Evaluating the Clinical Experience of Stroke Rehabilitation Intensity Data Collection in Ontario

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Background

- Rehabilitation intensity (RI) data collection in the National Rehabilitation Reporting System (NRS) was mandated on April 1, 2015 for all stroke patients within Ontario to support Quality-Based Procedures for Stroke Care.
- The process for collecting RI data relies on clinicians self-reporting and documenting patient rehabilitation time and requires a shift in thinking to reflect patient versus clinician time spent in therapy.

PURPOSE: To understand the clinician’s experience in order to support and evaluate RI data collection.

Provincial Definition of Stroke Rehabilitation Intensity

Rehabilitation intensity is defined as:
- The total number of minutes of intensive rehabilitation therapy, based on physical, occupational, and speech therapist assessment and the collaboration between the patient’s versus therapeutic team, that is evidence-based in nature.

Methods

- A 12-item electronic survey was developed by the Ontario Stroke Network (OSN) Rehabilitation Intensity Working Group to evaluate the experience of clinicians three weeks post implementation and inform ongoing education and development.
- The survey was administered at one pilot site, revised based on pilot data, and distributed via OSN Regional Rehabilitation Coordinators to 48 organizations that submit RI data to the NRS in Ontario.
- Site-specific data were analyzed using descriptive statistics as well as thematic analysis. Overall results were used to inform ongoing implementation and resource development.

Results

Of the 321 responses from 47 organizations across Ontario, 64% of sites (n=30) were using their workload measurement systems (WMS) to collect RI data (see Figure 1).

Challenges and Enablers

Despite self reports of confidence in accurately collecting RI data, 5 key themes related to challenges in collecting RI data were identified, with the most frequently cited challenge relating to data accuracy.

Themes listed by frequency:
1. Data accuracy/quality assurance
2. Time constraints/workload demands
3. Limited staff/loss of resources
4. Confusion around the definition
5. Culture shift

Conclusions and Next Steps

Based on survey results, process issues for collecting RI were not identified as a key concern. Rather, opportunities for improvement related to enhancing data quality and the consistency of what is included in the reporting of RI time.

Future work will address issues related to quality assurance and the supports needed for clinical implementation of RI.

REFERENCES


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