



Community Outreach Stroke Rehab Program

A Partnership Between
William Osler Health System + Home & Community Care

June 2019



System Challenges and the Need for Change

Prior State & Known Challenges:

- Lack of integrated stroke rehab services in Central West region
- Lengthy waitlists for outpatient neuro rehab
- Limited services available from homecare
- Length of stay in hospitals impacting patient flow

OUR PILOT: Enhanced Access to Community Stroke Rehab

Funded through Pay for Results (P4R) Funding from CW LHIN

- Original Timeline: October 16 to March 31, 2018
- P4R Aims:
 - Lower hospital admission/readmission
 - Decrease ED or inpatient LOS
 - Improve access to primary, home & community care
 - Strategic alignment with LHIN and best practices
 - Partnerships – right care, right place

The Community Outreach Stroke Rehab Model

Care Coordinator

Intake, care
coordination,
system navigation,
rounding, education,
data collection



Outpatient

OT, PT, SLP, RecT
in clinic
(Weekly or biweekly)



1to1 Rehab

OTA/PTA/CDA
in home
(2-4x/wk)

Eligibility Criteria

- **Adult** 18 years of age or older
- **Reside within CW LHIN**
- **Acute or recent stroke**
- **Medically stable**
- **Demonstrated post stroke progress**
- **Motivated**, with **clear goals** and able to tolerate the intensity of an outpatient rehab program (2-3 hours of therapy per visit) plus commute time
- **AlphaFIM >80** for patients being discharged from acute care
- **Rehab Patient Group (RPG) of 1150 or 1160** (mild stroke) if being discharged from inpatient rehab

Treatment Expectations

- Estimated 1-2 visits per week with PT, OT, SLP, plus RecT as needed
- Estimated 2-3 visits per week with PTA, OTA, CDA's providing ongoing interventions in the home
- Patient-driven goals (COPM)
- Approximately 8-12 week program duration
- Therapists can provide interventions both in-home and in-clinic

Evaluation of the Program

As of May 2019:

- 212 patients enrolled into COSR
 - 180 completed program to date
 - 32 patients actively in the program

- Average length of stay in the COSR is 10 weeks

- Outcome measures
 - Length of stay data
 - Canadian Occupational Performance Measure (COPM)
 - Patient satisfaction survey

Current findings show:

- Improved patient flow (reduction in admission to inpatient rehab)
- Potential for cost savings (streamlining processes)
- The right patient being treated in the right setting
- Improved access to inpatient/outpatient rehab
- Patients supported in community integration
- Improved staff and patient satisfaction!

Evaluation of the Program

At discharge, patients are provided with satisfaction/feedback surveys, along with the COPM outcome measure.

All participants agreed that:

- Time between hospital discharge and first visit was acceptable
- Pleased with the **frequency** of visits
- Pleased with the **intensity** of the therapy
- Patients also described their journey with COSR to be collaborative, educational, individualized, and helped them to adapt to life after a stroke

“This program left me with more than what I came in with. I learned so much and I feel so much better. There were skills that I haven’t used since I was in school and now they’re coming back to me - how GREAT is that? Physically, I am stronger and more steady as well. I would give this program 100%!”

Closing Thoughts

- Outpatient and community therapy is cost-effective compared to inpatient length of stay
- “Make the system fit the patient, don’t make the patient fit the system”
- Innovation and collaboration between hospital and community
- Investing in Outpatient/Community Rehab reduces stress on acute care while improving patient experience, satisfaction, and quality of life

<https://www.youtube.com/watch?v=3pDhXi9Bo20&feature=youtu.be>

Questions?

