

## Ontario Stroke Network Provincial Rehabilitation Intensity Working Group: Stroke Rehabilitation Intensity Success Story/Lessons Learned (Videoconference/Webcast – January 13, 2016)

**Knowledge Exchange Idea:** Strategies to Increase Rehab Intensity

**Key Contact Information:** Andrea Guth, Program Director, Waterloo Wellington Integrated Stroke Program, [andrea.guth@grhosp.on.ca](mailto:andrea.guth@grhosp.on.ca)

**Facility Name:** Grand River Hospital, Kitchener, ON

### Exploring opportunities to increase therapy intensity

#### What we did and why:

Grand River Hospital implemented additional PT/OT/TA (therapy assistant) FTE's to bring patient: staff ratios in line with best practice for stroke patients. We embarked on a model of care change on the inpatient rehabilitation unit, with focus on creation of therapy "teams" for neuro and non-neuro patient groupings, as well as increased therapy presence during morning routine (0700 – 0830). Creation of group programming opportunities to increase the time spent in active therapy, while not directly related to the definition of rehab intensity, provides therapists with opportunities to offer patients therapy in creative ways, while freeing up their time to be available to spend 1:1 with patients. The team also created communication boards for patients as well as for therapists to track the amount of therapy patients are receiving daily, and identify opportunities for additional therapy such as individual walking programs and exercise programs.

#### Outcomes and feedback:

The changes have resulted in a significant improvement in FIM® efficiency for stroke patients (0.6 in 2012 to 1.9 in Q4 of 2014). We have also seen over 80% of stroke patients achieving their RPG length of stay targets in 2014. Specific rehab intensity data was not available at time of printing but can be obtained from contact above at a later date.

#### Lessons Learned:

Ensure clear role definition for all staff, particularly in morning routine and ADL activities.  
Review FIM® documentation and ensure that staff are utilizing the tool effectively.  
Investments in therapy staff, including replacement for vacation and sick time are critical.  
Don't underestimate the impact of group therapy on providing increased access to 1:1 time with therapists.