

## **FRAZIER REHAB INSTITUTE SCOPE OF THE STROKE REHAB PROGRAM**

### **Introduction to Frazier**

The Frazier Rehab Stroke Rehab Program provides comprehensive services to the individual who has experienced a stroke and to the individual's family and other members of their support network. Frazier Rehab Institute has achieved CARF (Commission on Accreditation of Rehab Facilities) Accreditation for the Stroke Rehab Program.

Frazier's admission nurses and affiliated physiatrists (doctors specializing in rehab medicine) are either present in the local and regional hospitals or available through phone and email contact to work closely with the acute care hospital team and the family to transition the patient into rehab. At Frazier we are always willing to open our doors for family tours. We are pleased to show families what is available at Frazier and to introduce them to key team members who will be responsible for the patient's care.

Frazier introduces the patient and family to rehab while the patient is recovering in the acute care hospital. We then provide our Stroke Rehab program to the patient and family through our continuum from inpatient rehabilitation through post-acute outpatient rehab. The intent of the Frazier Stroke Rehab Program is to provide intensive and comprehensive services designed to prevent or minimize chronic disabilities of persons with a primary diagnosis of stroke. The program aims to restore the person to optimal levels of physical, cognitive, social, and emotional functioning within the context of the person, family, and community.

Goals of the program are:

1. To provide a formally organized program for support and advocacy for the stroke survivor and family.
2. To educate stroke survivors and families to understand the effects of stroke and the recovery process through therapy sessions, bedside teaching, active participation at stroke education classes, and routinely scheduled family teaching sessions.
3. To improve the patient's physical functioning in mobility, self-care, and communication as needed.
4. To improve the patient's thought processes, memory skills, perception and judgment through cognitive retraining activities as needed.
5. To develop a comprehensive discharge plan for the patient by working closely with the patient and family to identify needed resources and services and make appropriate referrals.
6. To promote a safe, functional transition to home and the community.

### **Persons Served**

Frazier Rehab Institute's Stroke Rehab Program offers comprehensive services to patients of all ages. Our rehab team has clinicians specializing in pediatric and adult neurologic

treatment. The Stroke Rehab Program is available to patients at any level of recovery after stroke – from severe to mild impairments.

To be admitted to the Frazier inpatient program, an individual must have family or other caregivers available to participate in the family teaching program with the goal to care for the patient in the home setting; be medically stable and able to participate in 3 hours of therapy per day. To be considered medically stable, a patient must meet all of the following:

- All vital signs stable
- Free of fever for at least 48 hours
- Adequate nutrition/hydration (orally or by feeding tube)
- All medications adjusted/finalized and plans for use defined
- Must not require one-on-one care by a nurse
- All work up procedures and surgical interventions completed (or definite plans finalized)
- Participation restrictions and activity limitations defined.

To be admitted to the inpatient Stroke Rehab Program, the patient must not require constant psychiatric intervention or active treatment for chemical detoxification. Further, infectious disease must be absent or controlled so that the safety and health of other patients are not compromised and so the patient is not prevented from participating in the rehabilitation program.

## **INPATIENT REHAB**

### **Frazier's Inpatient Stroke Rehab Program**

Frazier offers inpatient rehabilitation to individuals who are recovering from stroke either on the adult neurologic floors or the pediatric floor. Each of these inpatient floors has been specially designed for patients' and families' comfort, privacy, and care needs. Patients are provided rooms that are well equipped to manage medical and nursing care and to allow family and friends to visit comfortably. The patient rooms are wired for internet access for family members' convenience and are equipped with large flat screen televisions. Visitors to Frazier also have wireless access throughout the downtown building. A family member is permitted to stay overnight if the patient is staying in a private room. A patient dining room is available on the floor for meals and for recreational activities. Families are welcome to reserve a dining room for a special family occasion.

The Frazier inpatient rehab program operates seven days per week. Adult and pediatric patients should expect to receive at least 3 hours of therapy five of every seven days. Inpatient therapy may begin as early as 7:30 am and can continue until approximately 4:30 pm. Each patient's schedule is adjusted as needed to best suit his/her progress and situation. Some therapy may take place in the patient's room, for example, basic self-care activities involving grooming, dressing, and hygiene. Other activities are better suited to spaces where specialized therapy equipment is located. Some therapy activities might occur in other parts of the building and campus including an outdoor therapy area. On occasion, the therapists may accompany the patient on a community outing. Most therapy sessions are provided one-on-one with patients. We also offer co-treatments by two therapy disciplines working together to treat the patient. Some therapies may best be provided in a group format. Frazier's Stroke Rehab Program offers three groups that a stroke survivor might attend during their inpatient rehab admission. These are: the **Stroke Education Group, the Social Daily Living Skills Group, and the Therapeutic Dining Group**. Group therapies typically are provided in addition to the three hours of individual therapy patients receive five of every seven days.

The **Social Daily Living Skills Group** is led by an inter-disciplinary team to take individual therapy a step further by promoting social interaction while doing physical, cognitive and recreational therapy activities. Examples of activities include planning and carrying out a social event, playing Wii, or cooking a meal.

The **Therapeutic Dining Group** is held weekdays during lunch to assist patients with swallowing and feeding problems to feed themselves, practice safe swallowing, and achieve good nutrition in a social setting.

The stroke survivor may be scheduled to attend the **Stroke Education Group**. Families are strongly encouraged to attend this group even if their stroke survivor is not scheduled to attend the group. There are many misperceptions and myths about stroke and life after stroke and the Stroke Education group attempts to clearly communicate the facts about stroke. A goal of the Stroke Education group is to teach personal health advocacy to the stroke survivor and his/her family so they will take an active role in managing their health and healthcare. This information is covered in four sessions. The topics covered are:

1. The **Stroke Facts and Staying Healthy after Stroke** session explains why strokes occur, what the consequences are after stroke, and how to prevent further stroke. The session also teaches about medication and life style management for controlling blood clotting, blood pressure, cholesterol, and diabetes. Prevention of complications such as deep vein thromboses (blood clots in the limbs), urinary tract infections, bowel problems, decubitus ulcers (bed sores), pain, and seizures is covered.
2. The **Nutrition** session teaches how to eat the right amount of the essential nutrients to achieve optimal energy level, keep muscles strong, fight infection, and feel healthy. In addition, the dietitian educates the participants about nutrition

- problems that can follow stroke and how rehab addresses problems such as dysphagia (swallowing problem), dehydration, and malnourishment.
3. The **Emotional Recovery Following a Stroke** session discusses grief, depression, anxiety, and difficulty with emotional control that can be experienced after a stroke. Coping and adjustment, intimacy and sexuality, and support groups and resources are also addressed.
  4. The **Health, Wellness, and Safety** session teaches about the physical changes in the body such as spasticity (stiff or rigid muscles) and how to protect the body from harm. Home safety and home accessibility are discussed. The session promotes long term health and wellness by exposing the participants to leisure education, adaptive equipment that can be used to participate in recreational activities, and the availability of community resources.

### **Getting Started**

Upon admission to inpatient rehab, the team completes evaluations and works with the patient and family to develop an individualized and integrated treatment plan. It is important that a coordinated approach to rehab is provided to each patient so all impairments caused by the stroke are addressed and potential medical complications are prevented. The patient and family are considered essential team members in this planning process. Our goal is to get the patient home, and family involvement is crucial to make this happen. Our team will use information about your family's lifestyle and personal goals to help craft a plan for promoting the smoothest recovery and return to home. The program operates on the premise that continual, individualized assessment, intervention, and treatment occur throughout the patient's rehabilitation.

A stroke survivor often experiences physical, cognitive, communicative, emotional, and/or social changes. For example, the person may be having trouble finding words, thinking, walking, dressing, or interacting. No two stroke survivors show exactly the same problems or impairments. This is because everyone's brain is different, and the extent and type of damage to the brain after a stroke varies between individuals. Our experienced team teaches the patient and family to have an ongoing understanding of the patient's level of recovery and the best ways to achieve optimal recovery.

The rehab team provides family members written information, verbal instruction, and support as the patient goes through rehab. We will conduct team and family meetings as needed to ensure the family and the rehab team goals are the same. Our program has many team members who are specialized in stroke rehab. The entire team will provide relevant education to the patient and family throughout the rehab stay.

## **Facilities, Technology and Treatment**

The adult neurologic units have treatment areas on the floor that have been especially designed with the therapy needs of the neurologic patient in mind. The therapy space on the floors is comprised of:

- Therapy gym for Occupational and Physical Therapy
- Speech Pathology offices
- Private treatment room for use when distractions need to be minimized
- Practice kitchen area for daily living skills
- Practice bathroom area for daily living skills
- Splinting room

The equipment available in the neurologic therapy areas can be used for general rehab purposes, but was primarily selected because of the needs of the neurologically involved patient. Our therapeutic approaches and equipment address difficulty with balance, sitting, mobility, self-care, vision, cognition, emotions, communication and swallowing.

Some examples of technology and techniques we have available to the stroke patient are:

- Dynavision™ for visual perception
- Biometrics™ for upper extremity rehab
- Robots for improving shoulder/elbow, wrist, and hand movement
- overhead lifts for transfers, standing, and walking
- Motomed™ for exercise and retraining
- Nusteps™ for exercise and retraining
- Bioness™ for functional electrical stimulation
- Deep physical agent modalities including ultrasound, electric stimulation, and anodyne
- Modified constraint induced movement therapy
- Dynamic splinting for upper extremity functional return
- Serial casting and medications for spasticity management
- Fluoroscopy for the swallow evaluation
- Endoscopy for the swallow evaluation
- Neuromuscular electrical stimulation for the swallow
- Frazier Water Protocol
- Ramps, curbs, stairs, and parallel bars for ambulation therapy
- Therapy pools
- Animal assisted therapy
- Assistive technology and wheelchair seating resource center, and
- A car for practicing getting in and out of a vehicle

The pediatric therapy areas are equipped for children with special emphasis on the needs of children with neurologic injuries and illnesses. The therapy gym has a wide array of specialized equipment including parallel bars, ramps, curbs, stairs, motomed, nustep, and gross motor play equipment. Adjacent to this space is a sensory integration gym which has swings, slides, and climbing apparatus. Sensory integration therapy is available to pediatric stroke patients. Also located on the pediatric floor is the Snoezelen room where patients are provided sensory stimulation in a calm, non-distracting environment. There are speech pathology offices and a private treatment room located in the therapy area as well.

We have a classroom space in the therapy area for academic tutoring sessions. Our Academic Reintegration Coordinator arranges for tutoring through the Jefferson County Public School System as appropriate and coordinates record exchange and return to school with the child's home school district if the child resides out of Jefferson County.

The pediatric floor has the Ronald McDonald Family Room for family relaxation and the LaRosa Lounge for recreational activities and down time. On the Frazier grounds, we have built an outside therapy area that contains playground equipment and mobility space.

### **The Frazier Team**

The Frazier inpatient team members include:

- Physiatrists (physical medicine and rehabilitation doctor)
- Other consulting physicians
- Case managers
- Rehab nurses
- Nursing assistants
- Psychologists
- Neuropsychologists
- Occupational therapists
- Occupational therapy assistants
- Physical therapists
- Physical therapist assistants
- Speech-language pathologists
- Dietitians
- Pulmonary rehab clinicians
- Recreation therapists
- Rehab aides.

There is frequent communication between team members about patient issues and progress. Great communication leads to the best care and optimal rehab outcomes. We designed our Frazier inpatient floors and established our teams with great communication in mind. The team meets formally with the patient and family at least every 7 days to review progress and identify what is needed to get the patient home.

Family teaching is essential to the patient's success. We expect the family to attend therapy sessions to learn how to best care for the patient and to support what the patient is learning. Transition to home is more successful when the family helps the patient carry over the techniques and recommendations taught in therapy and at the bedside.

### **Spiritual and Peer Support**

The team can assist in addressing spiritual needs by connecting the patient and family with available religious and/or spiritual support and services provided through the medical center. If preferred, an individual's personal religious ministers may be called in for spiritual support.

Frazier offers a **Peer Visitor Program** for stroke survivors and their families. The Frazier Peer Visitor Program is based on a program developed by the American Stroke Association and the American Heart Association. A core group of stroke survivors and family members has been trained to provide support to newly diagnosed stroke survivors and their families. The peer visitors provide emotional and practical support by sharing struggles and successes they have experienced.

### **Self advocacy**

Shared care plans are portable health profiles that can be used to share an individual's personal health information in any future encounters with medical professionals. At Frazier, patients and/or their families are taught how to complete these pocket sized cards and update them as health conditions, medications and other health information change. By using a shared care plan, a patient can help the next health care worker have a clear picture of the patient's health situation.

### **Case Management**

Our case managers are the team coordinators. A case manager's role is to link the family, patient, and rehab team. The case manager communicates with the insurance company to report the patient's progress and the team's recommendations. The case manager coordinates and schedules family education and team and family conferences. The case manager supports the patient and family in discharge planning by identifying services, support, and equipment that will be needed after inpatient rehab. The case manager assists with community resources including post-acute rehab services, transportation agencies, stroke support groups, and financial programs. We have a commitment to our patients to assist them in conserving their financial resources to meet their long-term care needs and this is achieved through our case management services.

The case manager works closely not only with the family and patient but also the rehab team. There is frequent communication between team members about patient issues and progress so that all are updated routinely. Great communication leads to the best care and optimal rehab outcomes. We designed our Frazier inpatient floors and established our teams with great communication in mind. The team meets formally at least every 7 days to gauge overall progress toward discharge goals and to update the discharge plan as needed. More frequent, informal meetings are held to coordinate care.

### **The Downtown Medical Campus**

Frazier Rehab is located in a thriving medical community. Acute care hospitals surround Frazier including the Kosair Children's Hospital attached by pedway, Jewish Hospital also physically attached, Norton Hospital across the street, the University of Louisville Hospital and the James Graham Brown Cancer Center down the street. The University of Louisville (UL) Neurosurgeons and Psychiatrists reside in Frazier's building. Medical consultation by a variety of specialties is available as needed. A UL Neuro-Optometrist runs a weekly clinic at Frazier for inpatients experiencing visual impairments after stroke. She is available to follow patients when discharged as needed.

### **Family Teaching**

Family teaching is essential to the patient's safe and successful discharge to home. We expect the family to attend therapy sessions to learn how to best care for the patient and to support what the patient is learning. New learning is more likely to occur and become stable, when the family helps the patient carryover the techniques or recommendations that were taught in therapy or at the bedside. Families are encouraged to attend the Stroke Education and Support group offered Monday through Thursday each week.

### **AFTER INPATIENT REHAB**

Recovery from stroke takes time. Inpatient rehab is typically a short stay. The rehab team generally makes recommendations for continued therapies after inpatient discharge. Many patients are able to return home and resume therapies in an outpatient setting. Frazier has multiple outpatient options.

### **NeuroRehab Program**

Frazier operates the NeuroRehab Program located at 4912 US 42 in Louisville's East End, which is a comprehensive outpatient day program that specializes in managing the rehab needs of patients with cognitive deficits after a stroke or other form of acquired brain injury. The team approach offered to the stroke outpatient in the NeuroRehab Program is individualized to decrease the level of disability and the need for assistance, while increasing productivity in the home, workplace, school, and community.

Services offered at the NeuroRehab Program include:

- Cognitive, behavioral, and emotional treatment
- Physical conditioning
- Vocational preparation
- School re-entry
- Substance abuse counseling

- Driving skills training
- Bioptic Driving Program
- Home evaluations
- Home management
- Concussion management
- Visual-perceptual treatment
- Job analysis
- On-site work evaluations
- On-site work re-entry
- Preparation for independent living
- Prevention and wellness education.

The NeuroRehab Program team consists of:

- Occupational Therapists
- Speech-Language Pathologists
- Physical Therapists
- Psychologists
- Case Managers
- Rehab Aides
- Office Coordinator

The NeuroRehab Program works closely with the Frazier Neuropsychology department to make appropriate referrals to for neuropsychological evaluations. Neuropsychological evaluations, conducted at the downtown Frazier facility, provide valuable information to the patient, the family, and the therapists working with the patient. These assessments are part of the outpatient treatment program. The information gained from the neuropsychological assessment can help determine the individual's current level of functioning and learning abilities for school or work environment, in addition to identifying cognitive skills that need to be addressed in therapy.

The NeuroRehab Program also collaborates with the Department of Vocational Rehab which is a state funded agency that provides a vocational counselor who assists patients with return to school or gainful employment. A vocational rehab counselor is on site at the NeuroRehab Program twice weekly. Vision therapy is offered at the NeuroRehab Program by a neuro-optometry practice.

### **Traditional Outpatient Rehab Services**

Many stroke survivors will not need the intensity of the NeuroRehab Program. Frazier offers outpatient stroke rehab at multiple sites throughout the Louisville Metro area. The case manager can help the patient and family to identify the most suitable location to receive outpatient therapy based on your convenience or specialized services available.

The outpatient clinic located in the downtown Frazier Rehab Institute building has access to all the equipment and technology available to the inpatient stroke patients. Young

children are best served in our downtown outpatient pediatric program. The children are treated on the pediatric floor in the specialized therapy spaces with the appropriate equipment and therapists with a pediatric specialty.

### **Home Health Services**

Patients may qualify for home health services (for example, therapy, nursing, social work) for a period of time because travelling to an outpatient setting may be too difficult for them. Oftentimes, home health therapy may be provided for a transitional period until the patient is able to attend therapy at an outpatient setting. Frazier can arrange for rehab in the home through the VNA Nazareth Home Care, a service of KentuckyOne Health. We also can make referrals to other home care agencies if preferred by the patient and family.

### **Subacute Rehab in Skilled Nursing Facilities**

Some patients may continue to require 24 hour nursing care and a less intense level of therapy and may be discharged to a skilled nursing facility. The case manager will guide the patient and family through this process and assist in the transfer to the skilled nursing facility.

### **Maintaining Wellness and Fitness After Stroke**

Frazier has developed the Community Fitness and Wellness Center within the downtown Institute. Individuals with disabilities can become members of this program to improve cardiovascular/aerobic fitness, muscular strengthening and flexibility. The Community Fitness and Wellness Center is staffed by exercise science professionals and equipped with state of the art equipment.

### **Frazier's Commitment to Stroke Survivors and their Families**

Frazier's Stroke Rehab Program provides intensive and comprehensive services designed to prevent or minimize chronic disabilities while restoring the person to optimal levels of physical, cognitive, social, and emotional functioning. The clinical team is both competent and compassionate. We are committed to providing the best environment, services, professionals, and education to assist the patient to achieve the highest level of independence possible.

We understand that experiencing a stroke impacts the patient, family, and network of friends. We try very hard as a team to be aware of the difficulties each one is experiencing and to help you feel comfortable with and knowledgeable about the services we are providing you.