

Method

- A questionnaire was sent to all public health services with rehabilitation units
- Clinicians were asked to complete a range of questions re:
 - Organisation of the health service
 - Decision making responsibility for access
 - Assessment criteria
 - Constraints on ability to provide rehabilitation

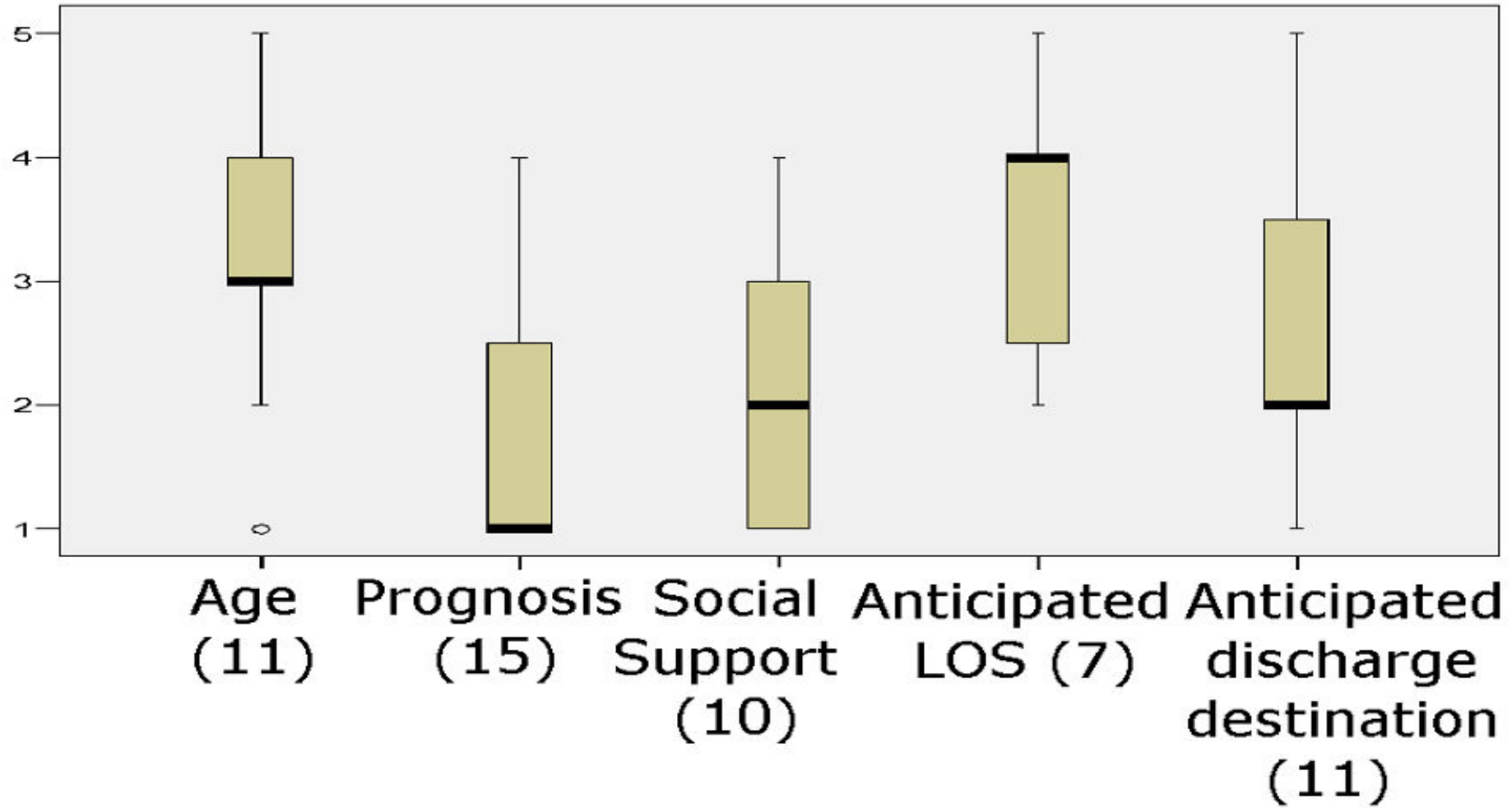


Results

- Response rate
 - 12 out of 17 health services (70%)
 - 17 physicians completed the clinical component

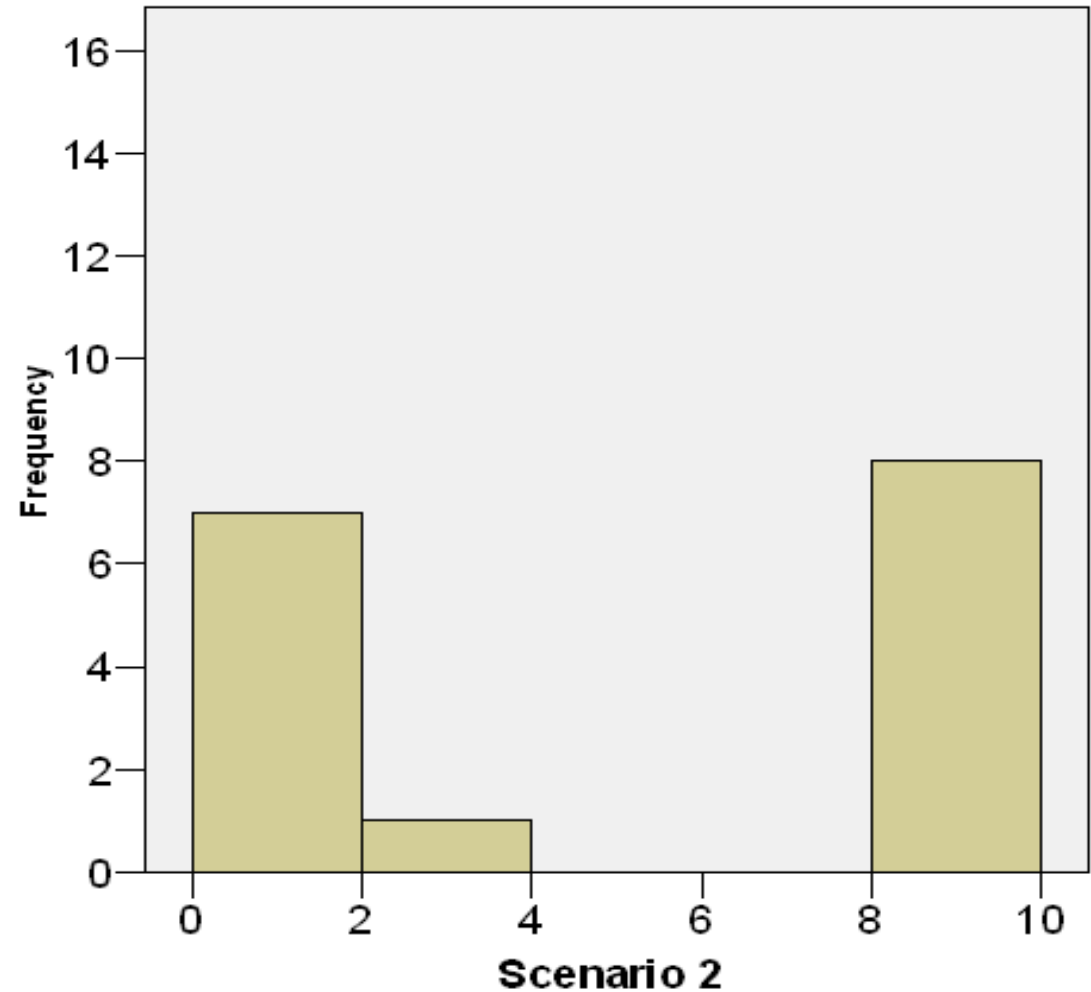


Clinical factors influencing decision making



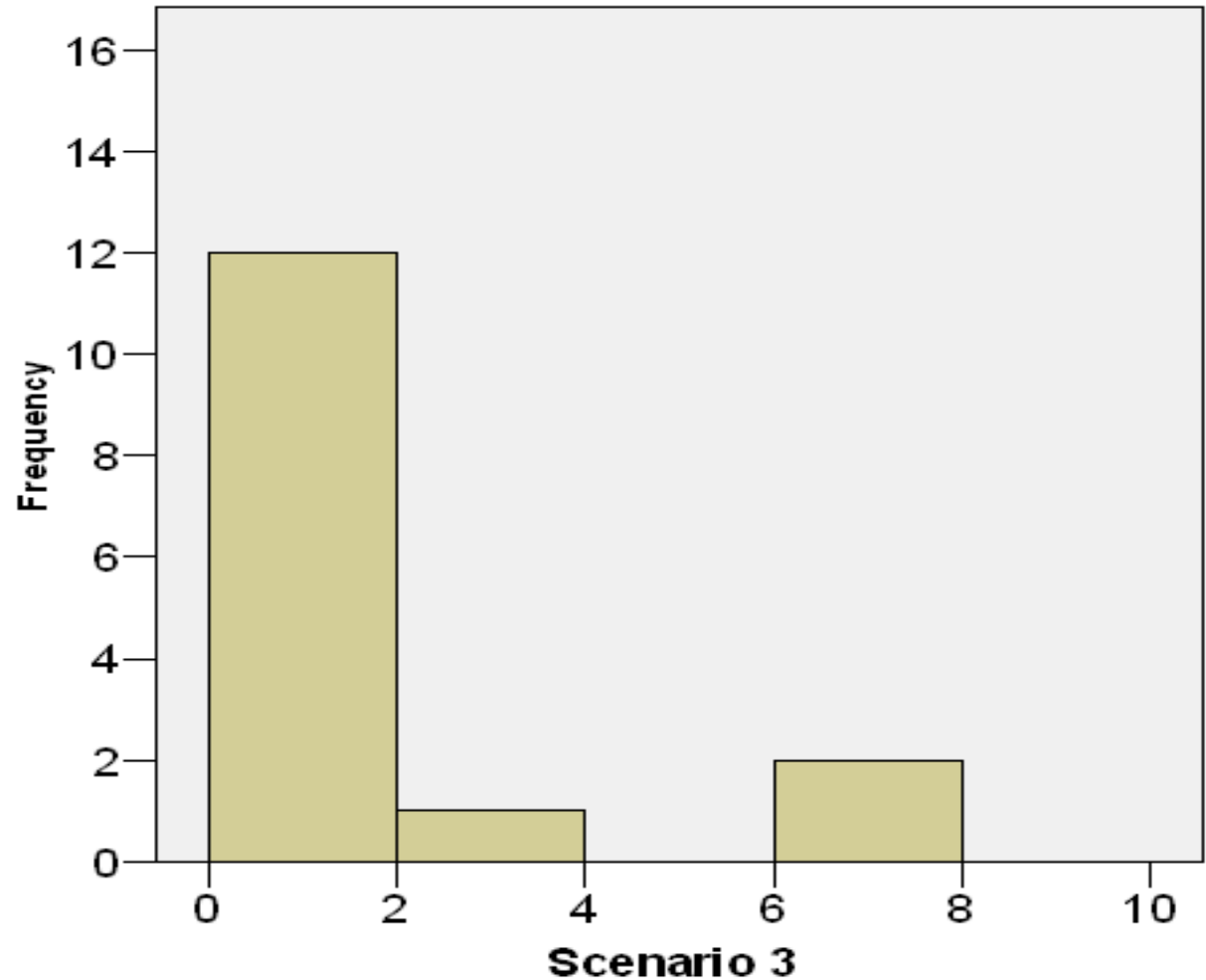
Case scenario 2

- 60 yr old man.
Brain stem stroke
and tracheostomy



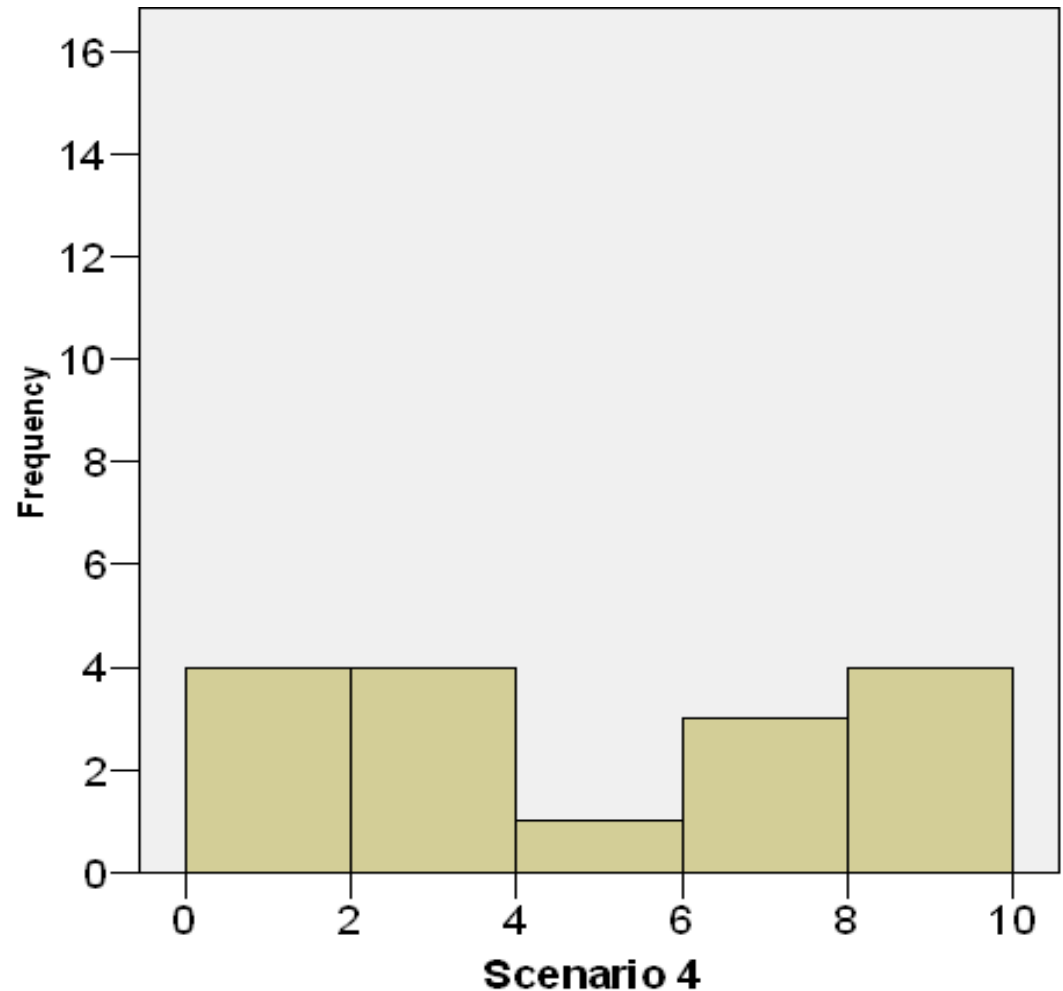
Case scenario 3

- 72 yr old woman.
MCA infarct
with dysphasia,
dysphagia, mild
weakness.
Very significant
carer stress.



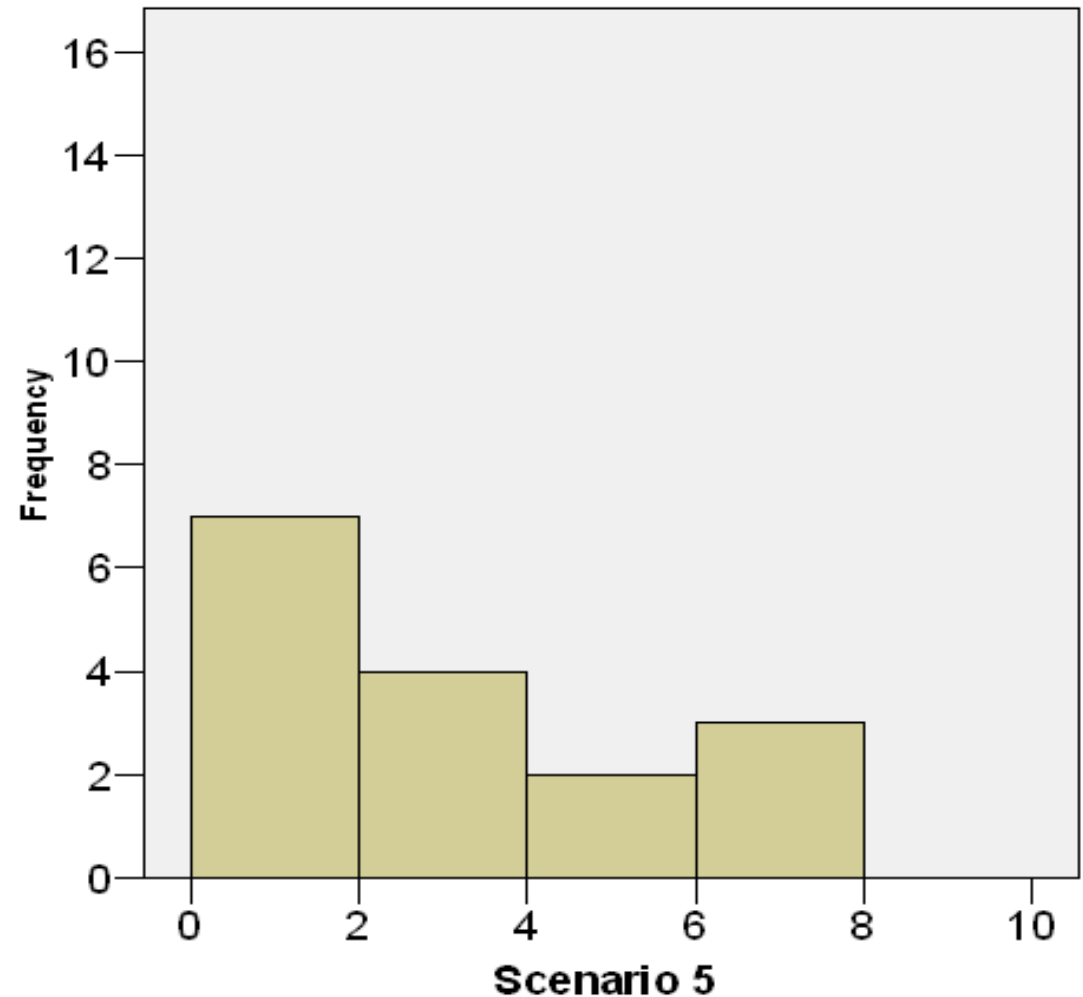
Case scenario 4

- 80 yr old man.
Haemorrhagic stroke with complicated acute recovery.
Ongoing high care needs.
Living alone.



Case scenario 5

- 72 yr old man.
Left MCA infarct,
poor balance,
pusher, dysphasic
but following
commands



Constraints on services

- Staffing limitations
- CRAFT funding limiting length of stay
- Lack of bed availability
- Lack of equipment
- Lack of discharge options, particularly for patients under 65 years



