

## Toronto Stroke Networks Quality Assurance Framework for Rehabilitation Intensity Data Collection

This quality assurance (QA) framework for rehabilitation intensity (RI) data collection was developed by the Toronto Stroke Networks Rehabilitation Intensity Implementation Working Group Spring 2015. This document is meant to be used as part of a QA plan to support evaluation and improvement of data quality across organizations and promote consistent collection of rehabilitation intensity data.

Factors that influence the quality of the data	Evaluation of these influences	Mitigation of these influences
When rehabilitation intensity data field is left blank	<ul style="list-style-type: none"> <li>• Comparison of RI time versus workload measurement data (e.g. face-to-face – FxF/service recipient) by discipline</li> <li>• Incidence of days with blank RI values, by discipline</li> </ul>	<ul style="list-style-type: none"> <li>• Provide clear documentation when there is no RI provided</li> <li>• Use lock-out periods (timelines for data completion) – data is more accurate if collected in a timely manner</li> <li>• Provide timely staff feedback and reporting</li> </ul>
Inaccurate data entry by staff	<ul style="list-style-type: none"> <li>• Comparison of RI time versus workload measurement data (e.g. FxF/service recipient)</li> <li>• Incidence of days with zero value entries, by discipline</li> <li>• Incidence of days with blank RI values, by discipline</li> <li>• Tracking of documentation when there is no RI provided and the reasons for this</li> <li>• Number/percentage of code 99999</li> <li>• Incidence of RI data collected during service interruption (SI) days</li> <li>• Evaluate using standard case examples</li> </ul>	<ul style="list-style-type: none"> <li>• Provide clear documentation when there is no RI provided</li> <li>• Use lock-out periods – data is more accurate if collected in a timely manner</li> <li>• Provide timely staff feedback and reporting</li> <li>• Review RI data regularly to ensure it is not more than service recipient data</li> <li>• Remove SI days from reports and when transferring data to the National Rehabilitation Reporting System (NRS)</li> <li>• Use processes to identify and communication service interruptions to ensure RI data is not collected during SI days</li> <li>• Document contextual information as to why therapy time was not provided to patient</li> </ul>
Variation related to service interruptions and alternate level of care (ALC)	<ul style="list-style-type: none"> <li>• SI data/usage and comparison across organizations</li> <li>• RI time for patients with and without SIs and with and without ALC</li> <li>• Incidence of RI data collected on SI transfer days</li> <li>• Incidence of RI data collected on or after date ready for discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance awareness of service interruption definitions and use consistently</li> <li>• Establish standard process for identification and communication of SIs to facilitate stopping collection of RI data during SIs</li> <li>• Establish and enhance awareness of standard process for identification and documentation of date ready for discharge to facilitate ending RI data collection after date ready for discharge</li> <li>• Regular review of reasons for service interruptions.</li> </ul>
Timeliness in entering the data	<ul style="list-style-type: none"> <li>• Incidence of days with blank RI values, by discipline</li> <li>• Number/percentage of staff with missing RI data</li> </ul>	<ul style="list-style-type: none"> <li>• Use lock-out periods</li> <li>• Regular reporting and feedback to staff and managers</li> <li>• Ensure managers/professional practice leaders are involved to support accountability and follow-through</li> </ul>