ontario stroke network
Advancing the Ontario Stroke System

Every Minute Counts: Rehab Intensity Update

December 2015

Myth Busting

Myth #1: If our facility is not measuring up in terms of Rehab Intensity (RI) provision, our program may lose its funding.

Answer: Provision of 3 hours of RI time is both a stroke best practice and a Quality Based Procedures recommendation but is not currently tied to funding or Local Health Integration Network or Ministry of Health and Long term Care (MoHLTC) accountabilities.

Myth #2: There is nothing our teams can do to change the amount of Rehab Intensity we provide with our current resources.

Answer: Organizations can undertake quality improvement initiatives to leverage existing resources to improve RI minutes as much as possible. This could involve improving their processes of care (e.g., schedules). Please consider connecting with other sites to share ideas.

Myth #3: Clinicians don't want to spend more time with their patients.

Answer: Clinicians have told us that they ideally want to spend at least one hour with each stroke patient per day in order to best meet the patients' needs. Measuring RI is the first step in being able to realize this goal.

In partnership with the Canadian Institute for Health Information and the MoHLTC, we are trying to gain an understanding of current RI provision within rehab settings across the province. 'You can not manage what you cannot measure'. It is important for us to know where we are at. Providing 3 hours of RI is one of the many important best practice recommendations that support better outcomes for our stroke patients. We realize not all sites are currently able to achieve this 'gold standard' with their current staffing and resources. Our hope is that by tracking RI data, this can be used to inform clinical, health system and administrative planning in order to foster quality improvement initiatives aimed at increasing RI time and resource levels to meet the best practice.

Save the Date!

Upcoming Videoconference Education on Rehab Intensity:

Towards 180 Minutes a Day: One Step at a Time

Jan 13th, 2016

12:00-1:30 pm

OTN Event ID #: 50924748
Host Site: Trillium Health Partners – West GTA Stroke Network
This presentation will also be available via **live and archived webcast.**

Things to remember when collecting and reporting Rehab Intensity Data

Continue to enter your RI data as accurately as possible. Although you may use a workload measurement system to collect RI data, this is NOT tied into measuring your productivity. RI data is meant to measure patient time spent in therapy from a patient perspective. If you require more information, visit the Ontario Stroke Network website for resources on RI including its provincial definition, purpose and goals: **http://ontariostrokenetwork.ca.**

Common questions from clinicians on what is or is not included:

Therapy provision can still be considered one-on-one if family members are present during the assessment or treatment activity!

Question 1: Is education related to discharge planning included in RI?

Answer: YES if the patient is participating in the session and is working collaboratively with the therapist toward the patient's rehab goals (including discharge planning goals). Patients must be actively engaged in activities such as collaborative planning, practice, or problem solving.

Examples: 1) Therapist hands the patient a brochure with bathroom equipment and requests that the patient procure these items (WOULD NOT BE INCLUDED IN RI). 2) While the therapist and the patient are collaboratively planning and discussing options for bathroom equipment, the patient is indicating his/her understanding and may demonstrate use of equipment if available in the hospital (WOULD BE INCLUDED IN RI).

Question 2: Is time spent in family conferences included in the 3 hours?

Including family conferences in the data collection will only reduce the ability to achieve the intended goal of providing one hour per discipline of direct task specific therapy (see Myth #3).

Answer: NO. Generally family conferences involve several health care providers and is not considered one-on-one therapy. If one therapist or therapy assistant is meeting one-on-one with a patient (with or without family present), this can be included as long as the answer is YES for all 4 guiding questions.

Examples: 1) The stroke patient is actively expressing their needs and goals during the family conference — all team members are present for the meeting (WOULD NOT BE INCLUDED IN RI). 2) One therapist is meeting with the stroke patient and family is present. They are discussing home accessibility as well as reviewing and practicing how the patient will maneuver the wheelchair within the home setting (WOULD BE INCLUDED IN RI).

Question 3: If a S-LP has 2 patients in the room but is working with 1 patient at a time (i.e., one is working on expression while the other patient is practicing listening/comprehension skills), would this be included?

Answer: It depends. If the therapy provided is one-on-one for a portion of the time for each patient, and that one-on-one time spent is specific to that patient's goals, then that time can be included in RI.

Examples: 1) Two stroke patients are sitting across from each other to practice their communication skills with S-LP facilitating the session. The S-LP smiles encouragingly to both patients and indicates intermittently to them to 'keep going' (WOULD NOT BE INCLUDED IN RI). 2) Two stroke patients are sitting across from each other to practice their communication skills. The S-LP begins by sitting beside patient 'A' while writing cue words and providing communication support specific to that patient's goals. While patient 'A' is talking, patient 'B' is listening. The therapist then turns her attention to patient 'B' and actively guides this patient in communicating his/her response (ONE-ON-ONE TIME WITH THE S-LP FROM EACH PATIENT'S PERSPECTIVE WOULD BE INCLUDED IN RI).

Question 4: If there are adjunct therapies (such as private PT or a home visit via CCAC), would this be included?

Answer: It depends. If there are adjunct therapies being provided that are NOT provided as a resource of the inpatient rehab program, then these should NOT be included in the collection of RI data. However, for example, if the rehab program is funding home visits through another partner, this may be included.

Examples: 1) OT from a CCAC contracted service provider meets a client at home one day prior to discharge for a home safety assessment (WOULD NOT BE INCLUDED IN RI). 2) Family arranges for private PT to visit the patient in hospital for additional therapy (WOULD NOT BE INCLUDED IN RI). 3) A rehab program has a contract with an external service provider to provide home visits as part of their inpatient rehab services (WOULD BE INCLUDED IN RI).

For ongoing questions please contact your Regional Rehabilitation Coordinator.

Don't forget to view our last Rehab Intensity videoconference, which is located at: http://webcast.otn.ca.