Stroke Rehabilitation Intensity Education Session

Beth Linkewich, on behalf of the OSN Rehabilitation Intensity Working Group
November 18, 2015
1200-1330

Objectives

At the end of this education session, you will be able to:
1. Define rehabilitation intensity.
2. Discuss the rationale for collecting data (NRS rehabilitation time).
3. Apply rehabilitation intensity from the patient perspective into practice.
4. Review the rehabilitation intensity provincial survey results.
5. Give examples of what activities are included in rehabilitation intensity and which are not.
6. Identify where to access current rehabilitation intensity resources.
Rehabilitation Intensity: Why is this important?

What does this mean for persons with stroke?

“knowing when my therapy is, I can rest between my sessions”

“I love knowing how my day is going to go”
Why is Rehabilitation Intensity important?

- Patients spend 60% of their day alone and only 13% on therapeutic activities (Bernhardt et al., 2004)
- Rehabilitation Intensity is a practice opportunity that enhances the patient experience
- Deliberate practice leads to improvement (Ericsson et al., 1993)
- More face to face OT, PT, and S-LP therapies lead to better functional outcomes (Wang et al., 2013; De Wit et al., 2007)

Why is Rehabilitation Intensity important?

- Significant relationship between therapeutic duration and functional outcomes – significantly better for those receiving 3 to 3.5 hours of therapy per day (Wang et al., 2013)
- Rehabilitation Intensity is an evaluation opportunity that supports the OSN stroke report cards and Quality-Based Procedures for stroke care (QBP, 2015)
- Foundation for implementing meaningful rehabilitation.
Why measure Rehabilitation Intensity?

- We’re not there yet...
- Better understanding of our current baseline to advocate and support best care and outcomes for stroke patients
- Inform planning of stroke services
- Acknowledge where we are: How can we support moving towards this goal of 3 hours?
- In the end, this is meant to BENEFIT stroke patients

What does Rehabilitation Intensity entail?
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 Time in the NRS:**
# minutes of Rehabilitation Intensity (defined above) for OT, PT, S-LP, OTA, PTA, CDA

Rehabilitation Intensity requires a culture shift

- Shift in thinking from therapist time spent **providing** the therapy to the patient time spent actively engaged and **receiving** therapy.
- “Bigger picture” experience
- Setting up the environment for success

I am very busy all day long, but what are the stroke patients doing all day? How can we provide the most minutes of therapy AND maintain a complex stimulating environment?
Gathering insight from clinician’s experiences on how to support Rehabilitation Intensity data collection and implementation

Provincial Survey Results 2015

- Objective: to understand the clinicians’ experiences in order to support Rehabilitation Intensity data collection.

- Survey was administered to integrated stroke units and rehabilitation sites that report rehabilitation intensity data to the National Rehabilitation Reporting System (NRS).

- Survey was sent to OTs, PTs, S-LPs, CDAs, OTAs, PTAs, and RAs who see stroke patients on a regular basis.

- 47 sites (321 clinicians) responded
More sites were using workload measurement systems to track Rehabilitation Intensity data

64% of sites were using workload measurement systems (WMSs) to collect Rehabilitation Intensity data (321 clinicians, 47 sites); 28% of sites were using paper.

Most clinicians reported feasibility in collecting Rehabilitation Intensity data

71% of clinicians (N=321) reported 10 min or less to enter Rehabilitation Intensity data
Clinicians reported common challenges during rehabilitation intensity data collection

- **5 key challenges in collecting RI data:**
  1) Data accuracy/quality assurance (most frequently reported)
  2) Time constraints/workload demands
  3) Limited staff/lack of resources
  4) Confusion around the definition
  5) Culture shift

Clinicians reported common enablers for Rehabilitation Intensity data collection

- **5 key enablers in collecting RI data:**
  1) Ease of collecting Rehabilitation Intensity data through WMSs (most frequently reported)
  2) Increased interprofessional team collaboration
  3) Scheduling and keeping track of data throughout the day
  4) Education provided
  5) Setting aside time to collect Rehabilitation Intensity data
  6) Using a clock or stopwatch
Clinicians told us they need...

**NEEDED: A shared vision**

“The impossible is possible with a *SHARED VISION*”
Moving towards a culture of participation...

- 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

How do we support Rehabilitation Intensity data collection and implementation?
What is included?

Example:
- Time spent in circuit training that is face-to-face, one-on-one, and is geared towards the patient’s goals
  - PTA guides patient through the circuit, adjusting instruction or activity at each station to meet the patient’s goals
Example:

• Patient education where patient passively receives information
  - The OT provides a pamphlet to the patient on energy conservation and explains the concepts without asking him/her to practise or demonstrate any of these
Freeing up therapist time for intensive therapy

- Standardize and/or simply 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

Freeing up patient time for therapy

- Scheduling
  - Electronic scheduling
  - Whiteboards
  - Master schedules – for patients’ time
- Communication
  - Interprofessional approach to prioritizing 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, 3 x 20 minutes vs 1 hour straight
- Integrate family and visitors into treatment time
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

Resources Developed to Support Rehabilitation Intensity Data Collection and Implementation
Welcome to the Ontario Stroke Network

The Ontario Stroke Network’s key function is to enable the advancement of the Ontario Stroke System consisting of all Ontario stroke centres and prevention clinics, primarily through leading provincial acting as a credible advisor, evaluating and driving system performance and coordinating the research and knowledge management programs.

LEARN MORE

Our Mission

We provide provincial leadership and planning for the Ontario Stroke System by measuring performance, partnering to achieve best practices, and creating innovations for stroke prevention, care, recovery and reintegration.

OSN Website:

Stroke QBP Resource Centre

www.ontariostokenetwork.ca
Rehabilitation Intensity Resources

Stroke Rehabilitation Intensity Frequently Asked Questions

1) What is the provincial definition of Rehabilitation Intensity?

Rehabilitation Intensity is:

The amount of time the patient spends in individual, goal-directed rehabilitation therapy, focused on physical, functional, cognitive, perceptual and social goals to maximize the patient’s recovery, over a seven-day/week period. It is time that a patient is engaged in active face-to-face treatment, which is monitored or guided by a therapist.

Rehabilitation Intensity entails:

- An individualized treatment plan involving a minimum of 3 hours of direct task-specific therapy per patient per day by the core therapies, for at least six days per week; and
- Does not include groups.
Rehabilitation Intensity Resources

Toronto Stroke Networks Virtual Community of Practice (VCoP)

www.strokecommunity.ca
Map of Ontario Stroke System (OSS) Regions

For any inquiries related to rehab intensity, please contact your OSS Regional Rehabilitation Coordinator.

For your OSS region, please view this map.

Next slide will provide a listing of all Regional Rehabilitation Coordinators for each OSS region.

Listing of all OSS Regional Rehabilitation Coordinators

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMAIL</th>
<th>PHONE</th>
<th>FACILITY/SITE/REGION</th>
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<tbody>
<tr>
<td>Beth Nugent</td>
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<td>West GTA Stroke Network</td>
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<td>Southwestern Ontario Stroke Network</td>
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<td>Central East Stroke Network</td>
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<td>Central South Regional Stroke Network</td>
</tr>
</tbody>
</table>
What can you do as a clinician?

• Are there ways to maximize therapy time?

• How can you change the way you schedule patients to meet their endurance and participation needs?

• How can you coordinate with interprofessional team members to support therapy sessions with your patients?

• Can you advocate for changes to equipment, space, processes on your unit?

• How can you use volunteers, families, and caregivers to support the process?

Share your ideas and success stories

Please share your ideas or strategies for increasing Rehabilitation Intensity with your regional rehabilitation coordinator and through the VCoP Rehabilitation Intensity discussion forum

Save the Date for our next Rehabilitation Intensity videoconference:
• January 13, 2016 (1200-1330) – OTN details to follow.
• Focus: to share ideas and strategies used by organizations across Ontario to support Rehabilitation Intensity implementation
Thank You!

Questions?

Members of OSN Rehabilitation Intensity Working Group:

- Beth Linkewich (Co-Chair), Sylvia Quant (Co-Chair), Donelda Sooley, Janine Theben, Deb Willems, Shelley Huffman, Amy Maebrae-Waller, Judy Murray, Jennifer White, Jennifer Fearn, Jennifer Beal, Gwen Brown, Linda Kelloway, and Ruth Hall.

What is included?

<table>
<thead>
<tr>
<th>Included</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment that is face-to-face, one-on-one with patient actively engaged</td>
<td>The OT completes an OSOT with patient</td>
</tr>
<tr>
<td>Time spent in circuit training that is face-to-face, one-on-one, and is geared towards the patient’s goals</td>
<td>The PTA guides the patient through the circuit, adjusting instruction or activity at each station to meet that patient’s goals</td>
</tr>
<tr>
<td>Active training of therapeutic guidance provided during aerobic exercise</td>
<td>The patient is on a Body Weight Supported Treadmill but the PT is actively facilitating leg/foot movement while providing verbal cueing throughout</td>
</tr>
<tr>
<td>Self care or mobilization done outside of ‘planned’ therapy time but that still contributes to helping patient meet their goals</td>
<td>The OT decides to assist the patient to practise toileting with the patient after 15 minutes of planned upper extremity activities because independent toileting is another goal the client has and the client indicated the need to toilet right after the treatment session</td>
</tr>
<tr>
<td>Patient education where patient is actively involved</td>
<td>The PT demonstrates to the family member a one-person pivot transfer with patient, then has them practice while she provide tips and cueing</td>
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Thank You!
### What is excluded?

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Time patient spends in group therapy</td>
<td>The patient participates in a 30-minute seated group exercise led by the PTA</td>
</tr>
<tr>
<td>Time patients spends receiving passive treatments without therapist present</td>
<td>The OT applies functional electrical stimulation to the forearm while the patient is in bed and then leaves the patient for 20 minutes</td>
</tr>
<tr>
<td>Preparation and clean up for assessment and treatments</td>
<td>The PT adjusts the parallel bars before bringing the patient down to the therapy room</td>
</tr>
<tr>
<td>Discharge planning activities, e.g., team meetings, filling out forms, phone calls.</td>
<td>The PT, OT and S-LP spend one hour in a family meeting to discuss discharge plans with the family and discharge planner</td>
</tr>
<tr>
<td>Group education classes</td>
<td>The patient attends an education session on healthy eating</td>
</tr>
<tr>
<td>Patient education where patient passively receives information</td>
<td>The OT provides a pamphlet to the patient on energy conservation and explains the concepts without asking him/her to practise or demonstrate any of these</td>
</tr>
<tr>
<td>Independent cardiovascular activities without therapist present</td>
<td>The patient walks to the gym independently and does 15 minutes of pedalling on the NuStep®</td>
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### OSN Website: How to access the Rehabilitation Intensity resources

Steps for accessing the stroke rehab intensity resources:

1) Go to [http://ontariostrokenetwork.ca/](http://ontariostrokenetwork.ca/)

2) Click on the ‘Healthcare Providers/Partners’ tab near the top and select ‘Stroke Quality Based Procedures Resources Centre’ from the drop-down menu

3) Within the navigation section, click on ‘Clinical Tools and Resources for Implementation’

4) Click on the green link called ‘Clinical Tools and Resources for Implementation: In-Patient Rehabilitation’

5) Go to the ‘OSN Rehabilitation Intensity Resources’ section and select the resource link(s) that you are interested in accessing/downloading.