Fast Track Project Report

Regional Stroke Steering Committee

November 2021

Presented by S. Huffman on behalf of Fast Track Working Group

Fast Track Project Team

- Joint working group between PCH and KHSC
- Project coordination from SNSEO
- Sub-group of Joint Clinical Task team that includes with clinical team members (including physician), assessors and patient flow/transfer teams and stroke network

Providence Care

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Stroke Survivor
Patient Experience Advisor

Ontario

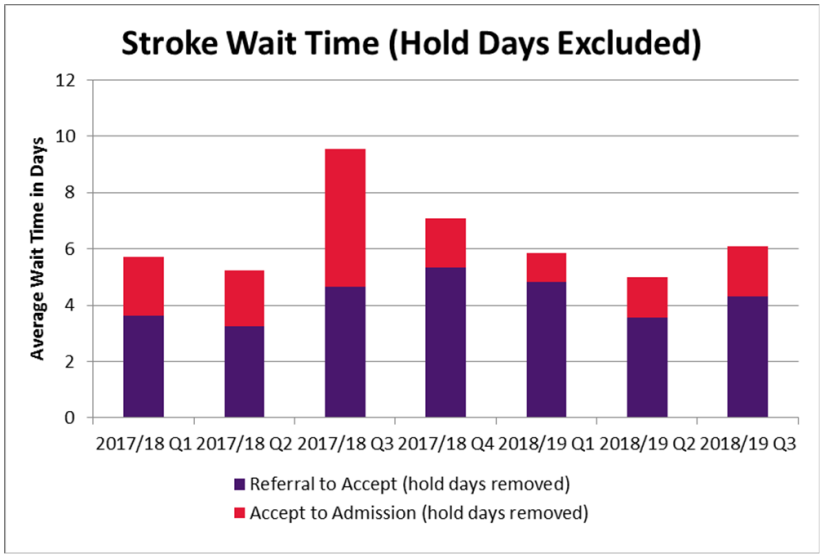
kaymar REHABILITATION

KFLA Stroke Integrated Care Clinical Task Group

Where We Started

- Stroke patients in the Kingston area were experience longer time in acute care before transferring to rehabilitation
- **Median of 13.0 Days *(2018/19)* compared to Provincial Rate of 8 days, and of Target 5 – 7 days.**
- Most of the "wait time" once referred was waiting for acceptance (Purple) **(> 2 days)** , not waiting for a bed (Red)
- **Regional target for referral to acceptance of 4 hours** on Stroke Acute to Rehab to Community (ARC) Pathway

Joint KHSC and PCH Stroke Flow	Q1	Q2	Q3	Q4	2018/19
Stroke onset to admission to inpatient rehabilitation (days) *Target 5-7 days* *Provincial Median: 8 days (2017/18 Stroke Report Card)*	16.0	12.0	9.5	22.0	13.0



Fast Track Project Road Map – Rapid Test of Change Approach

Process Map of Existing Process

Identify redundancy and steps with wait periods

Frontline teams developed NEW **process that would achieve target of 4 hours to decision** and address gaps removing onsite assessment

NEW Fast Track Process

Evaluate and adapt – PDSA cycles

Sustain and Monitor

July 2019 → Sept 2019 → Sept 2020

Fast Track Project – Driver Diagram

System Aim:
QBP/Best Practice: transfer from acute care to rehabilitation by day 5 (ischemic) or day 7(hemorrhagic)

PRIMARY DRIVERS

SECONDARY DRIVERS

Decrease time from admission to referral

- Alpha FIM completed by Day 3
- Allied consults completed timely
- Referral prepared and sent timely

Project Aim:
Accept all new Fast Track Referrals within 4 hours (to facilitate faster transfer of rehab ready stroke patients between KHSC and PCH)

Decrease time from referral to acceptance

Faster Process for **non-medically complex, rehab ready stroke patients (Alpha FIM > 60)**

CHANGE IDEAS

- Include **additional notes with referral form** (MAR, Therapy Notes, Progress Notes) to replace onsite assessor
- **Neuro Form** to capture key stroke specific medical items missing in package
- **Fast Track identifier** added to form/fax
- **Email sent** to alert of Fast Track referral
- **Referral package forwarded to rehab team** in lieu of creating an Assessor summary note

Criteria for Patient Selection

Patients should have the following characteristics:

1. ***Alpha FIM ≥60 ****
2. ***Acute Length of stay of 14 days or less prior to referral*****
3. PT and OT Assessment complete
4. Acute stroke team considers patient a rehab candidate including anticipating tolerating 1 hour of therapy & reasonable sitting tolerance
5. Medically stable
6. Patient is admitted under Neurology.
7. If have NG tube – SLPs have already connected/plan in place
8. Discharge plan has been considered and is relatively clear

PDSA Cycle Changes

*** Criteria 1 – Clinical judgment for flexibility on AFIM score based on rehab readiness (patients have been fast track with scores below 60)**

**** Criteria 2 removed during test of change/pilot**

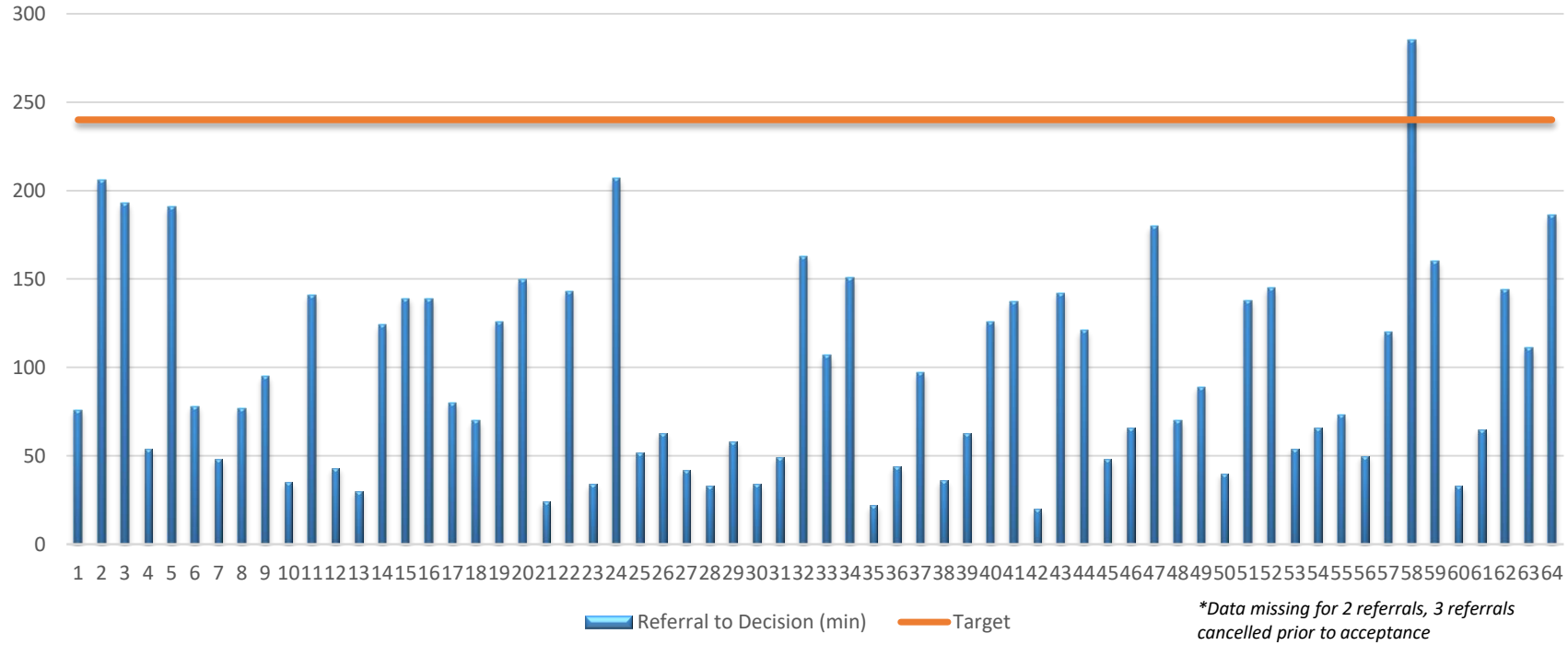
Fast Track Aim Achieved and Sustained

“Fast Track” AIM:

For patients meeting the “Fast Track Criteria”, referral to decision/acceptance will occur in < 4 hours.

Referral to Decision (Minutes) - Median 77.5 min

64 Individual Patients* - *Sept 23 2019-Sept 30 2020*



*Data missing for 2 referrals, 3 referrals cancelled prior to acceptance

Results – End of Year 1 *(as of Sept 30 2020)*

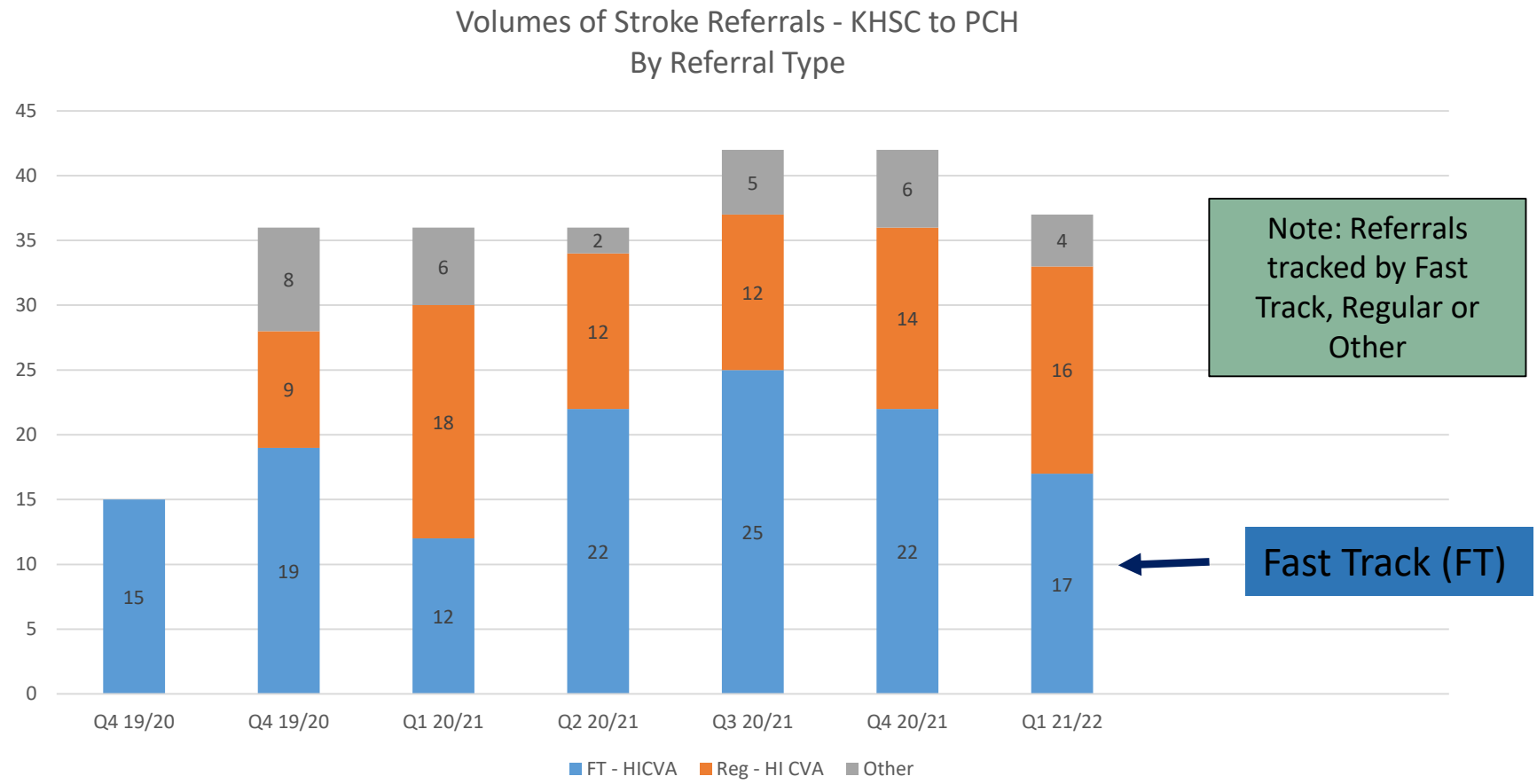
- **64 patients - median of 77.5 minutes** for referral to decision to accept with a range of 20 min to 4 hr 45 min
- Fast Track patients were noted to be **appropriate rehabilitation referrals**

  (Determined by - analysis of the rehabilitation patient groups in NRS data, associated rehab LOS, experience of the Rehab Team, very few clinical concerns that arose during transfers)
- **Fast Track process was approved** to be operational
- **Median time from stroke onset to rehab was 7 days** for the fast track subgroup
- Overall observations during the project period
  - Decrease in rehabilitation referral processing time
  - More timely access to rehabilitation
  - Decreased acute length of stay for the Fast Track cohort
  - Associated in ASU utilization rates and decreased acute stroke mortality.

COVID Impacts

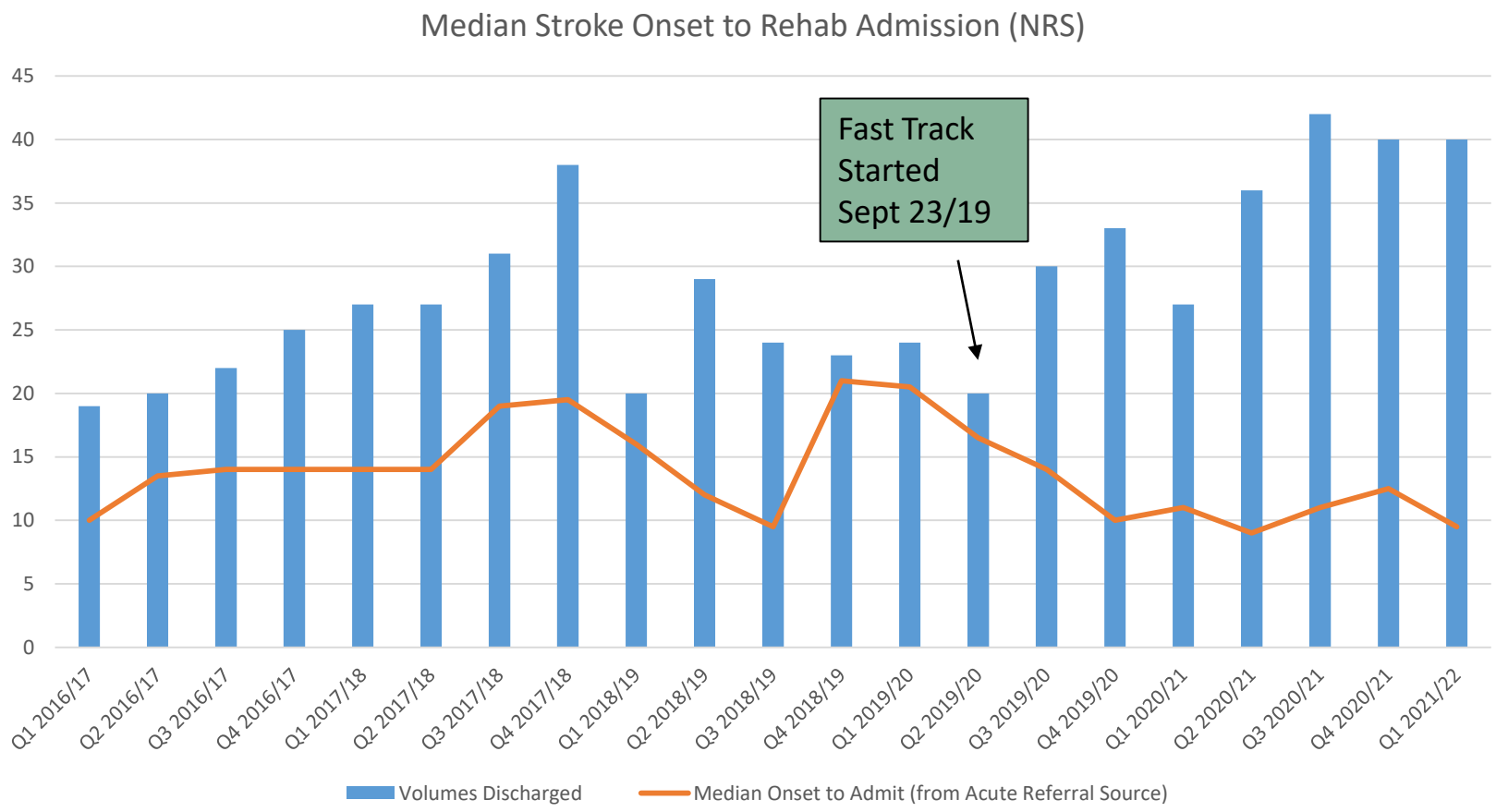
- Fast Track as a process itself was minimally impacted by COVID
- Parts of Fast Track process used for regular referrals due to no PCH onsite assessments
- COVID swab (delayed transfer initially and precludes any same day admissions)
- Rehab site required to admit atypical patients from multiple facilities (human and physical resource limitations on capacity)
- Acute site also managing patients from external hospitals (human resource limitations on capacity to collate referrals)

Where are we now…
Volumes of Stroke Rehab Referrals



Median Stroke Onset and Volumes – All HI CVA

(Acute Referrals Only)



Source: CIHI NRS

Sustainability Plan

- New data metrics being added into regular quarterly monitoring
- Detailed process monitoring as needed
- Joint Stroke Clinical Task Team reviews data quarterly
- Fast Track Process embedded in regular rehab referral processes (e.g. checkbox on referral form, tracking fast track vs regular referral)

Next Steps

Related projects in this year's work plan:

- Patient Tracer – Acute/Rehab/Community (will include fast track patients) to add patient experience perspective
- Reviewing Regular Rehab Referral Process - incorporate lessons learned
- Sustain Fast Track with multiple providers/hospitalists (Develop regular communication and orientation for Fast Track Stroke Rehab Referral Process)

From the team…

"Our goal with this pilot was to explore a local system-based change with the potential to improve the transition of patients from KHSC to PCH during their post-stroke care. The results suggest that the initiative has contributed to earlier access to inpatient stroke rehabilitation for patients in need of and ready for the rehabilitative phase of their care. This occurred over a time frame in which there was also an increase in the number of patients receiving stroke rehab at PCH.

Based on the literature and Canadian stroke best practice recommendations, our hope is that creating more timely access to rehabilitation, for more patients, has improved patient-related outcomes, recovery/functional independence, and community reintegration. The project has also fostered added communication and collaboration between our acute and rehab stroke teams. We see this as a definite positive for current and future care provision and anticipate that this will facilitate ongoing initiatives to advance the quality of care along the stroke continuum for patients in our region."

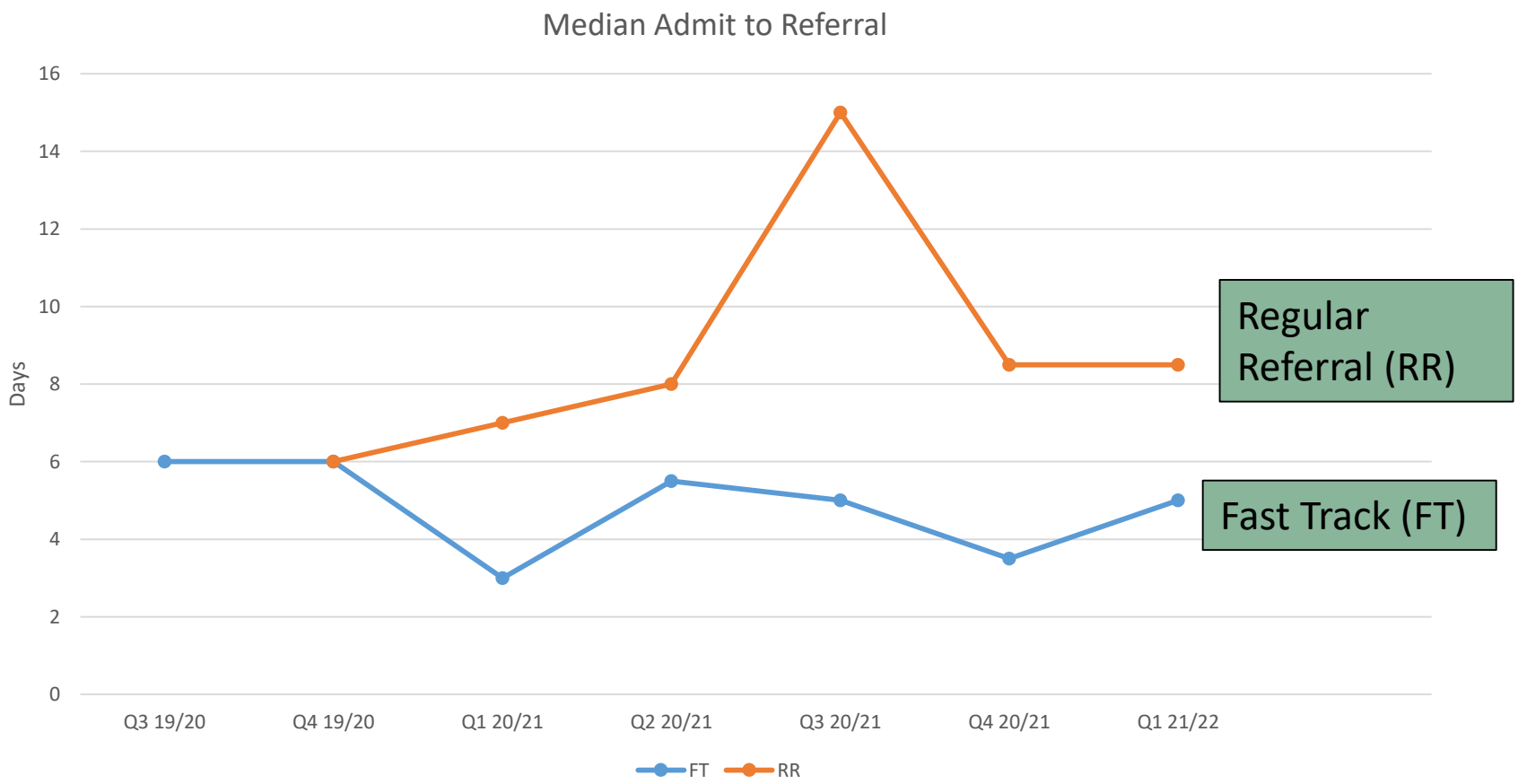
Dr. Benjamin Ritsma

Department of Physical Medicine & Rehabilitation Queen's University - Assistant Professor Clinical Director - Rehabilitation; Director - Stroke Rehabilitation - Providence Care Hospital

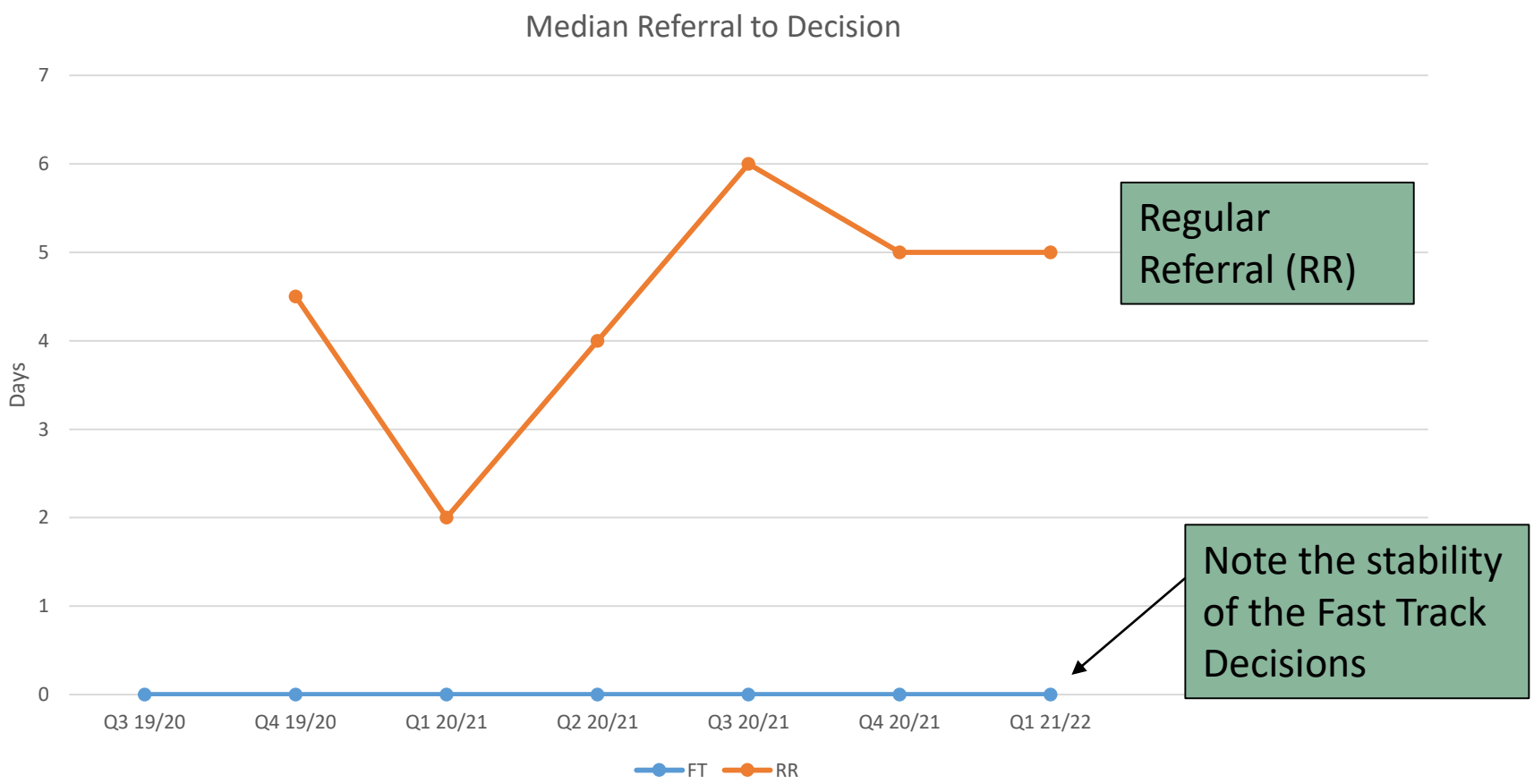
Comments?
Questions?
Advice?

Appendix: Process Data

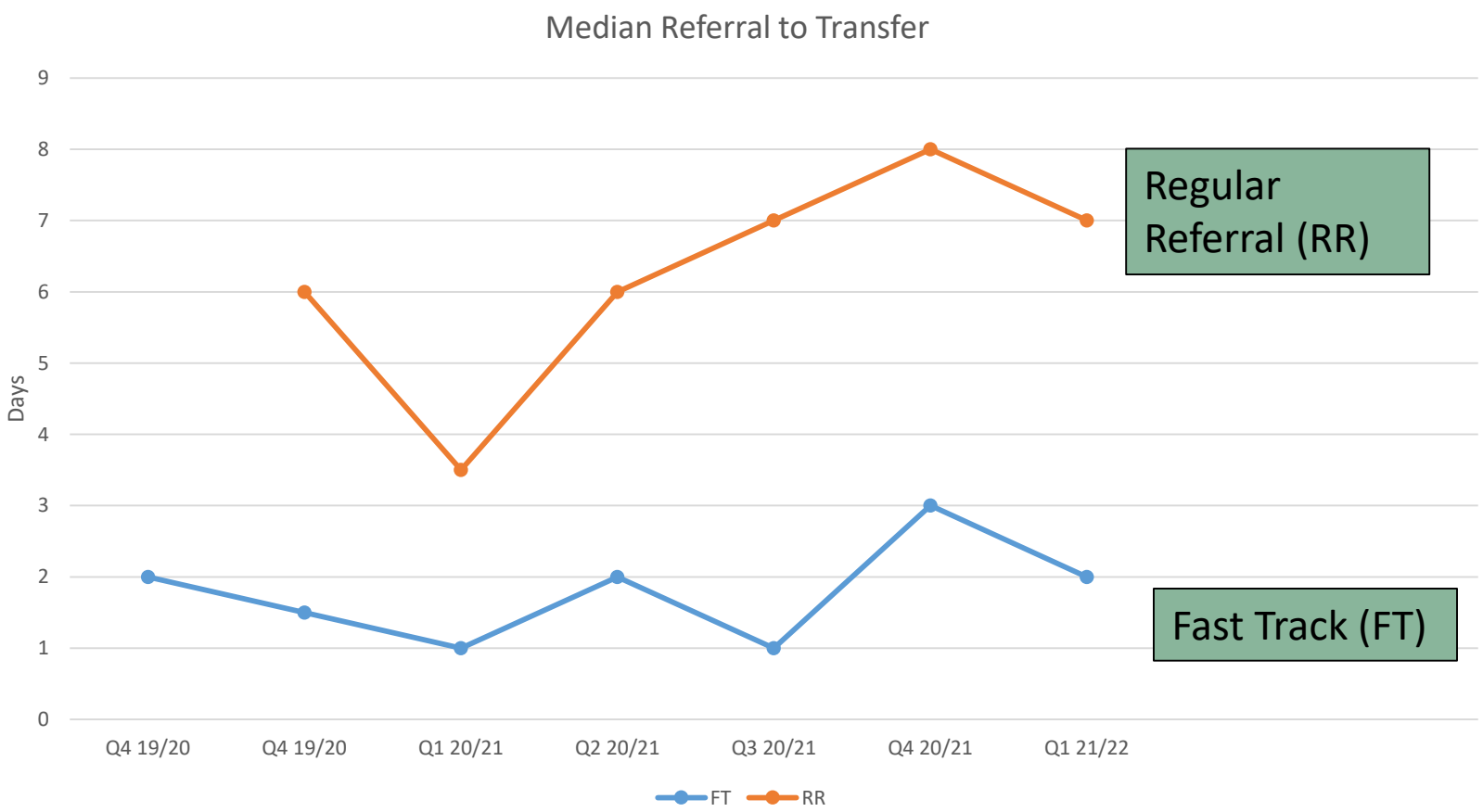
Progression to quarterly monitoring – added monitoring of regular referrals



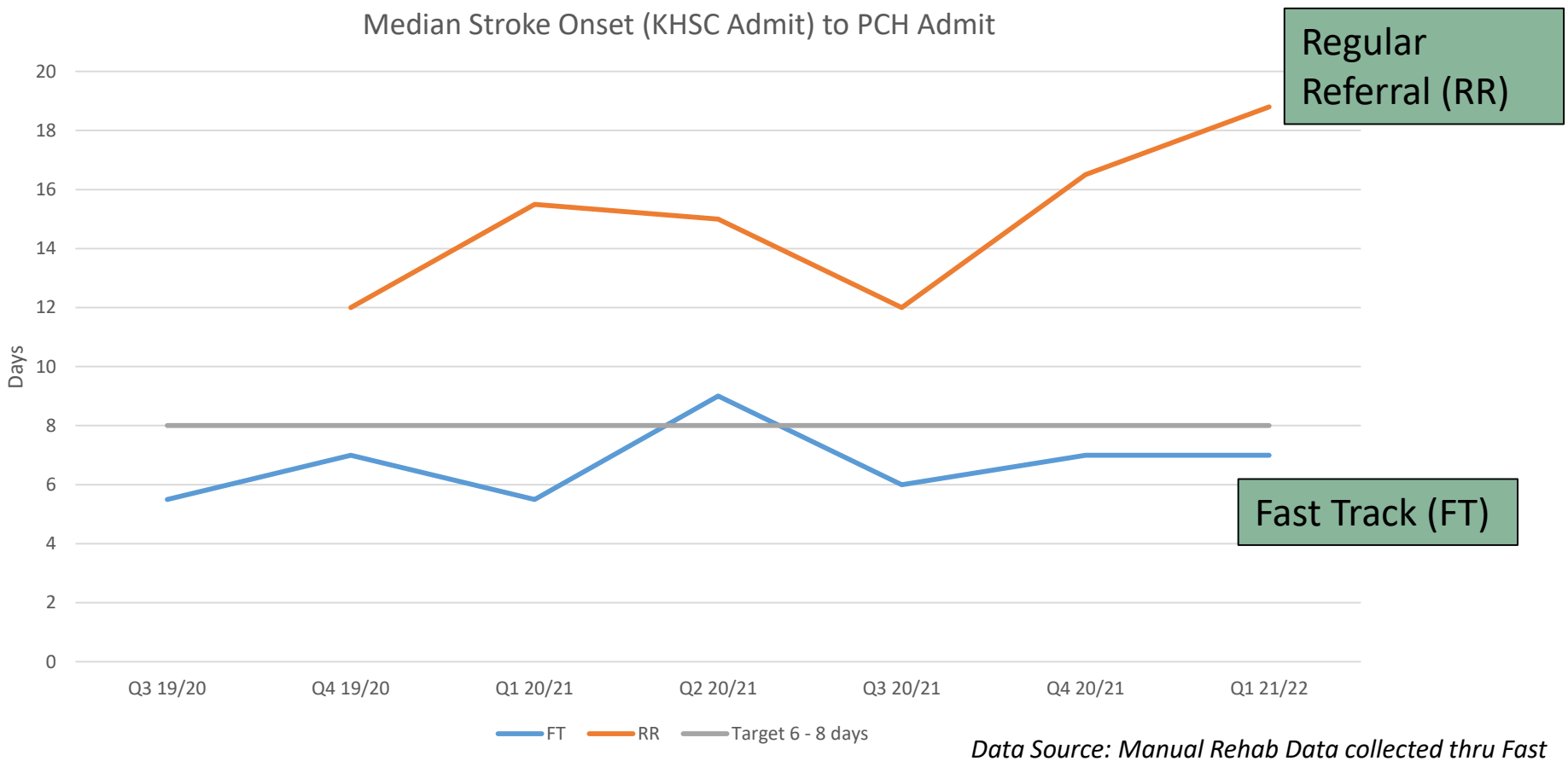
Referral to Decision



Median Referral to Transfer



KHSC Admit to PCH Admit



Data Source: Manual Rehab Data collected thru Fast Track project (Quarter sorted by Date referred)