

Every Minute Counts: Rehab Intensity Update

July 2015

Myth Busting

Myth #1: With rehab intensity implementation, group therapy and other adjunct therapies are considered less important.

Answer: False. Stroke best practice notes that therapy should occur within a complex stimulating environment. Groups and other therapies are an important part of this.

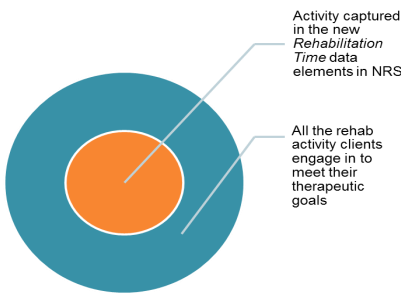
Myth #2: Rehab intensity time is only recorded for OT, PT, S-LP and their assistants, making other disciplines such as nursing and recreational therapy not as important for a stroke patient's recovery.

Answer : False. Stroke best practice indicates that core team members should include nurses, social work and dietitians and that additional team members ideally include recreation therapists, psychologists, vocational or educational therapists.

Myth #3: Rehab intensity is only for those who can tolerate a lot of therapy

Answer: False. A common therapy goal is to increase tolerance and work towards desired rehab intensity to maximize recovery. Try to think creatively, for example:

- Provide shorter treatments at higher frequency for patients with lower tolerance
- Provide therapy at patient's bedside instead of in the gym
- Suggest follow-up on underlying medical reasons for fatigue or low participation



Graphic used with permission from the Canadian Institute for Health Information, 2015.

Upcoming Videoconference Education on Rehab Intensity:

Nov. 18th, 12-13:30. Learn about rehab intensity data collection survey results and much more! More details to follow in September.

Jan 13th, 12-13:30. Topic TBD.



Things to Remember when Collecting and Reporting Rehab Intensity Data

As Rehabilitation Time is reported to the National Rehabilitation Reporting System (NRS) over the patient's active length of stay, service interruptions must be captured correctly and excluded from NRS reporting. Additionally, active LOS does not include alternate level of care days. Ensure that the Date Ready for Discharge

is captured and that Rehabilitation Time is not reported beyond this date. To ensure good quality data, consider your organization's process for the following:

- Daily data collection
- Coordination of data entry for co-treatment and collaborative treatment

- Process to follow when there is NO Rehabilitation Time to enter
- How data is managed during service interruptions
- Process of data capture after the Date Ready for Discharge



Initial Results from Provincial Rehab Intensity Survey

Common Challenges and Change Ideas

In the spring of 2015, the OSN conducted a survey of clinicians' experience in collecting rehab intensity data. Here is what **321** people across **48** sites shared with us:

Culture Shift: It is difficult to move from thinking about the time I spend as a clinician delivering the therapy to the time the patient spends receiving therapy .

One survey respondent said "I am being more aware of what the patient would see as 'therapy time' as opposed to all the other things I might do for that patient".

Time Constraints: High workload demands make it hard to find time to enter the data or to work on creative ways to provide more

intensity with existing resources. More information on time management strategies was noted as a future educational need.

Data Accuracy: "More record keeping and communication is required to ensure data collection is accurate". Clinicians noted they had to take notes or use an agenda to capture time correctly.

Confusion Around the

Definition: Many felt uncertain about what to capture in their rehab intensity data. Having "a great resource, for instance, a virtual patient day" that describes what is included and what is not included (as per the rehab intensity definition), would be helpful.

Key Enablers

- Education
- Tools and resources
- Increased interprofessional team collaboration
- Use of a workload measurement system to capture rehab intensity data

• Clinicians commented "I refer to the ppt slides from the rehab intensity webinar." Since keeping track of time spent can be difficult, keeping track in an agenda and using a stopwatch were two ideas generated

to enable increased accuracy of time entered.



"I am being more mindful of how I spend my indirect time, to ensure I am spending enough direct time working with patients"

Next Steps

Don't forget to use your new **Stroke Rehab Intensity Pocket Cards!**

OSN resources on Rehabilitation Intensity also available at: www.ontariostrokenetwork.ca



As we strive towards increasing therapy time spent with patients, let's try to think outside the box and find creative ways to provide this intensive therapy to patients within our existing system. Maybe it's time to get together with your team to brainstorm on solutions in reaching greater rehab intensity. You may be surprised by how many barriers are things that you can actually change. Visit

the Rehab Intensity discussion forum on the [Virtual Community of Practice](#) and post your thoughts, barriers, and enablers — let's keep the conversation going and learn from each other. Visit www.strokecommunity.ca and click on the green button to become a member!

For ongoing questions please contact your Stroke Network's Regional Rehabilitation Coordinator.