Mr.Jidesh V.V, Physiotherapist
Dr. Hatem Kamar, Physiotherapist
Mrs.Aysha Ansari, Occupational Therapist
Mrs.Asla Husni Speech Therapist





Acute Stroke Services

Title: Implementation of A Structured Multidisciplinary Early Referral For Acute Stroke Rehabilitation

PROBLEM: Delay in referrals to the main stay rehabilitation disciplines of physiotherapy (PT), occupational therapy (OT) and speech therapy (ST) due to non-structured referral system was noted for CVA in Hamad General Hospital (HGH). Hence the stroke team in HGH had introduced a mandatory multidisciplinary early referral for optimal care of the CVA as part of acute stroke services since July 2013.

AIM: To measure the compliance of the mandatory referrals between PT, OT and ST for acute stroke patients.

TEAM: Stroke Team

SUPPORTED BY:

Dr. Dirk Deleu Dr. Naveed Akhtar

ACKNOWLEDGEMENTS:

Mr Joel Anison

Mr.Saad Gamil

Mr.Shahir M.T

Mr.Mark Dimon Santos

Mrs.Suhdath M.P.

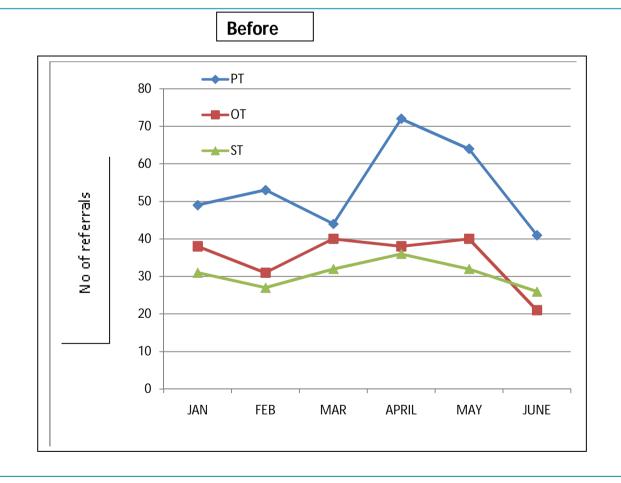
INTERVENTION:

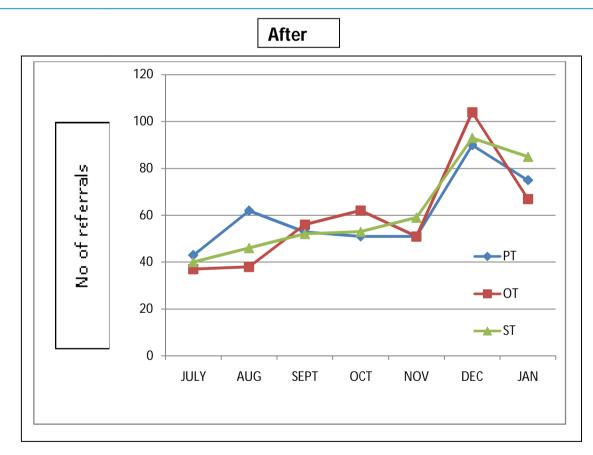
A multidisciplinary referral to PT, OT and ST was initiated for all CVA patients immediately from the emergency department.

The assigned therapist would see the patients within 24 hours following the referral.

The number of referrals to each of the disciplines during the post implementation stage (6 months period) is compared with referrals received before implementation (5 months period).

The difference among the number of referrals to each discipline was calculated





RESULTS: The differences found in the number of referrals during the post implementation stage ranged from 4 to 14, expect for a skewed number of 24 found during a month.

These differences have been drastically low compared to the differences of 12 to 36 referrals found in the months prior to implementation.

The number of CVA patient referral to the rehabilitation services has increased incrementally during the post implementation phase.

CONCLUSION: These early results signify that the implementation of multidisciplinary structured referral system will significantly improve the quality of care for CVA patients in the long run.