

Ontario Stroke Network Provincial Rehabilitation Intensity Working Group:

Stroke Rehabilitation Intensity Success Story/Lessons Learned (Videoconference/Webcast – January 13, 2016)

Knowledge Exchange Idea: Implementing Rehabilitation Intensity: Ensuring a Seamless Integration of Clinical and Support Processes

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Exploring opportunities to increase therapy intensity

What we did and why:

The Ontario Stroke Network (OSN) informed the guidelines for Quality Based Procedures (QBP) in stroke rehab, with rehabilitation intensity (RI) as a key indicator for evaluating efficiency and effectiveness. The purpose was to apply the OSN recommendations for providing and recording sufficient rehabilitation intensity (RI) in inpatient stroke rehab.

REHAB INTENSITY is the amount of time the patient spends in individual, goal-directed therapy, focused on their physical, functional, cognitive, perceptual and social needs.

Outcomes and feedback:

We identified gaps with meeting QBP requirements and modified staffing ratios, treatment models, space and equipment resources in occupational therapy, physiotherapy, and speech-language pathology.

We also modified the workload system and processes to align with the new reporting requirements for the National Rehabilitation Reporting System (NRS).

HOW WE ARE BUILDING REHAB INTENSITY

- We identified gaps with meeting QBP requirements and modified staffing ratios, treatment models, space and equipment resources in occupational therapy, physiotherapy, and speech-language pathology.
- We also modified workload system and processes to align with the new reporting requirements for the NRS.
- Additional therapy space with equipment
- Revised treatment time allotments for therapists and assistants
- Cohort of patients with dedicated care team and daily communication huddles
- More individualized therapy versus group therapy
- Modified workload measurement system, integrating current categories with new Rehab Intensity activities

Lessons Learned:

Success with Rehab Intensity collection has been achieved by engaging in a collaborative process to ensure a seamless integration of clinical and support processes. There is value in creating an integrated workload system that captures RI, with no additional time requirement for clinicians to calculate. From April 2010 to March 2015, therapy time has **increased** by 54%.