

The evidence is clear:

Rehab is cost-effective & improves outcomes

Stroke rehabilitation took centre-stage at a recent forum hosted by the Southwestern Ontario Stroke Network. At this energetic knowledge exchange event, 90 participants shared practical ideas about how to make stroke rehabilitation best practices come to life --- in most cases by using existing resources in new ways.

The Ministry of Health & Long-Term Care is paying attention to stroke rehabilitation; administrators looking to improve patient outcomes and make the best use of healthcare resources support best practice implementation; and rehabilitation teams are shaking up how they approach rehabilitation and work towards:

- 3 hours of therapy per day at least 5 days a week
- increased practice of skills gained in therapy, outside of therapy time
- more challenging, meaningful activities and stimulating environments

There was a sense of accomplishment in the room as Dr. Robert Teasell showed how progress is being made in providing best practice care. "In the past 5 years, data shows dramatic improvements in therapy hours. However, in Ontario we still struggle to reach the 3 hours of therapy a day best practice guideline. We can learn from the U.S. where there is a higher level of accountability when it comes to participation expectations. Also, family are very engaged early in the process with caregiver training. Many organizations view weekends as the best time for rehab because that's when families come to visit. In Canada we tend to assess and do too much paperwork – we need to spend more time doing therapy as transdisciplinary teams." Dr. Teasell's slides are available at <http://swostroke.ca/welcome/wp-content/uploads/2011/11/Intensity-of-Stroke-Rehabilitation.pdf>

Participants were intrigued by Mathew Meyer's (PhD Candidate) reports titled, "An Economic Model for Stroke Rehabilitation in Ontario: Mapping Resource Availability and Patient Needs" and "The Impact of Moving to Stroke Rehabilitation Best Practices in Ontario: A Preliminary Report". These reports showed that rehabilitation resources are insufficient across the continuum, patients are missed, and resources make a difference. Interesting stats showed that every weekend of therapy results in a 1 day decrease in length of stay, and 2377 patients who do not have services require outpatient/community rehab. The Ontario Stroke Network is using this data to advocate for more rehabilitation resources. Mathew's slides are available at <http://swostroke.ca/welcome/wp-content/uploads/2011/11/Impact-of-best-practices-London-Apr-261.pdf> and archived webcast at [http://mediasite41/Viewer/?peid=0901623170be4738a1cffe534d0d08f1d](http://mediasite.otn.ca/mediasite41/Viewer/?peid=0901623170be4738a1cffe534d0d08f1d)

"There are two factors required to optimize rehabilitation – increased activity and a complex stimulating environment," explains Dr. Teasell. "When we provide rehab is also important. More treatment at the beginning improves outcomes and is more cost effective. It comes down to the fact that therapy is cheap, and length of stay is not."



100% attainment of stroke rehab best practice recommendations in Ontario would lead to:

- \$22,928,130 acute healthcare dollars available for re-investment in rehab therapy intensity
- \$8,557,831 required funds for additional rehab staff (weekdays)
- \$6,041,390 required funds for additional rehab staff (weekends)
- \$14,968,967 investment needed in outpatient/community rehab.
- \$1,683,151 – estimated net annual budget impact.

From Ideas to Actions

Throughout the day, participants recorded ideas about stroke rehabilitation best practices on their 'brilliant ideas' worksheets. Then they huddled with their own teams to create action plans. A common theme in the action plans was using rehabilitation resources differently by viewing them as shared resources and working more collaboratively. Here's an overview of some proposed actions:

- Implement ideas that other teams are doing (e.g. GRASP, groups, more family involvement, admissions group, invite families to meal times, etc.)
- Host a stroke education forum for staff, patients and families
- Produce a "Welcome to Rehab" brochure
- Re-initiate a patient passport
- Host a "Rehab" Olympics this summer
- Establish a wish list for future funding opportunities (e.g. NuStep)
- Review what assessments everyone is doing, see what is necessary, reduce duplications, use checklists to reduce documentation
- Daily headlines that would reinforce practice of communication skills throughout the day
- Involve nursing staff in daily bullet rounds
- Improve application of FIM
- Conduct a meeting with team members who were not at the forum

"The rehab forum instilled energy and a real desire to refresh the teamwork at our centre. We are still fuelled from this energy today and have begun work with our ideas created at the forum."

Support Available

Great ideas and plans need champions, leadership support, commitment and resources to make them happen. The Southwestern Ontario Stroke Network is ready to provide practical support to teams in the following ways:

- All presentations from the forum are available at <http://swostroke.ca/rehabilitation>
 - Share with your colleagues and management teams.
 - Use statistics as part of your change management strategy.
 - Draw on data to show how investments in rehabilitation can make a difference.
- Deb Willems, Regional Rehabilitation Coordinator will follow-up with each team to determine what support will help you implement your action plan.
 - Provide resources and tools.
 - Link you to contacts at other hospitals.
 - Coordinate mini-forums.
 - Collaborate with District Stroke Coordinators to provide on-going guidance and facilitation.
- In June, the video shown at the forum will be shared.



The best things about this workshop:

"Practical, useful information and ideas."

"Gave our team a chance to network and work together."

"Opportunity to discuss issues with colleagues."

"Video and stations to learn what others are doing to increase therapy times."

"Promise to put GRASP and communication kits to good use!"

"Energy. Commitment. Enthusiasm. Feel motivated to change."



Ideas about how to use the video:

- Grow a list of tips and tools.
- Show whole team and then brainstorm with team how we can change practice.
- Share with leaders, board and physicians to demonstrate what is possible.
- Inspire and educate patients, staff and families.
- Orient new employees and volunteers.

Practical Ideas

Use this checklist to help your team increase therapy time and extend hours of activation. "If we use the momentum from this forum and make incremental improvements, then we'll achieve our goal of the best practitioners providing best practice care." Sharon Mytka, Director, Southwestern Ontario Stroke Network

Outcome	Examples
Extend therapy hours of weekdays and weekends with safe, independent activities and/or with family support	<ul style="list-style-type: none"> • Nintendo Wii • iPad with speech programs • Mental practice/mental imagery • NuStep – cardio training • Functional electrical stimulation • Self-directed exercises, GRASP
Model of Care to lengthen hours for rehab and promote teamwork	<ul style="list-style-type: none"> • Rehab on the weekends • Occupational Therapy Assistants/ Physiotherapy Assistants • Split shifts • Therapeutic Recreation Specialists work evenings and weekends
Physical environment that is stimulating and challenging	<ul style="list-style-type: none"> • On-unit therapy so team can see patients' progress • Stimulating environment (e.g. more like home or pediatric unit)
Group classes to promote socialization, fun and family involvement	<ul style="list-style-type: none"> • Balance class • Sit to stand class • Upper extremity circuit training • Range of motion class • Social pragmatics • Recreational activities
Communication tools to foster awareness and track progress	<ul style="list-style-type: none"> • Rehab notebook/passport • Whiteboard in room with goals • Description of safe activities • Brochures
Scheduling to improve efficiency and family involvement	<ul style="list-style-type: none"> • Colour-coded white board • 2x30-minute sessions • Mix of individual and group activities • Make getting to therapy therapeutic
Process changes to enhance teamwork and integrate therapy	<ul style="list-style-type: none"> • Bullet rounds • Swallowing ax in dining room • LEAN approach and facilitator • Rehab Olympics • Share goals with team • Use ADLs as therapy time
Community Integration	<ul style="list-style-type: none"> • Therapy in community settings • Presentations by community groups
Family involvement to enhance engagement and practice time	<ul style="list-style-type: none"> • Admission group • Family information brochure • Involve in therapy sessions



Stroke Network
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