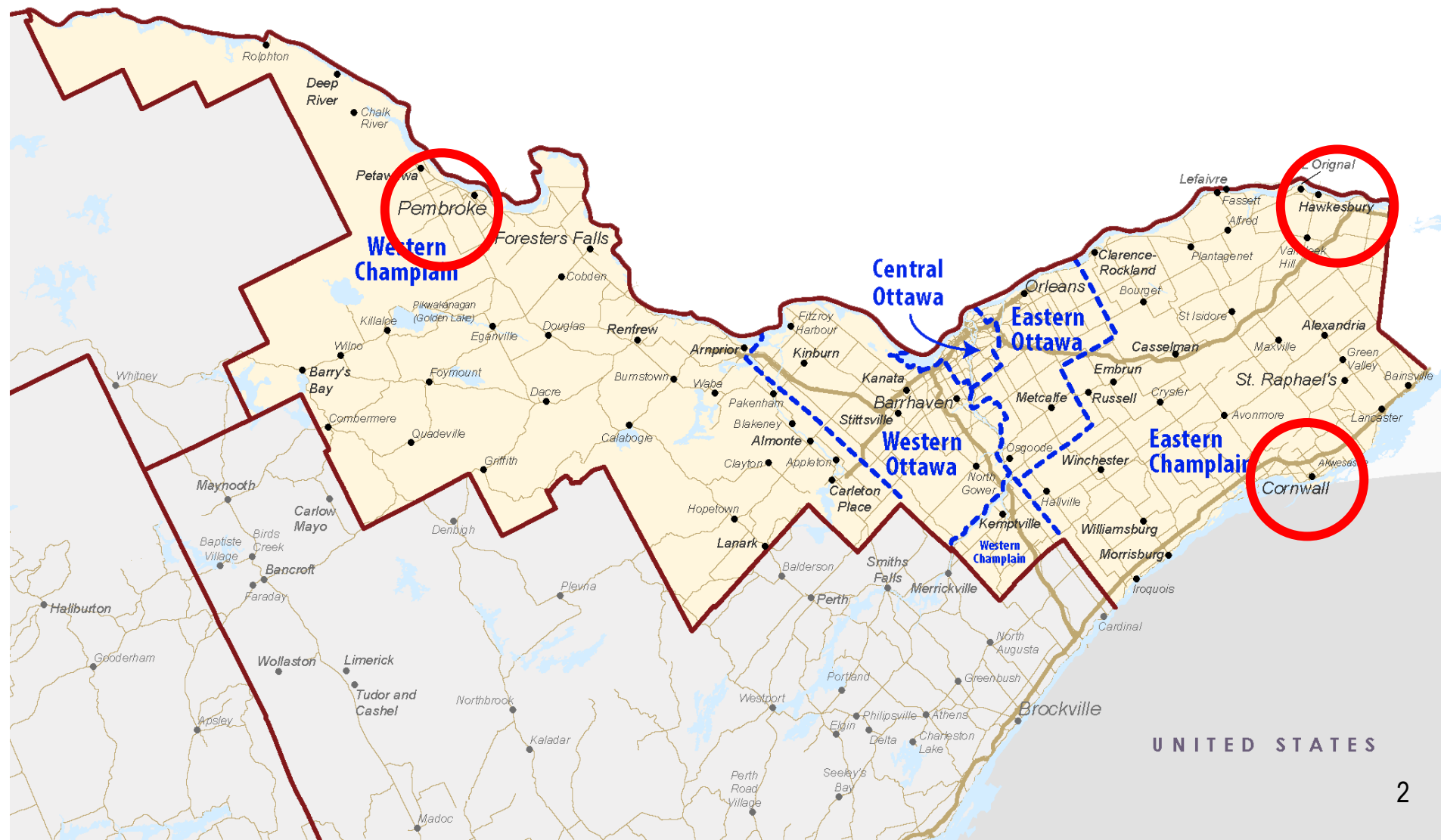


Champlain Region Community Stroke Rehabilitation Program

A hybrid model of service delivery

Serves areas to east and west of Ottawa
mainly small town, rural setting



Core Elements of the Model

- Specialized community stroke rehabilitation service
- Time frame: 8-12 weeks
- Visit frequency: 1-2 visits per week per discipline
- Interdisciplinary stroke rehab team
 - Core team: OT, PT, SLP, SW, PTA/OTA (all with additional stroke specific training)
 - Supported by Care Coordinator, Rapid Response Nurse, Registered dietician

Core Elements: Location

- Patients expected to have most visits at clinic location if living within 30 minute drive with access to transport.
- Interventions and assessments more appropriate for home setting are delivered there.
- Clinic provides venue for therapeutic group activity and group education sessions



Patient Outcomes - Program Measures

- Canadian Occupational Performance Measure (COPM)
- Reintegration to Normal Living Index (RNLI)
- Depression screening: The Patient Health Questionnaire (PHQ-9) or Stroke Aphasic Depression Questionnaire (SADQ)



Patient outcomes: Canadian Occupational Performance Measure

Eastern Counties	Admission median score	Discharge median score	Median point improvement
COPM-performance	3.9	8.0	4.1
COPM-satisfaction	3.7	7.7	4.0

Western County	Admission median score	Discharge median score	Median point improvement
COPM-performance	3.3	7.5	4.2
COPM-satisfaction	3.3	7.9	4.6

Patient Outcome Reintegration to Normal Living Index

Eastern Counties

Outcome	Admission median score	Discharge median score	Median improvement
Adjusted RNLI	78.1	93.2	15.1

Western County

Outcome	Admission median score	Discharge median score	Median improvement
Adjusted RNLI	60.9	90.9	30.0

Patient outcomes: Depression

Location	Admission % depressed	Discharge % depressed	Overall reduction (%)
Eastern Counties	27	3	24
Western County	24	10	14

Depression Screening

- Prefaced by informing patient on depression post stroke.
- Done on second visit (rapport, comfort)
- If score is indicative of moderate – severe depression (10 or greater on PHQ-9, 14 or greater on SAD-Q) then:
 - Patient asked to confirm consent that information will be shared with family physician and advised to discuss treatment options with physician
 - Offered a referral to social work if not already in place
 - Team approach to emotional support

Some approaches for maximizing rehabilitation efforts in the community context

- Strong connection with hospital rehab team
- Start community integration from the beginning
- Team rounds weekly
- Technology to supplement home programs
- Incorporation of rehabilitation assistants
- Interdisciplinary group format – tailored mixed approach
- Constant adaptation based on stakeholder feedback

Community integration: definition

Return to meaningful activities as defined by patient.

Examples:

- Mowing lawn
- Casting fishing rod
- Getting in and out of boat
- Walking to destinations in neighborhood
- Playing golf
- Volunteering in theatre



Community integration: methods

- Supported using a **self-management approach** (team has training on motivational interviewing, occupational performance coaching)
- **Team approach** – addressing barriers often requires assist from all disciplines
- **Occurs in context** – team can go into community with patient to practice (pool, neighborhood, use of public transit)

Community integration: providing obvious links

- Stroke survivor support groups
- Exercise groups
- Transportation options



Technology : Jintronix

- Game-based activities with visual feedback
- Installed at home
- Used between therapy visits



Jintronix

Advantages

- Fun and engaging for some patients
- Engagement and performance can be monitored remotely by therapist

Challenges/Considerations

- Not appropriate for everyone (e.g. space and internet requirements)
- Learning curve for therapists in adopting technology (professional time commitment)
- IT support (regular system updates, trouble shooting)
- Not available after discharge

Technology: iPad SLP apps

- iPad Apps:
 - Tactus
 - Constant Therapy
- Patient has access to iPad for duration of treatment
- Able to use to practice between sessions



iPads

Advantages

- Fun and engaging for some patients
- No space requirements

Challenges/Considerations

- Not meaningful for all patients
- May need caregiver help to engage with apps
- Cost associated with using Constant therapy after 2 weeks

Working with Rehabilitation Assistants: Assigning Care

- Obtain informed consent from patient ensuring patient understands the role of the rehab assistant
- **Joint visit** scheduled to introduce patient and review assignment in person
- Forms and guides developed to support documentation of the assignment and treatment flow.

Working with Rehabilitation Assistants: Ongoing Communication

- Weekly team rounds and touch points.
- Clinic visits help support regular communication – allow RA and OT/PT to be in the same place at the same time.
- RA regularly sends treatment records to OT or PT for review.

Rehab Assistant Activity – Examples

Patient-care

- Assist x 2 situations
- Exercise programs that require support or a routine check
- Graded endurance activities including community ambulation
- Dressing, grooming activity
- Kitchen activities
- Jintronix programs

Program Support

- Clinic organization
- Equipment tracking
- Equipment ordering
- Admission package assembly

What does Rehab assistant visit proportion look like in the Champlain Community Stroke Rehab Program?

Rehab Assistant	Eastern Counties	Western County
PT visits	29 %	21 %
OT visits	32 %	12 %
All visits	30 %	17 %



Older program

Interdisciplinary group format

- Tailored rehabilitation which incorporates group interaction
- Starts with facilitated group conversation and activity (e.g. game).
- Followed individual tailored activities
- OT/PT/SLP/RA all present



Interdisciplinary group format

Advantages

- Provides patients with opportunity for social contact in a supportive environment
- Enhances interdisciplinary approach.
- Combining interventions can boost training effect (i.e. aerobic +cognitive activity)

Challenges/Considerations

- Transportation
- Space and scheduling
- Reminder calls on the day of the group improve participation.
- Adaptation of group activities to suit participants attending on that day.

Questions



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