



Southeast CSR Brag & Steal

Highlight

Presenter



RA Role

Jennifer Mills (QDR)



Social Work Role

Liza Van de Hoef (QH)



SLP and CDA Roles

Sheryl Gibson (PCH)



Nursing Role

Allison Blair (PSFDH)



RNLI Outcome Measure

Kim Perrett (Kaymar)



Quinte & District
Rehabilitation

Rehabilitation Assistants : Enhancing Home Care Therapy

Presented by:

Stephanie Larmer PT
Tanya Schoenhals OT
Jennifer Mills Executive Director

Rehabilitation Assistant (RA) Team

- In 2023 Ontario Health at Home introduced OTA and expanded PTA beyond retirement homes
- This has served well as a therapy enhancement strategy. The Rehabilitation Assistant (OTA / PTA) is directly supervised by the PT / OT and they complete joint visits as necessary
- The Quinte Rehab Team has grown to 8 Rehabilitation Assistants
- Rehabilitation Assistant services are now available throughout all of HPE including North Hastings / Bancroft areas.

Client Story

Ms M - 77 yr old woman who experienced Right MCA CVA with significant left sided weakness - upper and lower extremities

- Minimal assistance/supervision with transfers using a sturdy pole
- Independent manual wheelchair mobility (non-ambulatory)
- Assistance with all personal care



CORP (Community Rehab Planning) meeting completed with community OT, the client & hospital OT prior to discharge.

Discharged from in-patient hospital stroke unit to local Retirement Home, where she received enhanced Community Stroke Rehabilitation Program services

Client Goal: To return home where she lives on her own

Client Story - Intervention

| | |
|-------------------------------------|-----------------|
| Physiotherapist – 2 X / week | PTA – 2X week |
| Occupational Therapist – 2 X / week | OTA – 2X / week |
| Duration – 12 weeks | |

Rehabilitation Assistant Role:

- Standing balance practice with pre-gait exercises
- Upper Extremity Active Assisted and Passive Range of Motion exercises
- Lower Extremity strengthening exercises
- Functional balance and coordination training for personal care needs
ie dressing, light meal prep
- Ambulation training with rollator walker
- Cardio training on NuStep

Client Story - Outcomes

| Client Goal – To return to her own home, where she lives alone | Status at Discharge |
|---|--|
| Independent Transfers – chair, bed, toilet | ✓ Independent with a transfer pole |
| Walk short distances | ✓ Ambulating using a rollator walker and leg brace 50 meters ✓ Able to hold the walker handle |
| Manage stairs | ✓ 8 steps with hand-rail and one assist |
| Independent toileting | ✓ Goal Met |
| Maximize Independence in personal care | ✓ Independent with majority of ADLS (assist with showering) |
| Independence in returning home | ✓ Able to complete light meal prep |
| Ms M Returned to her own home with OH@Home Support and attended Belleville Quinte Health Day Hospital upon discharge from Home Care Therapy | |
| | |



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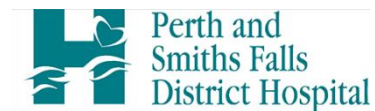
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The Reintegration to Normal Living Index RNLI

11 Questions
assessing the patient
perspective on
reintegration (I move,
I am, I feel)

Questions 1-3 Relate to mobility around home, community and even travel out of town

Question 4 Self care,

Question 5 Productivity

Question 6 Leisure

Question 7 Social

Question 8 Role within family

Question 9 Personal Relationships

Question 10 Comfort level w myself in the company of others,

Question 11 Deal with life events as they happen

Implementation started July 2023

- To date 264 successful pre and post questionnaires completed



RNLI Questions 1 - 11

Questions

Q1. I move around my living quarters as I feel necessary. (Wheelchairs, other equip. or resources may be used).

Q2. I move around my community as I feel is necessary. (Wheelchairs, other equipment or resources may be used.)

Q3. I am able to take trips out of town as I feel are necessary. (Wheelchairs, other equipment or resources may be used).

Q4. I am comfortable with how my self care needs (dressing, feeding, toileting, bathing) are met. (Adaptive equipment, supervision, and/or assistance may be used).

Q5. I spend most of my days occupied in a work activity that is necessary or important to me. Work activity could be paid employment, housework, volunteer work, school, etc.(Adaptive equipment, supervision, and/or assistance may be used).

Q6. I am able to participate in recreational activities -hobbies, crafts, sports, reading, television, games, computers, etc., as I want to. (Adaptive equipment, supervision or assistance may be used).

Q7. I participate in social activities with family, friends, and/or business acquaintances as is necessary or desirable to me. (Adaptive equipment, supervision or assistance may be used).

Q8. I assume a role in my family which meets my needs and those of other family members. Family means people with whom you live and/or relations with whom you don't live but see on a regular basis. (Adaptive equipment, supervision, and/or assistance may be used).

Q9. In general, I am comfortable with my personal relationships.

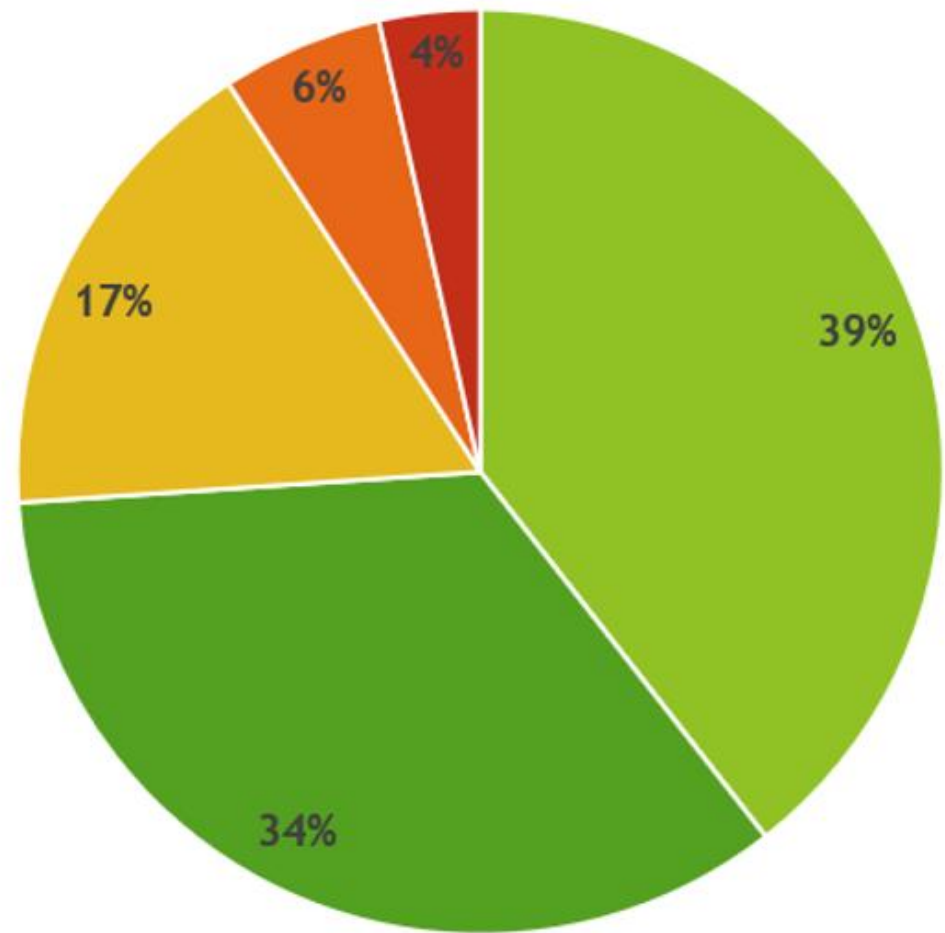
Q10. In general, I am comfortable with myself when I am in the company of others.

Q11. I feel like I can deal with life events as they happen.

Average Treatment Measures

| Quarter | Length of Treatment (Weeks) | Number of Visits |
|---------|-----------------------------|------------------|
| Q4 2023 | 9 | 20 |
| Q1 2024 | 15 | 23 |
| Q2 2024 | 17 | 29 |
| Q3 2024 | 19 | 27 |
| Q4 2024 | 17 | 19 |

Clinicians Involved



■ OT ■ PT ■ SLP ■ SW ■ RD

Patient Outcomes by Quarter

- Relatively consistent increases per quarter and related to visits and length of treatment as expected. 4 out of 5 patients indicate improvements across every quarter.
- An unexpected surprise were the decreases. People are complicated! Some experienced unexpected housing issues and other diagnosis (breast cancer, broken bones.)
- 88 % of Clinicians reported that when completing the discharge RNLI, they review the Initial.
- Focus tends to be on OT and PT with function and mobility so not surprising that these questions make the most gains.

| Quarter | % Increase | % Decrease | Within Avg. Length | Within Avg. Visits |
|---------|------------|------------|--------------------|--------------------|
| Q4 2023 | 88.1% | 11.9% | 61.0% | 74.6% |
| Q1 2024 | 85.0% | 15.0% | 72.5% | 70.0% |
| Q2 2024 | 82.8% | 17.2% | 55.0% | 66.0% |
| Q3 2024 | 92.9% | 7.1% | 50.0% | 50.0% |
| Q4 2024 | 78.6% | 21.4% | 57.1% | 78.6% |

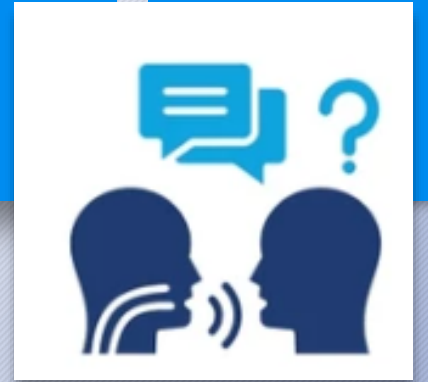
When limited gains were indicated 67% of Clinicians referred to other disciplines or additional OTA/PTA, implemented a social work referral, linked to Senior Centre classes, recommended supportive living such as a Retirement Home.

Clinically Significant Improvement

The table below shows the percentage of patients with clinically significant improvement in each question area (Q1–Q11) by discharge, across four consecutive quarters.

| Quarter | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Total |
|---------|-----|-----|-----|-----|-----|-----|-----|-----|----|-----|-----|-------|
| Q4 2023 | 3% | 34% | 37% | 8% | 34% | 22% | 14% | 10% | 2% | 3% | 8% | 56% |
| Q1 2024 | 18% | 50% | 19% | 10% | 33% | 38% | 23% | 18% | 5% | 8% | 10% | 70% |
| Q2 2024 | 10% | 34% | 31% | 21% | 24% | 24% | 34% | 28% | 7% | 10% | 14% | 72% |
| Q3 2024 | 14% | 39% | 44% | 12% | 26% | 21% | 21% | 14% | 0% | 14% | 12% | 93% |

Clinician Insight



Heather; OT

I find that as OT's it is a good reminder to maintain a holistic perspective focused on function and participation/engagement (to make sure we are not missing anything in treatment/goal setting). It is also helpful to glean further insight into how someone perceives that they are reintegrating into their family/social/community life, and their overall mental wellness post-stroke

Ally; OT

I find the RNLI can help frame OT goals. It also provides a lens into the client's mental health and emotional well being post stroke and then reassess this after the client has participated in rehab.

Ruth; OT

It helps the client reflect on their progress.

Clinician Insight (continued)

Jenn; PT

I think a few of the items are helpful in determining whether a social work referral is required which improves interdisciplinary care.

The first 2 items are helpful in determining whether our PT goals have been met and if not, the possibility of extending or making other referrals for continuity of care.

Overall, the tool helps to initiate more challenging and emotional conversations with patients that many of our Clinicians would not have had previously. It has triggered some conversations from a Quality Lens in terms of our discharge processes and use of social workers.

It provides insight on how the patient feels in that moment in time, the patient experience; and isn't that primarily why we are here and do what we do?!

