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STROKE REHABILITATION INTENSITY NEWSLETTER

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Innovative Ways to Provide Stroke Rehabilitation Intensity

Taking a Deeper Dive into Rehab Intensity at Parkwood Institute

As part of our 2020 goals, the Parkwood Institute stroke inpatient rehabilitation allied health team started our pursuit to understand and look for ways to increase the amount of Rehabilitation Intensity (RI) time our patients received. We developed a RI working group, consisting of allied health team members and clinical management.

CHANGE IDEA #1

Our first accomplishment was re-arranging clinician schedules and forming treatment pairs between the Occupational Therapists (OTs) and Physiotherapists (PTs) which aligned with team-patient assignments. On our stroke rehabilitation unit patients are admitted to one of two stroke teams, 'Pink' or 'Blue', which are staffed by a mix of full-time and part-time allied health professionals. Forming treatment pairs allowed staff to participate in rounds only for their team's patients. This enabled them to leave when their team was finished, opening up additional treatment time in their schedules. Our nursing unit lead assisted by creating a schedule for patient rounds in accordance with allied health schedules.

CHANGE IDEA #2

In 2019, our team started using **electronic patient therapy scheduling**, which broadcasts a master schedule on a central TV in the middle of the unit. This allowed clinicians to efficiently schedule from their workstations. One of our PTs came up with the idea that we could **track patient therapy minutes on the scheduler by using a colour-coded system to identify the range of therapy minutes each patient received** (red, yellow, green). The colour would indicate which patients potentially required more therapy minutes to boost their direct therapy time. The scale was hidden from patients but used by clinicians as a visual reminder.

Photo source: iStock

CHANGE IDEA #3

Our team **partnered with Quality Measurement and Clinical Decision Support (QMCDS) to produce monthly reports that track our RI based on our reporting in the National Rehabilitation Reporting System (NRS) for patients discharged that month.** This allowed us to keep a close eye on our RI and compare it to our target. We decided we would take a conservative approach to our goal, and aim to achieve a reasonable target within our existing resources. Our Regional Rehabilitation Coordinator within the Southwestern Ontario Stroke Network helped us create this goal. QMCDS also plans to help conduct a refresher for our rehab team on how to accurately capture RI in the NRS, and the importance of accurate data collection. This is in addition to the RI refresher that was already presented to our colleagues on the stroke rehab team early on at the start of our RI initiative.

NEXT STEPS

Like many teams, we faced challenges during the pandemic that forced us to focus our priorities in a different direction. Our group plans to reconvene soon to continue down our path of increasing RI time for our patients. **We are excited to look at additional opportunities including adding a patient voice to our working group, and integrating the RI quiz into our learning management system.** Exciting opportunities are on the horizon for our team and our patients!

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The Impact of COVID-19 Pandemic on Rehab Intensity

As the pandemic restrictions remain, its tremendous impacts across rehabilitation settings continue to be felt in all aspects of care, including the delivery of rehabilitation intensity (RI) in inpatient stroke rehabilitation. Considering the impact of COVID-19 on the organization and its partners allows for a better understanding of your organizational performance.

Consider the following questions when examining your organization's RI metric:

- Did staff redeployment cause a shortage of resources or additional resources to your stroke unit?
- Was more time needed to don and doff Personal Protective Equipment (PPE) when providing care, thereby impacting the amount of RI minutes provided?
- Did staff turnover result in less awareness around capturing RI minutes?
- Was more time dedicated to training new staff, thereby impacting the ability to see more patients?
- Were patients on isolation precautions, therefore limiting the provision of therapy?
- Did the response to COVID-19 in other sites in your region impact your own organization's ability to deliver stroke rehabilitation? For example, were patients diverted to other rehabilitation organizations due to an outbreak?

Answering some of the above questions may help organizations better understand their performance and may also help to explain the significant variations in RI performance we have seen across Ontario. Regardless of the factors influencing the delivery of intensive rehabilitation in stroke, it is important to continue measuring and monitoring the RI metric for ongoing awareness and adjustment of RI targets.

A closer look at the response to the COVID-19 pandemic and its impact on RI may also allow for a deeper understanding of resource allocation needed to address intensive rehabilitation challenges. For example, additional staff deployed to a stroke rehab unit might have shown the positive impact that more resources could have on RI and other metrics. If that was the case for your unit, this might build a stronger case for more resources to enhance RI.

Patient & Therapist Perceptions Of Higher Intensity Rehab

'People with stroke perceived no barriers regarding the implementation of higher intensity rehabilitation in practice and were positive towards working at more intense levels.'[1]

'The patients themselves were thought to be positive toward the high-intensity interventions. Therapists were often surprised at how hard patients could work and tolerate the intensive regime.'[2]

'I was pleasantly surprised by how much they could push through.'[2]

1. **Factors Influencing the Delivery of Intensive Rehabilitation in Stroke: Patient Perceptions Versus Rehabilitation Therapist Perceptions** (Janssen J, Klassen TD, Connell LA, Eng JJ. Physical Therapy, Volume 100, Issue 2, 2020, Pages 307-316). Read it here.

2. **Delivering Intensive Rehabilitation in Stroke: Factors Influencing Implementation** (Connell LA, Klassen TD, Janssen J, Thetford C, Eng JJ. Physical Therapy, Volume 98, Issue 4, 2018, Pages 243–250). Read it here.

Knowledge Check

Would time spent with a patient during bedside rounds be included in Rehabilitation Intensity?

NO. When referring to the guiding questions on the Stroke Rehabilitation Intensity Pocket Card (see image below), the answer to guiding questions 1, 3 and 4 were YES, but the answer to guiding question 2 was a NO. Rounds involves more than one healthcare provider, so the session would not be 1:1.
If the answer to any question is a NO, the recommendation is to not include this time in RI.

STROKE REHAB INTENSITY

Definition: "The amount of time the patient spends in individual, goal-directed therapy, focused on physical, functional, cognitive, perceptual, communicative 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."

*The rehabilitation intensity definition was developed and approved by the Ontario Stroke Network Stroke Reference Group in 2012. This definition was later revised by the Ontario Regional Stroke Networks' Rehabilitation Coordinator Group in 2018.

STROKE REHAB INTENSITY

Guiding questions to determine if your activity is included in Rehabilitation Intensity (RI) measurement:

1. Was I assessing, monitoring, guiding or treating the patient face-to-face?
2. Was my activity with the patient one-on-one*?
3. Was the patient actively engaged in the activity throughout the session?
4. Were the therapy activities helping the patient achieve his/her goal(s) and maximize his/her recovery?

If the answer to all questions is YES, include the activity in RI measurement.

If the answer to any question is NO, do not include the activity in RI measurement.

*with the exception of co-treatment/collaborative treatment

For more information about Rehabilitation Intensity connect with your Regional Stroke Network's Regional Stroke Rehabilitation Coordinator. If you do not know their contact information, please email CorHealth Ontario at service@corhealthontario.ca.