Leveraging Rehabilitation to Improve Patient Flow, Quality Outcomes and the Patient Experience Stroke Network of SEO Workplan - Acute and Rehabilitation Priorities

· Best practice guidelines;

evidence Quality Based

Procedures Clinical

Handbook for Stroke

RESOURCES

- Established provider partners - acute/rehab hospitals, community providers including senior leadership
- Regional Stroke Steering Committee and Subcommittees
- Regional Stroke Team
- Ontario Stroke Network (OSN)
- OSN Rehab Expert Panel
- LHIN & MOHLTC
- Technology for communication & information management; electronic health records
- Funding Regional Stroke Team (education, KT tools)
- Funding within partner budgets
- Space and equipment partner facilities
- Transportation

ACTIVITIES

Acute Stroke Units (ASU)

- Geographic clustering
- Standardize evidence-based care/careplans
- Provide expert interprofessional team care
- Organize acute medical care
- CQI and continuous education/training
- Embed early rehabilitation
- Plan and implement QBP standards 5 to 7 day length of stay

Triage/Transfer Process Acute ↔ Rehab ↔ Community

- Triage guidelines & process e.g. RM&R
- Communication and information flow
- Plan and Implement QBP standards 7 days/week transfer and admission to rehab

- therapy intensity

- Deliver CCAC community rehab ("D/C Link")
- Provide interprofessional team care
- CQI and continuous education/training
- Plan and implement QBP therapy intensity

OUTCOMES

Patients achieve optimal recovery with decreased mortality rates

Positive patient experience

Positive provider experience

Patients have equitable access to **Acute Stroke Unit** and Rehabilitation

Patients have timely access to **Acute Stroke Unit** and rehabilitation

Efficient and effective health system

GOAL

To leverage

acute stroke

unit care and

rehabilitation

to improve

patient flow,

quality

outcomes

and the

patient

experience

• FIM LOS efficiency (moderate stroke)

IMPACT MEASURES

- 30-day mortality rates
- Patient and caregiver/family feedback
- Provider feedback
- % access to ASU & rehabilitation
 - Acute stroke unit
 - Inpatient rehab
 - Day rehab
 - CCAC D/C Link
- % rehab admissions with severe stroke
- Stroke onset to rehab admission (median days)
- ALC rates
- Readmit rates
- % meeting Rehab **QBP LOS targets**

Inpatient Rehab Services

- Geographic clustering
- Standardize evidence-based care
- Provide expert interprofessional team care
- CQI and continuous education/training
- Plan and Implement QBP standards
 - o 6 days/week, 3 hours/day

Community-Based Rehab

- Establish or Sustain Day Rehab Programs

- Promote equity of access across region

ENABLERS: Communication/Information Management, Knowledge Translation, Collaboration, Evaluation