CONFERENC ABSTRACT

Stroke rehabilitation familiar close: developing integrated care for elderly with CVA [1]

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Introduction: CVA is one of the most expensive diseases in the Netherlands (2.5% of the total health cost [2]). Most patients are older and suffer chronic malfunctions despite intensive revalidation. Patients, professionals, organizations and insurance companies are not content with the current situation. Patients tend to stay too long, unnecessary or unwanted (patients) in hospitals and revalidation units.

Aim of the research: The purpose of this research was to explore what kind of partnership and health services could lead to an effective and efficient offering of integrated rehabilitation care for (older) stroke patients in the region of Deventer (NL).

Method of research: The research is descriptive and multiple data sources where used. The relevant literature was collected by literature studies on the important indicators for a successful partnership, quality demand, the influence of governance and legislation within the stroke rehabilitation. Opinions, experience and facts of partners, insurance companies, clients and professionals in the rehabilitant care were researched through document analysis, semi structured interviews and a member check. For the design of the new care process and cooperation in the integrated chain care for CVA patients the Development Model for Integrated Care [3][4] is applied.

Results: An effective alternative partnership can be achieved by optimizing the complete chain of stroke care by

- Improving innovation strength, by exchanging and sharing of knowledge and expertise by optimizing the complete chain of stroke care.

- Cooperation of the hospital specialists, rehabilitation specialists and geriatric specialist within the geriatrics revalidation unit and expert teams to support care at home.

- Participation in the development of the new care treatment “stroke rehabilitation familiar close” (specialized homecare).
For elderly people with geriatric CVA care on demand, treatment at home, integrating and support of informal care contributes to their experience of quality of life.

**Recommendations**: The new care treatment “stroke rehabilitation familiar close” will lead to an efficient and effective offering of integral rehabilitation to elderly chronic stroke patients at their familiar home by:

- Hospital replaced care in the specialized nursing home (increasing the throughput).
- A shortening of the stay in the nursing home by intensive rehabilitation treatment in cooperation with specialists from hospital and revalidation unit.
- Home rehabilitation by cooperation of informal care, general practitioners, physiotherapists, expert teams (geriatric, rehabilitation, physician) and usage of eHealth technology.

This will partly replace the existing medical revalidation care in nursing homes and improve the wellbeing in general of the treated patients.

**References**:

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