

### BACKGROUND AND PURPOSE

In an effort to promote better stroke outcomes through increased rehabilitation intensity (RI), rehabilitation facilities within the Ontario Stroke Network (OSN) are required to report total direct-therapy (OT, PT, SLP) time patients receive during inpatient rehabilitation. Effective program evaluation and resource planning depends on accurate RI-data.

**Purpose:** To describe therapists' strategies to RI data collection and reporting, their perceptions regarding the accuracy of their data, and thoughts on the RI data reporting process as a whole.

### METHODS

**Development and Design:** Designed as a follow-up to the post-implementation of RI reporting survey conducted by the OSN in 2015. Developed with input from OSN stake-holders, and piloted with 5 front-line clinicians.

Final survey included multiple choice, Likert-Scale type, and open-ended questions in 5 domains: 1) demographics, 2) collecting and reporting strategies, 3) accuracy (confidence, barriers, enablers), 4) feedback and 5) knowledge (scenario-based RI questions).

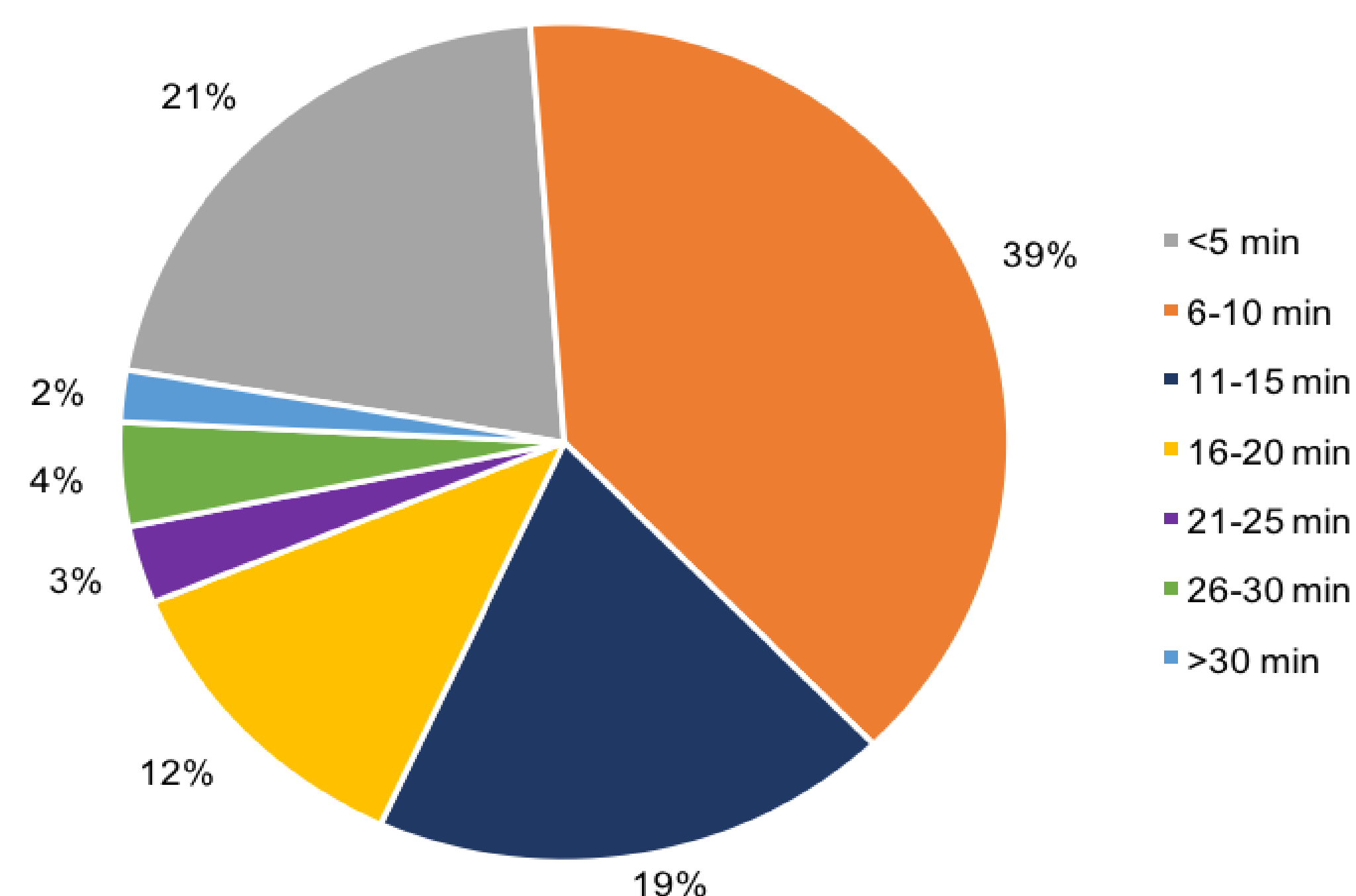
#### Distribution and Analysis:

Web-based survey created using FluidSurvey™ and conducted from Mar 29 – May 9, 2017. Survey link shared via email to inpatient stroke rehab providers through OSN partners (e.g. Regional Rehab Specialists), Ontario Physiotherapy Association email-blast, and websites (i.e. OSN, Toronto Stroke Networks Virtual Community of Practice, Stroke Network of South Eastern Ontario). Analyzed using FluidSurvey™ and Microsoft Office Excel 2016. Analysis of closed-ended questions was descriptive. Open-ended questions were coded and analyzed via inductive content analysis.

**Participants:** A total of 133 respondents (PT = 43, OT = 39, SLP = 25, OTA/PTA/RAs = 19, CDA = 1, Not specified = 6) met inclusion criteria and their responses were analyzed. Note: Not all questions were mandatory therefore response rates varied between questions.

### RESULTS

#### Time to Manage RI Data



The majority (60%) of respondents (N = 130) reported spending ≤ 10 minutes/day tracking and entering RI data

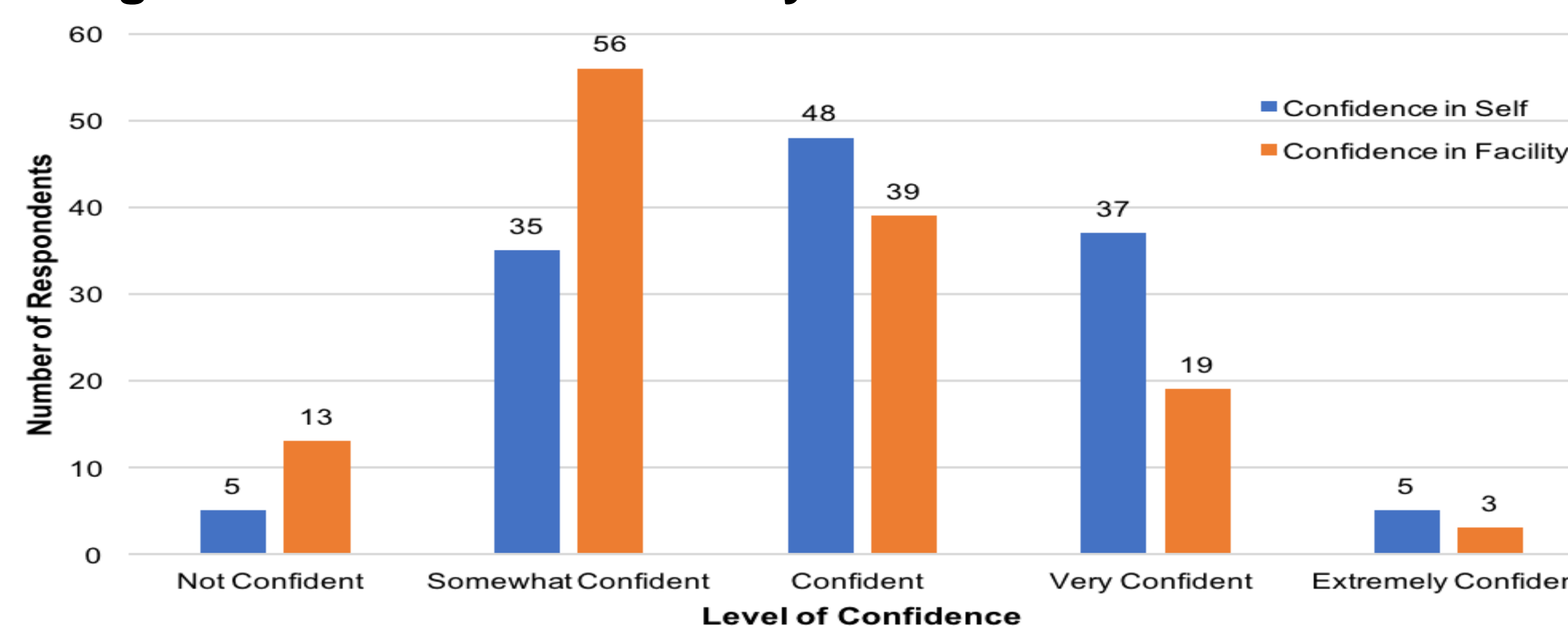
### RESULTS

**Table 1: Interpretation of RI scenarios**

Scenario	Scenario Focus	Correct Responses (%)
1a	Co-treatment (PT + PTA) – Report PT RI Time	81
1b	Co-treatment (PT + PTA) - PTA RI Time	75
2a	Co-treatment (OT + PT) - PT RI Time PT	85
2b	OT + PT RI Time (1:1) – OT RI Time	83
3	Group Therapy - SLP RI Time	57
4	Given PT, OT, PTA/OTA Rx Time - Calculate Total RI for day	66

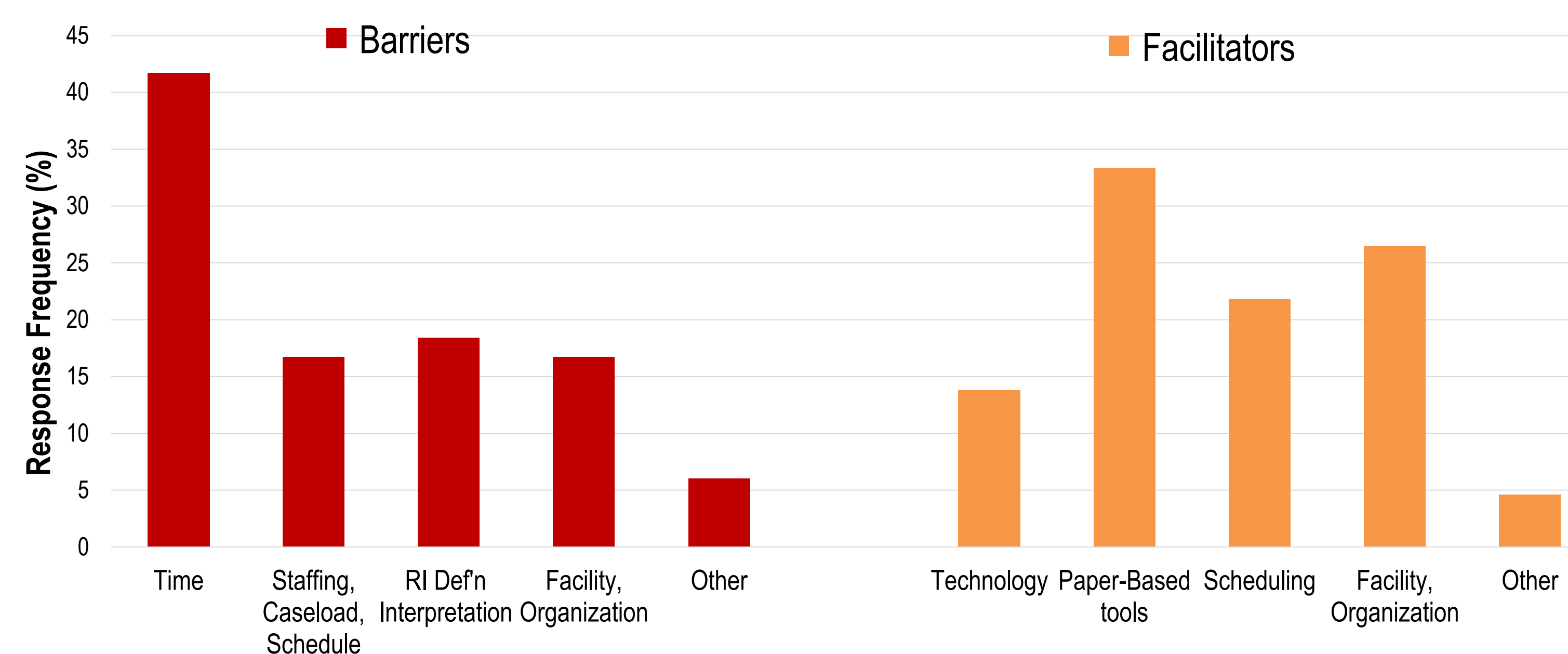
When presented with treatment scenarios, therapists had most difficulty with group-based therapy, and allotment of RI for PTA time with patients.

#### Rating of confidence in accuracy of RI data

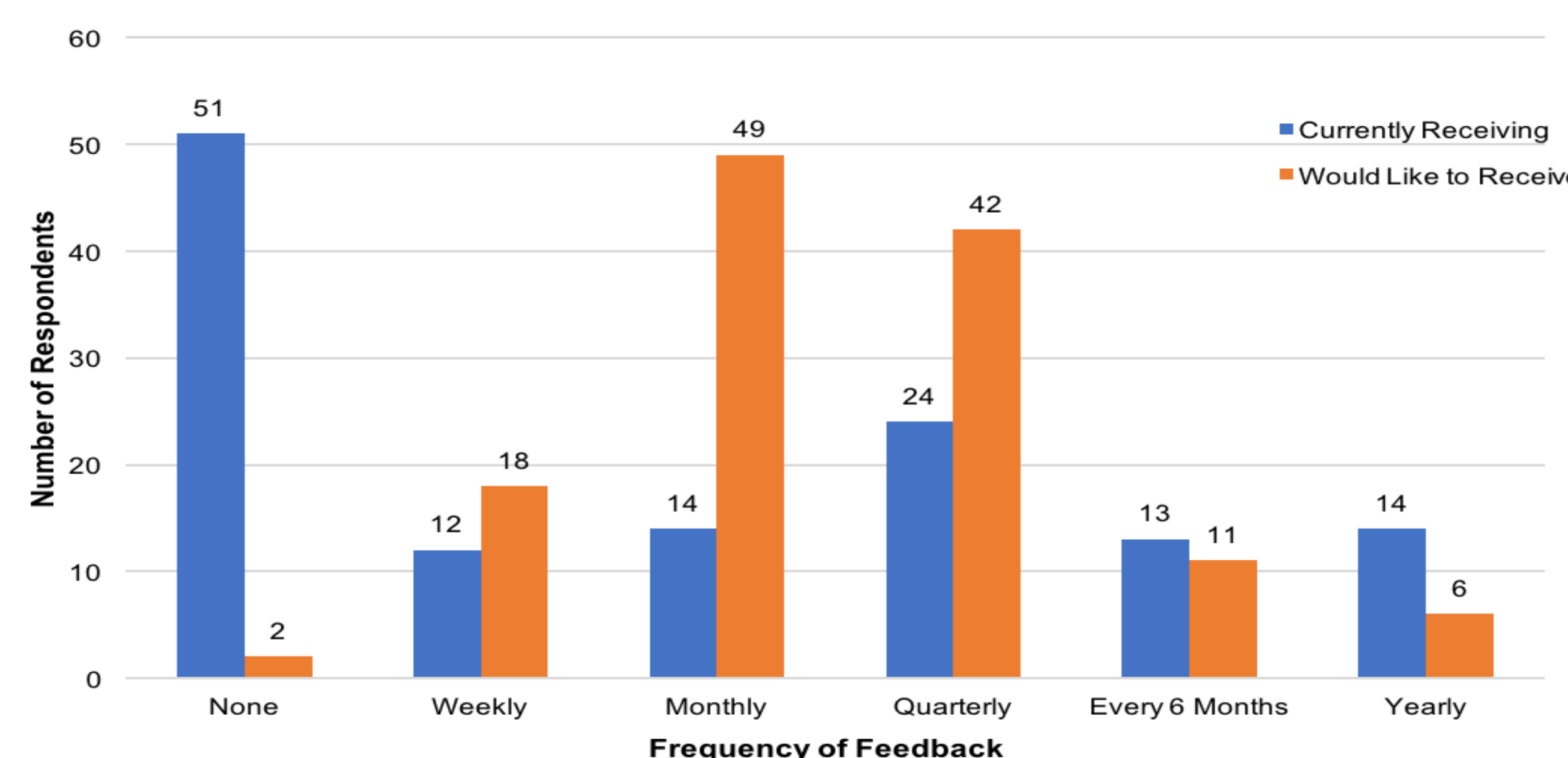


69% of participants reported being confident, very confident or extremely confident in the accuracy of their personal RI data. Only 47% were confident to extremely confident in the overall data submitted by their facility.

#### Barriers and Facilitators to Accurate RI Data Collection and Reporting



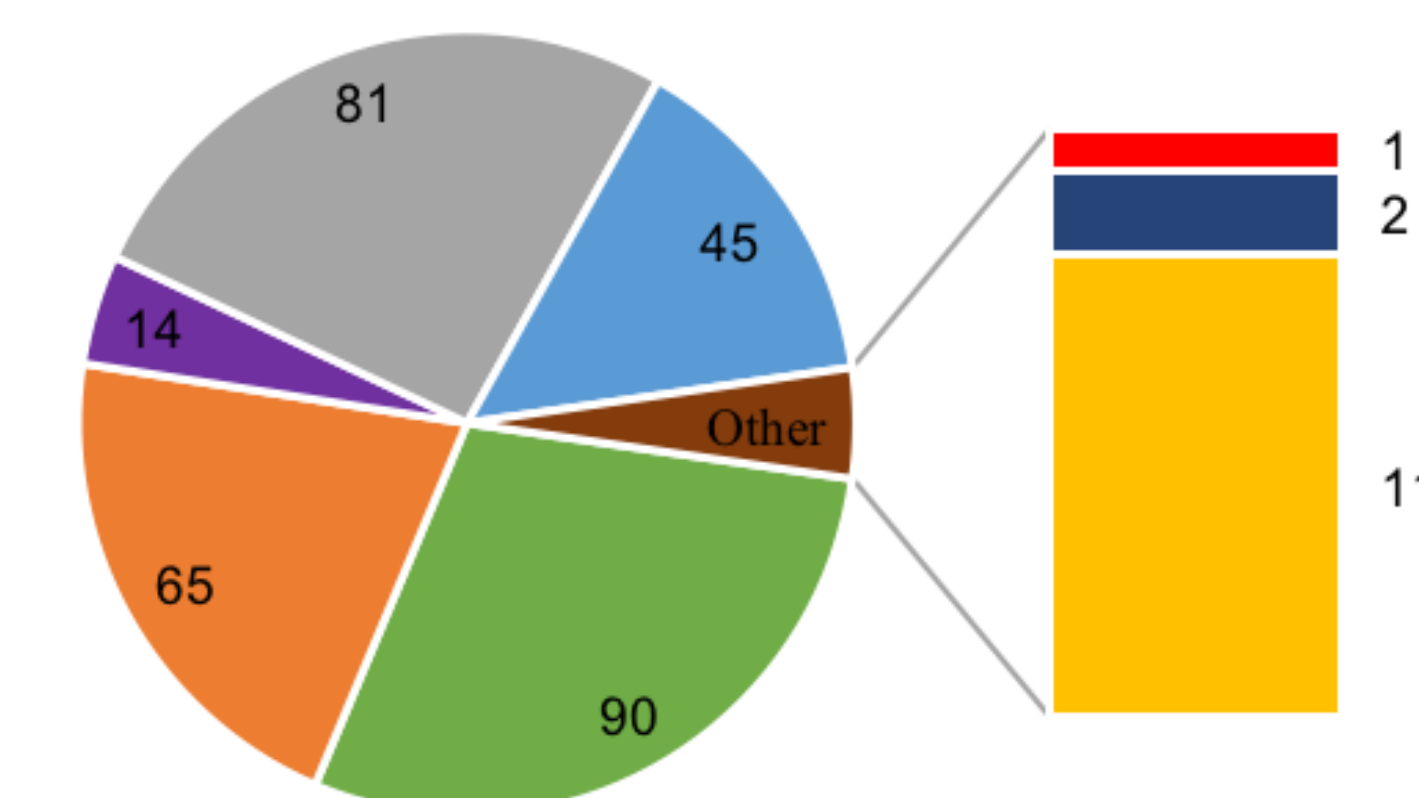
#### Current and Desired RI Feedback Reports



While 85% preferred RI feedback reports at least 1x/quarter, and felt they would improve accuracy and RI, only 39% reported receiving a report at least 1x/quarter. 40% reported never having received a report since collecting RI data.

### RESULTS

#### RI Education and Training



- OSN Webinar
- Formal 1:1 Training from Facility
- Informal Training from Colleague
- Personal Experience
- Education Materials from OSN Website
- Formal Group Training from Facility
- No Training
- Workshop/Conference

Most participants reported attending the OSN Webinar on RI (61%) and/or accessing the materials on the OSN website (69%). 44% felt they would benefit from further RI training.

**Table 2: Impact of RI monitoring on practice (open text)**

Patient-focused changes n=40
Approach to therapy more patient-focused (12)
Increased therapy time (11)
Increase in 1:1 treatment (5)
Increased emphasis on ensuring patient attendance (2)
Shift away from groups (7)
Spend less time with non-stroke patients (3)
Therapist-focused changes (n=12)
Increased focus on best practice guidelines (7)
Increased consideration of patient's perspective (3)
Incr eased team communication (2)
Administrative changes (n=31)
Increased awareness of time/scheduling (25)
Increased accuracy of stats/workload (4)
Changes to software for RI stats (1)
Organizational changes (n=6)
Reorganization of staff/increased delivery by therapists vs assistants (6)
Increased input from manager in care processes (1)

### CONCLUSIONS

Therapists report that RI data monitoring has led to largely positive changes in stroke care delivery  
 Knowledge test revealed inconsistent interpretation of RI for care delivered in groups and by assistants  
 Confidence level in personal and facility RI reporting accuracy could be improved  
 More frequent sharing of RI reports within facilities, and ongoing RI education are recommended

#### Acknowledgements:

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**Abbreviations:** OT = Occupational Therapy/Therapist, PT = Physiotherapy/Physiotherapist, OTA/PTA = Occupational/Physical Therapy Assistant, CDA = Communicative Disorders Assistant OSN = Ontario Stroke Network\* Note: Survey occurred prior to establishment of CorHealth Ontario,