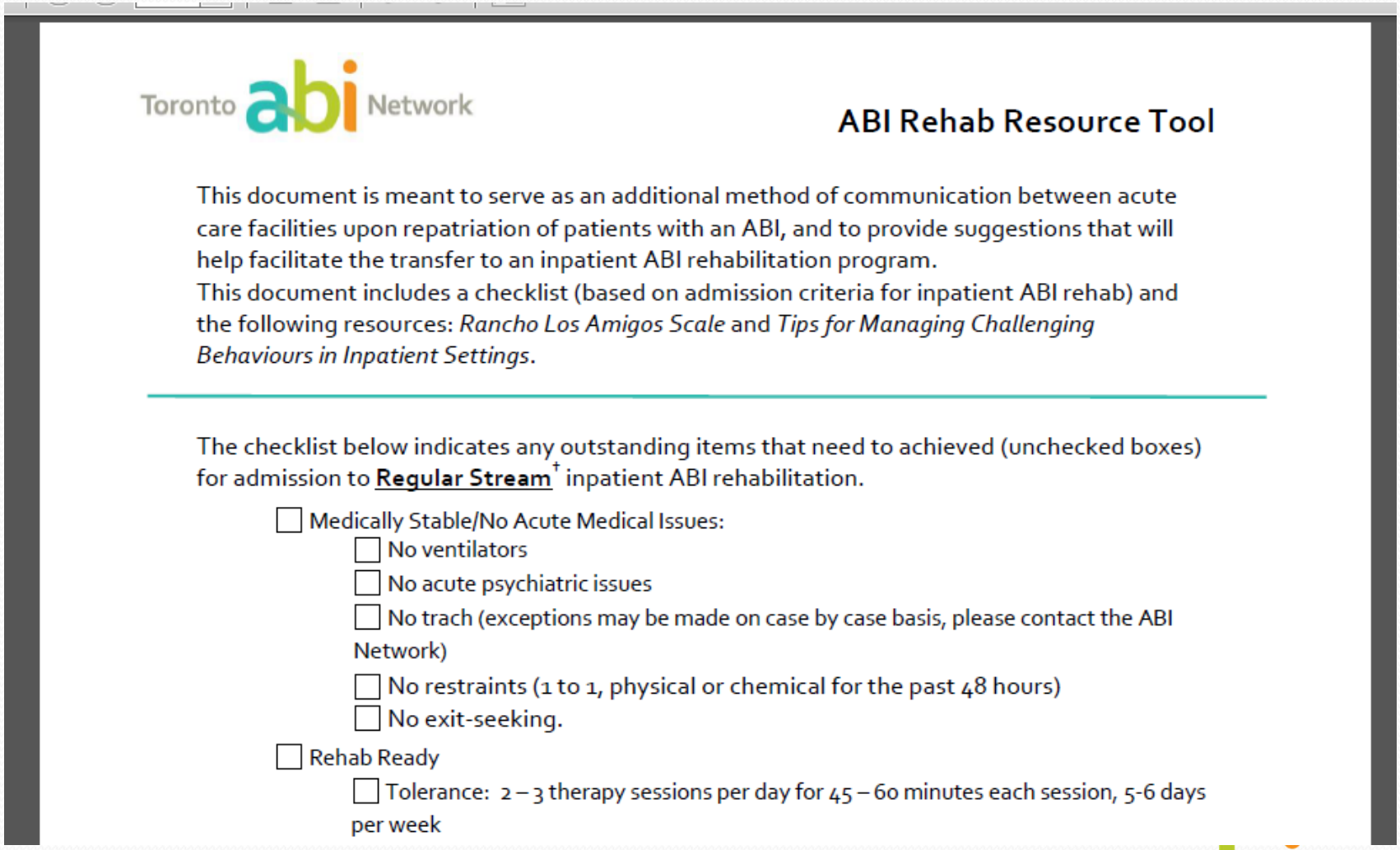
Date of Injury/Event: ____ / ____ / ____
year month day

Nature/Type of Injury/Event:
☐ mvc ☐ mvc *(motorcycle)* ☐ mvc *(on bicycle/pedestrian)* ☐ fall ☐ assault ☐ sporting
☐ trauma-other *(specify)* _____ ☐ unknown
☐ non-trauma *(specify)* _____

Referring Facility _____

Toronto abi Network

ABI Rehab Resource Tool



Toronto abi Network

ABI Rehab Resource Tool

This document is meant to serve as an additional method of communication between acute care facilities upon repatriation of patients with an ABI, and to provide suggestions that will help facilitate the transfer to an inpatient ABI rehabilitation program.
This document includes a checklist (based on admission criteria for inpatient ABI rehab) and the following resources: *Rancho Los Amigos Scale* and *Tips for Managing Challenging Behaviours in Inpatient Settings*.

The checklist below indicates any outstanding items that need to achieved (unchecked boxes) for admission to **Regular Stream**† inpatient ABI rehabilitation.

- ☐ Medically Stable/No Acute Medical Issues:
  - ☐ No ventilators
  - ☐ No acute psychiatric issues
  - ☐ No trach (exceptions may be made on case by case basis, please contact the ABI Network)
  - ☐ No restraints (1 to 1, physical or chemical for the past 48 hours)
  - ☐ No exit-seeking.
- ☐ Rehab Ready
  - ☐ Tolerance: 2 – 3 therapy sessions per day for 45 – 60 minutes each session, 5-6 days per week

Toronto abi Network

General Tips for Application Completion

- Include **ABI Inpatient Rehab Referral Fax Cover Sheet**
- **"Less is More"** - Clear and concise medical summary
- **Psych history** – if not an issue include as part of Past Medical History; if was an issue requiring inpatient psych consult include brief summary and management
- **Cognitive baseline** – include in Past Medical History (e.g."mild memory impairment") , *Dementia* is an exclusion criteria
- **Behaviours** – if no longer an issue (i.e. behaviour has resolved for >48 hrs) then no need to include in Clinical Course
- **Lines** – if anticipate it will be d/c or changed by time rehab has a bed add this to comments

Toronto abi Network

General Tips for Application Completion

- **Disposition post rehab**– have discussion with family regarding possibility of taking patient home after rehab
- **Functional Assessment**
  - Key is to outline how "rehab ready" the patient *is*, not how "complex" the patient *has been*
  - Include examples of participation, carryover, new learning and improvements (especially cognitive recovery)
  - Aphasic – if unable to assess cognition verbally, include other examples that demonstrate carryover, recovery and new learning

Toronto abi Network

Toronto abi Network

Completing the Application Form

Request for Information (RFI)

Top reasons for RFIs (2016)*

Incomplete Information on…

a. Behaviour
b. Participation
c. Cognitive Status
d. Medical

*The next 9 slides will cover the sections listed above. For suggestions on other referral sections, refer to the **ABI Referral Guide***

*In 2016, the ABI Network analyzed data (3 month period) pertaining to RFIs for referrals sent through RM&R and fax

Toronto abi Network

Referral Guidelines

Primary Diagnosis:

- **Date of Injury**
- **Trauma vs. non-trauma**
- **diagnosis**

Past and Relevant Surgical History: Y/N & Text
Current Surgical interventions: Y/N & Text

- **Document surgeries with dates**

Toronto abi Network

Referral Guidelines

Clinical Course in Hospital (e.g. infections, surgical complications):

- **Concise list of conditions/complications which impacted medical course and indicate if it has resolved**
- **Flag issues requiring monitoring in rehab and identify follow up plans**

Toronto abi Network

Referral Guidelines

Participation Level

- Active vs. passive participation in therapy
- How long within a session can the patient tolerate? E.g. 30-60 min
- How many sessions can the patient tolerate per day? E.g. 1-2 x/day
- Comment on consistency with participation
- If the patient has initiation deficits do they respond to verbal cueing
- Does mood impact participation

Sitting Tolerance

- How long can the patient sit up in a w/c or regular chair
- Geri- chairs are not used in ABI rehab

Toronto abi Network

Referral Guidelines

Behavioural Issues

- Current behaviours, i.e. last 48 hours or less
- Use of restraints if indicated and if a bed alarm is required
- Does the patient require a sitter or has a sitter been utilized in the last 48 hours?
- Is family staying overnight or assisting to manage behaviours

Toronto abi Network

Referral Guidelines

Cognitive Status- Attention

- Does the patient require constant cueing to stay on task?
- How long can they sustain their attention?
- Is there better performance in a quiet environment?

Cognitive Status- Orientation

- If patient is aphasic please indicate if choices were used
- Are they oriented with compensatory strategies?
- Are they independent with use of compensatory strategies?

Toronto abi Network

Referral Guidelines

Cognitive Status- Frustration Tolerance

- **Describe any effective strategies used to manage low frustration tolerance**

Cognitive Status- Insight

- **Is the patient aware he/she is waiting for rehab**
- **Does patient acknowledge changes in function, i.e cognitive and/or physical**

Toronto abi Network

Referral Guidelines

Cognitive Status – Memory (Short Term)

- Are they having difficulty remembering after a 5-minute delay?
- Comment on way finding
- Are any compensatory strategies being utilized? i.e memory book
- Does the patient recognize health care provider?

Cognitive Status – Memory (Long Term)

- Is the patient having difficulty recalling personal history

Toronto abi Network

Referral Guidelines

Cognitive Status – Carry-Over/New Learning:

• Examples of carry-over e.g. does the patient remember to apply w/c brakes? Can the patient use a call bell? Frequency of reminders decreasing?	• Able to find their room on the unit? Able to independently go off the unit for coffee
• Demonstration of carryover within session? Between sessions? E.g. using memory book or calendar independently	• Does the patient recognize the therapists/nurses on a day to day basis?

Toronto abi Network

Referral Guidelines

Cognitive Status - Judgment

- Comment on any areas which might be influenced by judgment
  - E.g. Now using call bell to request assistance
- Notifying staff when they want to go off the unit

Toronto abi Network

Options if a patient is not yet rehab ready

- Behavioural Program (West Park)
- Hamilton ABI Slow to Recover Program
  - Will consider if denied from ABI in Toronto due to level of functioning
- Complex Continuing Care
  - Can still transition to ABI rehab once they are rehab ready
- Long Term Care
- Home with family supports +/- community supports

Toronto abi Network

Contact Information

- *Kim Sterling*, Manager, Bridgepoint Sinai Health System
  - kim.sterling@sinaihealthsystem.ca
- *Julie Osbelt*, Referral Coordinator, Toronto ABI Network
  - Julie.osbelt@uhn.ca
- *Miranda Hong*, Service Coordinator, Toronto Rehab Institute/UHN
  - Miranda.hong@uhn.ca
- *Pamela Madan-Sharma*, Manager, West Park Healthcare Centre
  - Pamela.madan-sharma@westpark.org

Toronto abi Network

Toronto abi Network

info@abinetwork.ca

416-597-3057

Sign up to receive updates on future events:
www.abinetwork.ca/subscribe