



Canadian Stroke Network

Réseau canadien contre
les accidents cérébrovasculaires

News Release: March 19, 2008

Study urges improvements to outdated, inefficient stroke rehabilitation system in Canada

Weekend therapy, more intense outpatient care needed

LONDON, ON – Stroke rehabilitation in Canada needs a significant overhaul given the current system is outdated, inefficient and funnels too many people into costly nursing-home beds, according to a Canadian Stroke Network-funded report in the March issue of the prestigious *Archives of Physical Medicine and Rehabilitation*.

Lead author Dr. Robert Teasell of the University of Western Ontario says nursing home costs for stroke patients total more than \$600 million a year in Ontario. Twenty-two per cent of institutionalized adults over age 65 in the province have suffered a stroke. Many of these individuals could have avoided long-term care if they'd received timely, well-coordinated and adequately resourced rehabilitation.

“We are trying to change a rehabilitation system that hasn't changed in four to five decades,” says Dr. Teasell, a Canadian Stroke Network investigator. “Our arguments are sound, scientifically-based, relatively easy to implement in the end will not require significant additional funds or resources.”

Dr. Teasell's *Blueprint for Transforming Stroke Rehabilitation Care in Canada: The Case for Change* calls for “better use of current resources in a logical and responsible manner.”

The study, also supported by the Canadian Institutes of Health Research, urges the establishment of specialized rehabilitation units, early admission to rehabilitation for stroke patients, more intensive therapy, task-specific therapies and outpatient therapy. “There is evidence that the brain is ‘primed’ for recovery during the acute stage of the stroke,” the study says.

Improvements to stroke rehabilitation would have a meaningful impact on quality-of-life for stroke survivors and their families, the study says. “As few as one third of stroke patients rate their quality-of-life as good and nearly half of stroke caregivers suffer from clinical depression.”

“We estimated that the number needed to treat on a stroke rehabilitation unit to keep one patient out of an institution at one year was 46,” the study says. “Because the cost of institutionalization is approximately \$43,000 per person a year in Ontario, significant savings of \$200,000 could be achieved theoretically over five years if a single patient were to remain at home.”

Improved access to inpatient rehabilitation also decreases length-of-stay in hospital, creating further savings to the system. However, under Dr. Teasell’s proposal, based on best-evidence and rehabilitation systems in other countries, investment would be required up-front, including an increased number of stroke-specific rehabilitation beds and increased access to therapy through improved use of current resources and on weekends. The biggest change would be reorganizing the rehabilitation system itself with greater standardization of care and guaranteed therapy hours.

Co-authors include Norine Foley, Katherine Salter and Jeffrey Jutai of Lawson Health Research Institute in London.

About Canadian Stroke Network (www.canadianstrokenetwork.ca)

The Canadian Stroke Network includes more than 100 of Canada’s leading scientists and clinicians from 24 universities who work collaboratively on various aspects of stroke. The Network, which is headquartered at the University of Ottawa, also includes partners from industry, the non-profit sector, provincial and federal governments. The Canadian Stroke Network, one of Canada’s Networks of Centres of Excellence, is committed to reducing the physical, social and economic impact of stroke on the lives of individual Canadians and on society as a whole.

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