ABSTRACT

A Cross-Sectional Assessment of Stroke Rehabilitation in Nebraska Hospitals

Reference
Jones KJ, Cochran TM, Jensen LE, Roehrs TG, Volkman KG, Goldman AJ. A cross-sectional assessment of stroke rehabilitation in Nebraska hospitals. Arch Phys Med Rehabil. 2012 Sep;93(9):1662-70. doi: 10.1016/j.apmr.2012.04.012. Epub 2012 Apr 24.
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OBJECTIVE: To assess the structure and process of stroke rehabilitation in Nebraska hospitals.

DESIGN: Cross-sectional mail survey using the Dillman tailored-design method of administration.

SETTING: Hospitals in Nebraska.

PARTICIPANTS: Approximately 77% of the 84 Nebraska hospitals that provide stroke rehabilitation are critical access hospitals (CAHs) that are limited to 25 beds. Our study sample of hospitals (N=53) included the 19 hospitals licensed for 47 to 689 beds (non-CAHs) and a stratified random sample of 34 of the 65 CAHs.

INTERVENTIONS: Not applicable.

MAIN OUTCOME MEASURES: Self-reported stroke rehabilitation team structure and processes, purposes of and barriers to the use of evidence-based standardized assessments, specific assessments used, and access to specialized stroke rehabilitation services and community resources.

RESULTS: Thirty-six (68%) of the 53 hospitals responded to the survey. Approximately 61% of the hospitals used an organized team to provide stroke rehabilitation; 8% of the hospitals-all non-CAHs-had a team dedicated to stroke rehabilitation. After adjusting for hospital size, having an organized team was significantly associated with the use of standardized assessments to improve communication, measure progress and outcomes, evaluate effectiveness of practice, and compare patient outcomes across conditions. Access to specialized stroke rehabilitation professionals and services was significantly greater in non-CAHs.

CONCLUSIONS: Hospital size and the presence of a team are determinants of the structure and process of stroke rehabilitation in Nebraska hospitals. Further research is needed to determine (1) whether team structure is a determinant of stroke rehabilitation outcomes across the continuum of care settings, (2) the needs of rural stroke survivors, and (3) whether technology can facilitate the use of stroke rehabilitation standardized assessments by rural health care professionals.