

Briefing Note: Ontario Stroke Report Card Rehabilitation Intensity Indicator Calculation

PURPOSE:

To provide an update on the Ontario Stroke Report Card Rehabilitation Intensity Indicator calculation and to support local quality reporting within sites.

BACKGROUND:

Since 2013, CorHealth Ontario (formerly known as the Ontario Stroke Network) has included rehabilitation intensity (RI) as a measure of system efficiency and effectiveness within the Ontario Stroke Report Card. Effective April 1, 2015, the number of minutes the patient participates in inpatient stroke rehabilitation therapy must be recorded within the National Rehabilitation Reporting System (NRS) as mandated by the Ministry of Health and Long-Term Care. This data collection comprises the total number of minutes that the patient is actively engaged in face-to-face, one-on-one therapy. This therapy can be provided by an occupational therapist (OT), physiotherapist (PT), speech-language pathologist (S-LP), occupational therapy assistant (OTA), physiotherapy assistant (PTA) or communicative disorders assistant (CDA). These data elements will be used to calculate the RI indicator.

The Quality-Based Procedures (QBP): Clinical Handbook for Stroke (Acute and Postacute) (2015)¹ states that stroke patients should receive, via an individualized treatment plan, at least 3 hours of direct task-specific therapy per day by the above core therapies for at least 6 days per week. Additionally, the Stroke Reference Group has recommended that therapy assistant time (minutes by an OTA, PTA, or CDA) may comprise up to 33% of the total RI time. This recommended assistant RI time will be used when calculating the RI indicator.

Calculation of the Daily Rehabilitation Intensity Time per Patient

Below are the steps in calculating the daily RI time per patient, which will be used in calculating the RI indicator on the Ontario Stroke Report Card (median daily RI time):

Sample Scenario: A stroke patient participated in a total of 1925 minutes of

As of June 22, 2017, we are CorHealth Ontario, an organization formed by the merger of the Cardiac Care Network of Ontario and the Ontario Stroke Network, with an expanded mandate spanning cardiac, stroke and vascular services through the entire course of care.

intensive therapy by an OT, PT, and S-LP. In addition, this patient participated in a total of 2250 minutes of intensive therapy by an OTA, PTA and CDA. This patient had an active rehab length of stay of 35 days.

Step One:

PATIENT TOTAL RI TIME (minutes) = PATIENT TOTAL THERAPIST RI TIME (OT, PT, S-LP minutes) + PATIENT TOTAL THERAPY ASSISTANT RI TIME (OTA, PTA, CDA minutes)

e.g., **PATIENT TOTAL RI TIME = 1925 minutes + 2250 minutes = 4175 minutes**

Step Two:

PATIENT MAXIMUM THERAPY ASSISTANT RI TIME (minutes) = 33% of PATIENT TOTAL RI TIME (minutes)

e.g., **PATIENT MAXIMUM THERAPY ASSISTANT RI TIME = 4175 minutes * 0.33 = 1377.75 minutes**

Step Three:

**If PATIENT TOTAL THERAPY ASSISTANT RI TIME (minutes) > PATIENT MAXIMUM THERAPY ASSISTANT RI TIME (minutes):
PATIENT ADJUSTED TOTAL RI TIME (minutes) = PATIENT TOTAL THERAPIST RI TIME (minutes) + PATIENT MAXIMUM THERAPY ASSISTANT RI TIME (minutes)**

e.g., **As PATIENT TOTAL THERAPY ASSISTANT RI TIME > PATIENT MAXIMUM THERAPY ASSISTANT RI TIME: PATIENT ADJUSTED TOTAL RI TIME = 1925 minutes + 1377.5 minutes = 3302.5 minutes**

Otherwise,

PATIENT TOTAL RI TIME (minutes) = PATIENT TOTAL THERAPIST RI TIME (minutes) + PATIENT TOTAL THERAPY ASSISTANT RI TIME (minutes)

This equation is not applicable for the above sample scenario as the PATIENT TOTAL THERAPY ASSISTANT RI TIME is greater than the PATIENT MAXIMUM THERAPY ASSISTANT RI TIME.

See next page.

Step Four:

**PATIENT DAILY RI TIME (minutes/day) = PATIENT TOTAL RI TIME (minutes)
or PATIENT ADJUSTED TOTAL RI TIME (minutes) / ACTIVE REHAB LENGTH OF
STAY (days)**

Calculation of RI Indicator on the Ontario Stroke Report Card

Below is the equation for the rehabilitation intensity indicator:

**LHIN MEDIAN DAILY RI TIME = MIDDLE VALUE IN THE RANKED LIST OF DAILY
RI TIMES FOR ALL STROKE PATIENTS (OR NRS CASES) ACROSS ALL
FACILITIES WITHIN A LHIN**

RECOMMENDATION:

It is recommended that facilities use the above calculation to monitor adherence to QBP recommendations for stroke rehabilitation intensity. This calculation should not be applied to data submitted to the NRS.

ACTION:

Please distribute this information to all hospitals that report stroke RI data to the NRS.

Written/Submitted by/Date:

This Briefing Note was developed in December 2015 and submitted by the Ontario Stroke Network Rehabilitation Intensity Working Group members. This Briefing Note was recently revised on September 28, 2017.

For more information on this topic, please contact CorHealth Ontario at info@corhealthontario.ca.

References:

1. Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-based procedures: clinical handbook for stroke (acute and postacute). Toronto: Health Quality Ontario; 2016 December. 132 p. Available from: http://www.health.gov.on.ca/en/pro/programs/ecfa/docs/qbp_stroke.pdf.

As of June 22, 2017, we are CorHealth Ontario, an organization formed by the merger of the Cardiac Care Network of Ontario and the Ontario Stroke Network, with an expanded mandate spanning cardiac, stroke and vascular services through the entire course of care.