





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
Bluewater Health, Sarnia	Linda Dykes	Utilization of National Rehabilitation Reporting System (NRS) stroke data to facilitate improvements in Inpatient Rehabilitation Length of Stay (LOS) and Functional Independence Measure (FIM) Efficiencies	<p>The Sarnia-Lambton District Stroke Centre has partnered with the Inpatient Rehabilitation Program at Bluewater Health to improve LOS efficiencies for stroke clients by utilizing NRS data to set discharge targets shortly after admission to the inpatient rehabilitation program.</p> <p>a. Continuing Care (CC)/NRS Coordinator and Stroke Nurse prepare patient specific FIM information that is shared at weekly rounds (patient, site, provincial and national data) and they support the discussion and utilization of the data in decision making by the team. Feedback is also provided to the team through the provision of monthly summary reports.</p> <p>b. Interdisciplinary Rehabilitation Team (Charge Nurse, Physiotherapists, Occupational Therapists, Speech Language Pathologist, Recreation Therapist, Social Worker) uses Provincial and National benchmarks and averages for the specific stroke RPGs (Rehabilitation Patient Groups) as a reference when discussing and setting discharge dates. The team discusses functional improvements in patients, referencing them to measurable changes in FIM scores. Discharge targets are set shortly after admission to the inpatient rehabilitation unit. Each stroke client's care and progress towards the target are discussed weekly. Adjustments are made to the target date and discharge plans as warranted by patient status.</p> <p>c. There have been no additional resources used for this initiative. It</p>	Sept 2009	Linda Dykes, DSC, Angela Small-Sekeris, Stroke Nurse, Carol Loffhagen, Decision Support	<p>· Significant overall reductions in LOS with improved FIM efficiencies; see charts below</p> <p> Bluewater Health NRS Stroke Data LOS</p> <p> Bluewater Health NRS Stroke Data LOS</p>	<p>Education: The initial focus was on creating greater awareness of the value and significance of the NRS data with front line clinical staff. Peer, provincial and national NRS data were shared and data collection, LOS, and FIM efficiency were discussed at length. As a result, over the past 18 months, there has been a significant increase in the awareness of the team as to how decisions they make with respect to patient care and discharge planning impact patient LOS and functional improvement as recorded in the NRS data.</p> <p>Implementation: Patient specific NRS data, as well as provincial and national averages for cases of similar severity, have been incorporated into clinical case discussions and utilized to set targets in discharge planning.</p> <p>Stroke Nurse attends rounds and leads the discussion re identifying a target discharge date; acts as a champion and asks the tough questions (see lessons learned).</p> <p>Updates were provided for nursing staff re: NRS and scoring of FIM components. DSC staff also provided specific stroke rehab nursing education that supported the NRS update and the work being done.</p>	<ul style="list-style-type: none"> It is a slow process for the staff to embrace if they have never used data before to make decisions. Giving them the feedback (with the reports), while the patients are still fresh in their minds is helpful. Set the initial discharge date based upon the RPG within 1-2 weeks of admission. It is important for families and patients to know in advance. While it can be changed if need be, without it being set and shared with the patients and family, it is much more difficult to meet the target. The tentative discharge date is recorded on bedside whiteboards as soon as it is set by the team (need someone responsible for doing that). When setting the discharge date and the max time allowed as per the RPG for example ends up being a Monday or Tuesday. You need to ask the team the question (knowing that they will not receive weekend therapy) is if we don't discharge until Tuesday, are we going to be able to change their discharge FIM by 4 points (because to aim for a FIM efficiency of 1 then we need to be able to change their discharge FIM score by 1 point for each additional day). Most of the time the answer is no, so the patient needs to be discharged on the Friday 	<p>Team Feedback Template</p> <p> Team Feedback Rehab LOS FIM Efficiency</p> <p>Team Feedback Sample</p> <p> Team Feedback Rehab LOS FIM Efficiency</p>	Expand this process to other diagnostic groups.

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			has been incorporated into the existing responsibilities of staff.					<p>and not the Tuesday.</p> <ul style="list-style-type: none"> • Have regular team discussion especially for the heavy strokes (1100 and 1110). The therapists often want to keep them longer than the RPG suggests. The questions that need to be asked and answered honestly for those patients is if keeping them longer than the suggested RPG length of stay, will it change their discharge disposition or the quality of their life/ability at discharge? 		