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Stroke complicated by hemi-inattention conditions: Limited opportunity for Occupational Therapy rehabilitation in the current health and social care system

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Introduction

Stroke complicated by hemi-inattention presents numerous clinical and rehabilitation challenges in the sub-acute recovery phase. According to the international classification framework, disruption of body functions and structures often results in associated impairments in bladder/bowel control, functional-mobility, nutritional difficulties, skin breakdown and altered conscious states. Efficient management and appropriate access to skilled therapies are necessary to maximise potential for recovery and minimise dependency of patients with this condition.

Objectives

To identify clinical practice barriers hindering access to skilled Occupational therapy intervention for patients with severe stroke and hemi-inattention.

Methods

Multiple outcome measure design and review of patients' medical records. Patient abilities were measured within basic functional-motor and cognitive domains. Skin integrity, continence and carer status, therapy input, destination and duration of stay were recorded. Twenty patients diagnosed with the condition were recruited from two stroke units and sequentially assessed at admission and discharge.

Results

By end of six weeks average stay, 2/20 were still undergoing in-patient care, 18/20 needed full-time care in nursing institutions. All experienced low functional performance outcomes, substantial bladder and/or bowel management problems, decubitus ulcers, pain and prolonged nutritional difficulties. Average of 0.8/week occupational therapy contacts were recorded largely focused on personal-care and discharge preparations.

Conclusion

Patients did not get timely access and fair opportunity to benefit from specialised occupational therapy prior to discharge. Such services are neither widely nor readily available in institutions. Situation appears expedited by policies favouring shorter in-patient stays, local organisational delay in coordinating and delivering basic medical/nursing care and lack of skilled therapy available. These factors tend towards low functional outcomes. Most patients were just beginning to recover core strength, stamina and attention abilities when they were deemed 'failed rehabilitation' and subsequently discharged to nursing-institutions.

Contribution to practice/evidence base of OT

Occupational therapists claim a unique and critically important role in active rehabilitation, health promotion and welfare protection of disadvantaged and vulnerable client groups. A critical review of professional practice, delivery and advocacy for an improved clinical and management system may mean these patients get a fair chance at functional recovery assisted by a professional service.