

Fast-Track Stroke Rehab Referral Project

Final Evaluation Report – Executive Summary



Sept 2021

Updated June 2022:

Patient Experience Tracer added

Updated Monitoring Report Process added

**Providence Care Hospital (PCH)
Kingston Health Sciences Centre (KHSC) -
Kingston General Hospital (KGH) Site
Stroke Network of Southeastern Ontario (SNSEO)**



Submitted by: The Fast Track Working Group (full membership list in Appendix A of [full report](#))

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Executive Summary

Background:

The length of time to access inpatient stroke rehabilitation had been a longstanding issue for the KHSC Acute Stroke Unit and PCH Inpatient Stroke Rehabilitation Unit. At the time of project inception, the most recently published provincial best practice target was for transfer to inpatient rehabilitation to take place from 5 to 7 days from stroke onset¹. The provincial median had been stable at 8 days (Ontario Stroke Report 2017/18) while the local median was 13 days in 2018/19.

Project Summary:

A “Fast Track” Working Group was established in July 2019 to improve referral to admission times for a subset of rehabilitation patient referrals. The joint project team, comprised of KHSC and PCH stroke team members, successfully implemented a new Fast Track rehab referral process to enable earlier transfer to rehabilitation. The project began in September 2019 and the new process was recommended for full adoption less than one year later. For a specific cohort of referrals, the new process replaced a PCH onsite assessment at KHSC with a more robust referral package. This process achieved the new target of acceptance in less than 4 hours in alignment with regional goals. The project was successful due to an established trust and improved communication between teams. A thorough process review contributed to collaborative solution finding. Three time-intensive key elements were removed from the process: 1) Detailed KHSC chart review by PCH; 2) Onsite patient assessment by PCH at KHSC and 3) Written patient summary by the PCH onsite assessor for the PCH Rehab Team/Physician. The following **FAST Track Processes** were implemented in lieu:

- 1) An enhanced referral package from KHSC;**
- 2) A new KHSC Neurology Form to capture key stroke-specific medical items previously identified as missing in the referral form/package and**
- 3) The Rehab Team received the full referral package in lieu of a patient summary.**

Results:

In the first year 64 patients were referred as Fast Track. Decisions to admit for fast track occurred under the 4 business-hour target with a median of 77.5 minutes in the first year. While the main focus of the project was to decrease the time to decision, other secondary impacts were also observed. The project aim was met, improved flow to rehab was observed and relationships were improved between acute and rehab teams. Several learnings were shared throughout the project including the use of data for process monitoring. Joint monitoring contributed to sustaining set targets. Patient and family “tracer” interviews were more recently introduced to contribute to ongoing learning about the experience of care transitions.

Final Recommendations:

The final recommendations listed below focus on sustaining success, supporting spread within and beyond stroke services, and regular monitoring.

1. Sustain adoption of Fast Track Processes.
2. Spread elements to regular stroke rehabilitation referrals.
3. Sustain the Joint Rehab Referral Data Set for active monitoring.
4. Include front line team members in ongoing Quality Improvement.
5. Continue to collect and use Patient/Family Experience feedback.
6. Share the results and lessons learned with other teams/programs.

Full report available [here](#)

¹ *Quality Based Procedures – Stroke Clinical Handbook*