Optimizing Recovery for Stroke Survivors: Early Outcomes from a Regional Outpatient Stroke Rehabilitation Program

Dr. Heather White^{1,2}, Dr. Olivia Manning^{1,3}, Kiana Barfeh^{1,4}, Sheryl Gibson¹, Patti Harvey¹ Dr. Sarah Moore-Vasram^{1,4}

¹ Providence Care Hospital, Kingston, Ontario, ² Queen's University School of Rehabilitation Therapy, ⁴ Queen's University School of Nursing - Kingston, Ontario,

BACKGROUND

Stroke is a leading cause of long-term disability in Canada and the 3rd leading cause of death. With more Canadians surviving stroke, best practice guidelines emphasize the importance of post-stroke rehabilitation for optimal recovery.

In July 2024 Providence Care Hospital (Kingston) introduced an interdisciplinary Outpatient Stroke Rehabilitation Program supported by Provincial investment in community stroke services. The program provides timely, intensive rehabilitation following discharge from acute stroke care or inpatient rehabilitation.

SERVICES / PROGRAM ELEMENTS

Clients are seen within 72 hours of discharge for ADL re-training, functional mobility, equipment, communication and swallowing support. Therapy is offered 2–5 days per week in 60-minute sessions for up to **12 weeks** and includes:

- **Physiotherapy** (PT/PTA)
- Occupational Therapy (OT/OTA)
- **Speech and Language Pathology** (SLP)
- Social Work (SW)
- **Group Sessions:** Orientation and GRASP Programming
- Weekly Team Rounds

CLINICAL POPULATION

Total Referrals	N = 84			
Referral	30% acute, 62% post-acute,			
Source	8% community			
Total Activated	74 (88%)			
Age	Mean Age: 66 years			
	Age Range: 34 to 92 years			
Gender	55 % Male 45% Female			
Community of	City of Kingston: 57%			
Residence	Southeast Communities: 43%			
Type of Stroke	Ischemic (I) = 86%			
	Hemorrhagic (H) = 12%			
	(I) and (H) = 2%			



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		ness stree ht family Rebuine Dominican	ds ng ild medication ating training food dusting out socks knee paying			of clients booked in target timelines (48 hours post acute care 72 hours post IP Rehab)	"Th the m
<pre>proper O intermed interme</pre>	arry camping household hand Lyn t Mai hom wai	ntain improving alker	bank speech cut Enjoy b0 using using using using using using using	drive dinner bike	Discharge to 1 st appt.	Mean (range) 36 (3-136) days 3 (0-20) days	
Service Utiliz Mean Therapies 3				<pre>enough</pre>	Patient Reported Outcome (average change in score) Stroke Specific Quality of Return to Normal Living In	Life 23 points	
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IENT FEEDBACK

he most positive aspects for me was e ability of the program to change to meet my needs to assist in a quick recovery time."

"Having the outpatient clinic and coming into my therapy so fast after [hospital] was huge."

"Having rehab sessions **so** requently got me really pushing myself, and I went from having rouble walking to now running."

"Lots of information, patience and **help** with our needs. Very lovely therapists with a lot of respect."

KT STEPS

egration of virtual care and in-home support prepare for winter months.

hanced complement of group therapies ardiovascular training, social groups)

ervice growth (with additional funding) to upport more stroke survivors in the region.

TAKEAWAYS

arly intensive rehabilitation significantly proves stroke functional recovery.

atient satisfaction and engagement are high, inforcing the program's value for participants. terdisciplinary collaboration is essential for listic post-stroke care.

iture program expansions will enhance ccessibility and inclusivity.

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