






Ontario Stroke Network
Stroke Rehabilitation Best Practice Initiatives Environmental Scan

Organization	Contact Person	Name of Initiative	Program Offering	Date Implemented	Project Leads	Outcomes to Date	Success Factors	Lessons Learned	Resources	Future Plans
St John's Rehab Hospital	Rhonda Galbraith	7 day a week therapy on Inpatient Rehabilitation (160 Rehab beds)	<p>7 day a week therapy for all inpatient rehabilitation funded by the Central LHIN.</p> <p>Funded FTEs: ·Referral coordinator 1.0 FTE (pull person- goes to acute to review referral and make decision) ·Weekend supervisor (at initiation of project for about a year; no longer have this position) ·PT (increased initially by ~7.59) ·More PTAs, OT, OTAs ·SLP ~.23 ·Pharmacy and techs ~.4 each ·RNs increased by 3 (across all shifts) ·Program assistant (ward clerk role)</p> <p>Staff are unionized.</p> <p>Neurology/Oncology Unit: 39 bed unit with 30 neuro beds (20 beds dedicated to stroke) The 39 bed rehab unit has: · PT 4.0 FTEs plus 1.5 PTA plus two 0.2FTE weekend only staff that work every other weekend. ·OT 3.0; 1 OTA</p> <p>Weekend staffing for 39 bed unit : 1 OT and 1 OTA 1 PT and 2 PTAs also 1 float PT for all 4 units from the regular weekday (primary) physios for expertise. Hired new staff that work just Fridays and every other weekend. Primary PTs work 1 in 16. Primary OTs work 1 in 12. No SLP currently; had partial for a short period of time</p>	Jan 2009	Shelby Fisch Kitty Lu	<p>Report back to LHIN on regular basis on 3 main indicators: LOS, OP volumes, Patient satisfaction</p> <p>See results contained within LHIN Report:</p> <p> Microsoft Word - LEADING PRACTICES</p> <p>And ppt, slide 17</p> <p> Microsoft PowerPoint - William Osler - 7DAR</p> <p>Patient satisfaction improved; see slides 20-29.</p> <p>SEQC Report 2011: Stroke ALOS changed from 34 in 07/08 to 28 in 09/10. FIM Efficiency 0.8</p>	<p>HSIP to Central LHIN accepted for funding in 2008. Funding provided additional staff to work on weekends, not just stretch 5 days of therapy over 7 days.</p> <p>Buy in from the staff; they agreed weekend therapy necessary.</p> <p>See slides 9-13 in 7DART ppt</p>	<p>Phased it in, took longer than expected. Large number of staff to get on board. Had to change scheduling to work weekends.</p> <p>Embark on change management work sooner than later (see ppt 7DART). Engage as many stakeholders as you can in planning the change. Clinical staff were not heavily involved in planning the initiative so many issues had to be resolved during implementation. The practicalities of implementing were more complex than anticipated.</p> <p>Sustainability not an issue once in place; but created a new need for staff scheduling.</p> <p>Original model had greater complement of professionals but found that unless it was the primary therapist, the therapist was just following someone else's treatment plan so assistants were more appropriate skill level. Also, working 1 in 4 the therapists were away from their primary caseload too often and care was disrupted, even though they were replaced. Now include one primary therapist as a float each weekend covering all units (access to expertise). PTs work 1 in 16 and OTs work 1 in 12.</p> <p>Added circuit class group work on weekend to get</p>	<p>Neuro Bed Exercises</p> <p> weekend neuro bed exercises.doc</p> <p>Neuro Standing Exercises</p> <p> Weekend neuro standing.doc</p> <p>Sample Staffing Schedule Physiotherapy</p> <p> weekend model.xls</p> <p>Above resources provided by Jennifer Shaffer PPL PT 416-226-6780 x7270</p>	<p>Implement Stroke Reference Group recommendations. Review impact on staffing to admit severe stroke pts.</p>

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								<p>more therapy time.</p> <p>Accommodate weekend passes for patients (applies to less than 25% on any given weekend).</p>		