Understanding the Clinicians’ Experiences in Collecting Stroke Rehabilitation Data within Ontario

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Background and Issues

Within Ontario, collection and reporting of Rehabilitation Intensity (RI) was mandated for stroke on April 1, 2015 to support evaluation of stroke best practice implementation. RI includes the total number of minutes of direct task-specific therapy that patients receive during their inpatient active rehab length-of-stay. This requires a shift in thinking to reflect patient versus clinician time spent in therapy. To support implementation, it was important to understand clinicians’ experiences in collecting RI data.

PURPOSE: To evaluate the implementation of RI and identify enablers and barriers to capturing RI.

Provincial Definition of Stroke Rehabilitation Intensity

Rehabilitation intensity is defined as:

- Minutes of task specific therapy: Occupational therapy assistants, physiotherapy assistants, speech-language pathologists, occupational therapy assistants, physiotherapy assistants, and transcriptive disorder assistants performed therapy on tasks that have been identified by the clinician/team as essential to caring for the patient in the acute hospital setting.

Methods

- A 12-item electronic survey was developed by the Ontario Stroke Network (OSN) Rehabilitation Intensity Working Group to describe the experiences of clinicians (occupational therapists, physiotherapists, speech-language pathologists, occupational therapy assistants, physiotherapy assistants and communicative disorder assistants) 3 weeks post stroke.
- The survey was administered via SurveyMonkey® to clinicians at 48 sites across Ontario.
- Analyses involved descriptive statistics and thematic analysis.
- Overall results were used to inform resource development.

Results

Of the 47 sites across Ontario that responded to the survey (321 clinicians), 64% of sites (n=30) reported using their workload measurement systems (WMS) to collect RI data (see Figure 1).

Challenges in Capturing RI

Five key themes related to collection challenges were identified. Data accuracy was the most frequently cited challenge (30% of 358 challenges reported).

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

Enablers in Capturing RI

Six key themes related to enablers in collecting RI data were identified. Ease of access in collecting RI data through WMS was the most frequently cited enabler (50% of 23 enablers identified).

Themes listed by frequency:
1. Workload management system
2. Paper
3. Other

When asked to rate their degree of confidence in accurately entering RI data, 65% of clinicians reported feeling confident or very confident (see Figure 3).

Conclusions and Next Steps

Majority of clinicians participating in the survey were confident in entering RI time and could do so in timely manner. Based on key challenges and enablers that impact data quality, resources have been developed to support provincial implementation. As RI data fields are now available for use in a national rehabilitation database, this sets the foundation for other provinces interested in the systematic collection and reporting of RI for stroke and other diagnostic groups.

ACKNOWLEDGEMENTS

We wish to acknowledge our partner organizations for their time in supporting the dissemination and completion of this survey. In particular, we wish to thank the staff at Lakeridge Health and all other OSN members who have contributed to this work.

FIGURE 1: Rehabilitation intensity data collection method

FIGURE 2: Percentage of time taken to enter RI data

FIGURE 3: How confident do you feel in accurately entering RI data on a daily basis?

FIGURE 4: Resource suggestions to support RI implementation

Several suggestions for supporting resources were also submitted through the survey (see Figure 4). When asked if RI data collection made a positive impact on their practice, responses were limited. However, for those who did observe practice changes, it appeared that clinicians were more mindful of the patients’ versus therapists’ time in therapy.

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