

Knowledge Exchange Summary from SW Forum

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(Special thank to Deb Willems, Stroke Rehabilitation Coordinator, Southwest Ontario Stroke Network for sharing from her Region)

Brag and Steal – Regional and Provincial Rehabilitation Intensity Update
Southeastern Ontario Stroke Best Practice Symposium
Implementing Rehabilitation Intensity Inpatient Rehabilitation

Context

- Stroke Network of Southwestern Ontario held a rehab forum in October 2015
- Sites participated in a knowledge exchange related to rehabilitation intensity

Highlights from SW Forum

Organization	Interventions	Outcomes/Lesson Learned
Grey Bruce Health Services, Owen Sound ON	Electronic Patient Therapy Scheduling Board <ul style="list-style-type: none"> Replaced large magnetic whiteboard with electronic version that is internet based Create appreciation for scheduling the patient's day vs therapist's schedule 	<ul style="list-style-type: none"> Nsg can book in DI Colour blending can show 2 discipline working together Upfront time for training 4 – 6 hours for each staff members
Huron Perth Healthcare Alliance, Stratford General Hospital	Value Stream Map – Patients day and Therapist Day <ul style="list-style-type: none"> Selected opportunities to gain more time for therapy <ol style="list-style-type: none"> PSW's schedule was changed Bathing Project Breakfast Tray Time change Therapy schedule changes Scheduling/communication 	<ul style="list-style-type: none"> Patients up and ready for therapy, no breakfast delays, patient and staff satisfaction improved Involve the whole team in the problem and solution identification - include support areas The Patient's input is always required. Don't be afraid to change the solution, maybe a few times, until it achieves the desired results.

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Organization	Interventions	Outcomes/Lesson Learned
Bluewater Health	Stroke Rehab Team (shifting of staff to have dedicated stroke team) and on floor treatment <ul style="list-style-type: none"> LEAN methodology 	<ul style="list-style-type: none"> Saves transport time Patient being seen 3 – 4 x day Collaboration Balancing needs of all patients Ongoing education to support changes
Chatham-Kent Health Alliance	1) weekend coverage (added SLP) and 2) SLP complement (re-allocated SLP and CDA between inpatient and outpatient)	<ul style="list-style-type: none"> Stroke patients have access 7 days/week Still need to enhance routine and environment on weekends (patients not up for therapy) Respect for clinical judgement for client's with low tolerance – may not receive 3 hrs/day - 7 days a week (ie alternate Sat or Sun) Therapy teams creatively schedule types of activities according the patients' tolerance.

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Organization	Interventions	Outcomes/Lesson Learned
Hotel Dieu Grace Healthcare	<ol style="list-style-type: none"> 1. Staff resources – weekend changes, daily huddle for best daily plan to use resources 2. Documentation – forms review, chart coming to therapy to save time charting 3. Processes – reviewing appropriate use of groups and rounds (length and purpose) 	<ul style="list-style-type: none"> • All processes have been met with positive and negative feedback. • Managing change and reactions to change. • Ongoing reinforcement of the ultimate vision and acknowledge success • Allow time for feedback. • Provide specific expectations and not allow generalizations

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Organization	Interventions	Outcomes/Lesson Learned
Grand River Hospital, Kitchener, ON	<ol style="list-style-type: none"> 1. Model of care change on the inpatient rehabilitation unit, with focus on creation of therapy “teams” for neuro and non neuro patient groupings, as well as increased therapy presence during morning routine (0700 – 0830). 2. Communication boards for patients as well as for therapists to track the amount of therapy patients are receiving daily 3. Group programming to free up therapists time for more task specific 1:1. <p>** did add additional PT/OT/TA to bring to best practice ratios in addition to the practice changes</p>	<ul style="list-style-type: none"> • Ensure clear role definition for all staff, particularly in morning routine and ADL activities. • Review FIM documentation and ensure that staff are utilizing the tool effectively. • Investments in therapy staff, including replacement for vacation and sick time are critical. • Don't underestimate the impact of group therapy on providing increased access to 1:1 time with therapists.

SW – Forum: SWOSN resources

- Developed Patient Centred Communication Tools
 - Patient Information - Stroke Rehab
 - Family Letter
- Suggestions for Making rounds more Effective