

Moving from Ideas to Actions in our Region: Things are happening!



Stratford site introduces group work and finds that participation, engagement and interdisciplinary practice gets a boost!

In June 2012, therapists working on the Rehab Unit at Stratford General Hospital started an afternoon Neuro-Rehab Group in response to Best Practice Guidelines for Stroke Care. The group was created to provide increased rehab intensity by including additional therapy and a more stimulating environment for inpatient stroke survivors. Currently the group runs 3 afternoons per week (M-W-F) with each day focused on a different therapy. Each group is facilitated by a therapist and a rehabilitation assistant.



Mondays are lead by Occupational Therapy to work on perceptual and cognitive skills, upper extremity functional activities and ADLs. Groups have had participants practice shaving, applying make-up and combing/braiding hair with their affected hand. Other groups have included baking during which members chopped, peeled and mixed with one hand and learned to use adapted utensils. A main focus of the OT group is to promote independence and safety in all aspects of life.

On Fridays Physiotherapists lead the group focusing on balance, lower extremity strengthening and mobility. Patients have the opportunity to practice walking and stairs, balance on wobble boards, catch, throw and kick balls and exercise while in a wheelchair. During the summer, physiotherapy staff held a “Rehab Olympics” which included wheelchair races, relays and basketball, and in September the Stratford “Rehab” Fair was held and points were awarded for various fun and challenging games.



On Wednesdays the group works with a Speech-Language Pathologist and Rehab Assistant to practice communication skills, reading and writing. Activities focus on memory/orientation, following directions, solving problems, and expressing opinions in a fun, conversational atmosphere. Some examples include creating monthly calendars, discussing current events, group crosswords, road-sign bingo, charades, trivia challenge and debates. Group members are encouraged to participate in discussions with support (such as cueing or pictures) no matter what level of ability they possess.

The feed-back provided by patients who have participated in the groups indicates that one of the main benefits is the social interaction and enjoyment of each other's company. The staff has noticed an improvement in mood and dynamics on the unit. Here is what some former participants have to say about the rehab groups at SGH:

Patient comments:



"I think they're great!"

"Keeps us from being bored."

"We all want each other to get better."

"It's nice to hear everyone's story and find out there are so many who need help."

There are many benefits to this social interaction from decreased isolation and depression, to decreased length of stay. One of the best outcomes noticed has been the friendships and teamwork formed between the patients, who continue to encourage and work with each other after the afternoon group session is over.

Parkwood Implements Homework Stations: GRASP and Speech Spot

A challenge presented at the Southwestern Ontario Stroke Rehabilitation Forum in April, 2012 sparked an idea that is giving stroke patients at Parkwood Hospital the tools to self-direct their own after-hours therapy.

Speech Language Pathologist Becky Orenczuk and Occupational Therapist Nicole McLean attended the conference, and were inspired to create opportunities to increase rehabilitation frequency by giving patients therapy homework.

Nicole and Occupational Therapy Assistants Karyn Hansma and Maggie Bice adopted the Graded Repetitive Arm Supplementary Program (GRASP) – an arm and hand exercise program developed by the University of British Columbia for stroke patients with upper extremity impairments. “We give patients a kit that includes items like lego, clothes pegs, safety pins and putty to help with arm and hand exercises,” says Nicole. Three manuals – each with pictures of exercises at a specific level of difficulty - accompany the kit. Nicole assesses patients and lets them know which manual is suitable for their level of ability.

Becky and her colleague Ellyn Suski, give patients a Speech Spot Pass that provides information about what speech activity and difficulty level to address. The activities focus on talking, writing, listening or reading skills and are organized into beginner, intermediate or advanced levels. “When patients complete the exercises, they return it to me so I can track their progress,” says Becky.

Patients work on their GRASP or Speech Spot activities during evening hours and weekends when therapists are not available. While this homework is helping to increase therapy time, it complements but does not replace the essential one-on-one therapy sessions Becky and Nicole provide.



Nicole McLean and Becky Orenczuk with the GRASP and Speech Spot kits that patients use for therapy homework.



Angela Cox, 43, a patient in the stroke neurological care unit, selecting her Speech Spot exercises for the evening. “I like having the extra homework because I want to progress as quickly as possible,” she says.



Windsor Regional introduces a New Interdisciplinary Patient Summary Tool

This innovative tool is meant to replace the nursing kardex and provide a better ‘snapshot’ of the patient for the entire team. The front of the tool is started by the intake nurse who sees the patient prior to arrival. She is able to start completing the history and needs of the patient directly on the patient summary tool (PST). This ensures rehab is prepared for the patient prior to arrival with respect to any special needs. The inpatient rehab nurse takes report and continues to use the PST, which is also used for hand over report between shifts as well as at rounds.

One of the innovations is to include a calendar on the back of the tool which is used as a summary, much like a diary for the patient. One or two words can be written in the boxes. Currently the only way to find out information is to look through a patient's entire chart. This way it gives a quick glance to some of the events that may have occurred during the patient stay. For example, if a UTI was diagnosed in week one - and again in week five - this might be the only place where a quick connection can be made to investigate further - rather than "flipping" through the chart.

“We started implementing it last week and almost are in full swing... I have heard nothing but great things” says Kari-Lynn Malec, Program Manager Inpatient Rehabilitation, Windsor Regional Hospital.

WINDSOR REGIONAL HOSPITAL
INPATIENT REHABILITATION PATIENT SUMMARY TOOL

Room: _____ **Name:** _____

Admitting Diagnosis: _____

Age: _____ **Admit Date:** _____

Place of Residence:
 Home Nursing Home Other: _____

Baseline VS:
 A & O x: _____ **Weight:** _____ **Height:** _____

Hygiene: Self Partial Complete

Activity: BRPs AAT Up with assist x _____
 Chair Ambulate

Assist Device: Walker Crutches WC Cane

Respiratory: O₂ Device: _____ **Rate:** _____

Breathing Tx: _____ h **LVR:** _____

Trach Care: _____

Diet: _____ Food Setup Indep.

Tube Suck: Type: _____ **Rate:** _____

Frequency: _____ **Flushes:** _____

Distress: Yes No

Pain Location: (main) _____

Score: _____ (1-10)

Elimination:
 Continent Incontinent Colostomy Uroostomy

LEM: _____

Stool Chart: Yes No **I&O:** q _____ h

Bladder Scanner: Yes No **Condense:** Yes No

Dressings/Treatments/Tubes/Drains:
 Wounds on Arrival (chart)
 New Wounds (RMP) **Date:** _____
 Wound Care Instructions: Yes No
 Therapeutic Mattress: Yes No
 ST Nurse Following: Yes No
Order date: _____

Other: _____
Other: _____
Other: _____

Pain: _____

Weekend: _____

Self Medication Program: _____

Admission FIM: _____ **Discharge Date:** _____

Anticipated LOS: _____

Allergies: _____

MRP: Physician: _____

Past Medical History: _____

Code Status:
 Full Resuscitation
 Limited Resus Interventions
 Comfort Care
 POA: _____
 Primary Contact: _____

Safety Precautions: Contact Cribble Routine
 Type: MRSA VRE CDIFF

Fall Risk: _____ **Last Fall:** _____

Fall Precautions: HI-LO bed Floor pad Green socks
 Dinner bell Bed alarm

Hearing: _____ (hearing aid, loss of _____)

Visual: _____ (glasses, loss of _____)

Sight: _____

White board ready and updated: Yes No

Resunit: Yes No **Type:** _____

Beats / devices / splints: _____

Acute/Chronic: _____ (schedule)

IV Access: Site/Type: _____ **Deming:** _____

RR: IV IM Post CVAD

RN Lab Draw: _____

Specimens / Labs Ordered / Obtained

Tests/Procedures/Schedule Appointments

Dialysis: _____

Crusalic: _____ **Date Ordered:** _____

CGAC

Health Teaching: _____

Language Barrier:
 Aphasia/receptive

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Practical Ideas from the Forum

Use this checklist to help your team increase therapy time and extend hours of activation.

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

