


EVERY MINUTE COUNTS
- Stroke Rehabilitation Intensity -

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Intentions

- * Provide context about why rehabilitation intensity is important
- * Share an overview of the provincial work and resulting definition of rehabilitation intensity
- * Briefly highlight how we will be measuring rehabilitation intensity
- * Discuss opportunities to increase rehabilitation intensity to align with best practices



Rehab Intensity: Why Should I Care?



Practice, practice, practice

- * Practice makes perfect...10 000 hour rule
 - * Not just repetitions, but **deliberate practice**
 - * Highly structured activity
 - * Designed to stretch individual's skills and promote growth
 - * The goal of deliberate practice is improvement
 - * (Ericsson et al, 1993)



Why is Rehabilitation Intensity Important?

- * More therapy means better outcomes
 - * Daily therapy time by OT, PT, & S-LP is significantly correlated with gains in ADLs, cognition, mobility & overall functional improvement
 - * < than 3 hours/day significantly lower total functional gain than > 3 hours per day (Wang et al., 2012; Foley et al., 2012)
- * Core therapies more sensitive to intensity
 - * OT, PT, S-LP have been shown to be most sensitive to intensity (Wang et al., 2012)
- * Therapy is cheap
 - * Small proportion of total inpatient rehab hospital budget is spent on core therapies (<20%)
 - * Impact on LOS





Minutes Matter...

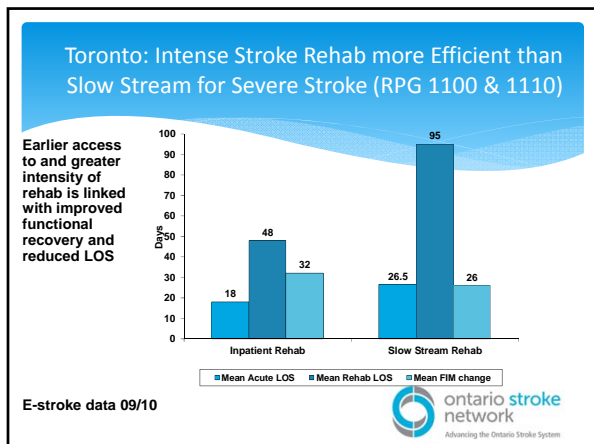
- * **Actual direct therapist-patient time and time spent in activation activities is important**

CERISE Trial

- * 4 European Rehab Centres
- * Compared motor and functional recovery after stroke
- * Gross motor and functional recovery was better in centres with more direct therapy time (166 min)
- * Differences in therapy time not attributed to differences in patient/staff ratio (similar staffing)

De Wit et al. Stroke 2007;38:2101-2107





Practice Opportunity

** Even though there is evidence that increased activity and environmental stimulation is important to neurological recovery*

- * In a therapeutic day
 - * >50% time in bed
 - * 28% sitting out of bed
 - * 13% in therapeutic activities
 - * Alone for 60% of the time

(Bernhardt et al, 2004)

Evaluation Opportunity

- 4 years ago the OSN Stroke Evaluation and Quality Committee
 - Identified rehabilitation intensity as a important indicator of system efficiency and effectiveness
 - Included on the Ontario Stroke Report Card


GAP: Rehab Intensity

Quality Based Procedures

- Quality Based Procedures: Clinical Handbook for Stroke included rehab intensity
 - * As a recommended best practice, and
 - * As an indicator of appropriate rehabilitation stroke care



What has the OSN been up to?



Provincial Review and Stakeholder Engagement

- * Stakeholders included:
 - * Experts, stroke leaders, clinicians, administrators, decision support and health records, CIHI, MOH, and regional stroke network personnel
- * Review encompassed:
 - * Rehabilitation Intensity definition
 - * Technical Feasibility
- * Recommendations made – provincial working group formed




Definition of Rehabilitation Intensity

* **Rehabilitation Intensity** is defined as:

- * The amount of time that a **patient** is engaged in active, goal-directed, face to face rehabilitation therapy, monitored or guided by a therapist, over a seven day/week period.
- * *Physical, functional, cognitive, perceptual and social goals to maximize the patient's recovery*

Measuring Rehabilitation Intensity in NRS:
minutes of rehabilitation intensity (defined above) for OT, PT, S-LP, OTA, PTA, CDA



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Further Defining Rehabilitation Intensity


- * An individualized treatment plan involving a **minimum 3 hours** of direct task-specific therapy per day by the core therapies, for **at least 6 days** a week
- * Includes core therapies – OT, PT, S-LP
- * Does not include groups
- * Maximum of 33% with therapy assistants
- * Documentation of time from the patient perspective
- * Co-treatment time split between the treating therapists
- * Time for patient should be 3 hours/day
 - * If one core therapy is not required, then more time is required in the other core therapies



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How Do We Measure Rehabilitation Intensity?

- * **Technical Feasibility**
 - * Workload Measurement Systems
 - * Add a column
 - * Requires a culture shift – time **PATIENT** spends in therapy, not the time the **THERAPISTS** spend with the patient
- * Implementation for 2015/16
 - * Provincial toolkit
 - * Regional rehab coordinator



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What we heard from stakeholders...

*** Experts and Stroke Leaders:**

- "Intensity of therapy is core to success of rehab."
- "Certain intensity should be done by the professional and smaller percentage done by assistants."
- "This new approach is not about the therapist it is about the patient."

*** Clinicians:**

- "Everything is doable. Pressure is everywhere. This is important for patient care and outcomes."

*** Decision Support/Health Records:**

- "Other professions then pick up extra 60 minutes to make 180 min of therapy/day."
- "One system only-another data set requirement for rehab staff will/may jeopardize quality of the data."
- "Added another category in WMS."



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What we heard from stakeholders...

*** Clinicians:**

- "Should be easy in current software as long as patient account # and # visits/day can be entered."
- "If the goal is to tie FIM efficiency to therapy intensity then the patient specific data should go into the NRS system. As a hospital it would be to our advantage to link to FIM efficiency."
- "It is feasible if it is made mandatory. The therapists will make it happen."


*** Managers:**

- "Hospitals will need to develop new service delivery model for 7 days/week versus the reality of 5 days/week."





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So...How Do We Increase Rehabilitation Intensity?



Culture Shift

- * Shared vision of active participation in an engaging and stimulating environment
 - * Transparent expectations across the continuum
- * Value of therapy – the reason for being here
- * Focus on function and meaningful activity
 - * Integrate functional activity into routines wherever possible
 - * How do we set up our environment, program, schedule, etc. to maximize rehabilitation intensity
- * Shift in thinking from therapist time to patient time in therapy



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Freeing Up Therapist Time For Therapy

- * Standardize and/or simplify assessment
- * Integrate assessment into treatment wherever possible
 - * Continuous opportunities for progression to facilitate condensed stay
- * Reduce duplication across the continuum
 - * Common assessment tools
 - * Sharing information to support transitions of care
- * Simplify and tighten up charting
- * Staggered schedules
- * Therapist coverage/replacement



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Freeing Up Patient Time for Therapy

- * Scheduling
 - * Electronic scheduling
 - * Whiteboards
 - * Master schedules – for patients' time
- * Communication
 - * Prioritization of morning care to facilitate participation in therapy
 - * Transfer of care report
- * Timing and duration of therapy to meet patient needs and maintain intensity
 - * E.g. allowing for enough rest prior to and between therapies for those that require, 3x 20 minutes vs 1 hour straight
- * Integrate family and visitors into treatment time



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Therapy Environment



- * Therapy doesn't only happen in the gym
 - * Take advantage of therapeutic opportunities in patients' rooms whenever possible
 - * e.g. Swallowing during lunch
- * Set-up of therapy environment to create efficiencies and support more active engagement
- * Organizing morning/ADL support to facilitate timely preparation – case mix, etc.



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Adjuncts to Therapist Time – Supporting a Culture of Participation

- * Autonomous practice
- * Family involvement
- * Groups
- * Evening and weekend programming
- * Trained volunteers



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“Thinking outside of the box is difficult for some people. Keep trying.”

Thank You!

Questions?

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