

# Rehabilitation Intensity: A Collaborative, Interprofessional Quality Initiative Striving to Achieve Best Practice in Stroke Care

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## Objectives



At the end of this presentation, you will be able to:

- Have an understanding of a clinical example where a PDSA approach was used
- Recognize the impact of this quality improvement project on rehab intensity for stroke patients
- Analyze the practice challenges and wins of this initiative
- Relate learnings of this team to your own setting

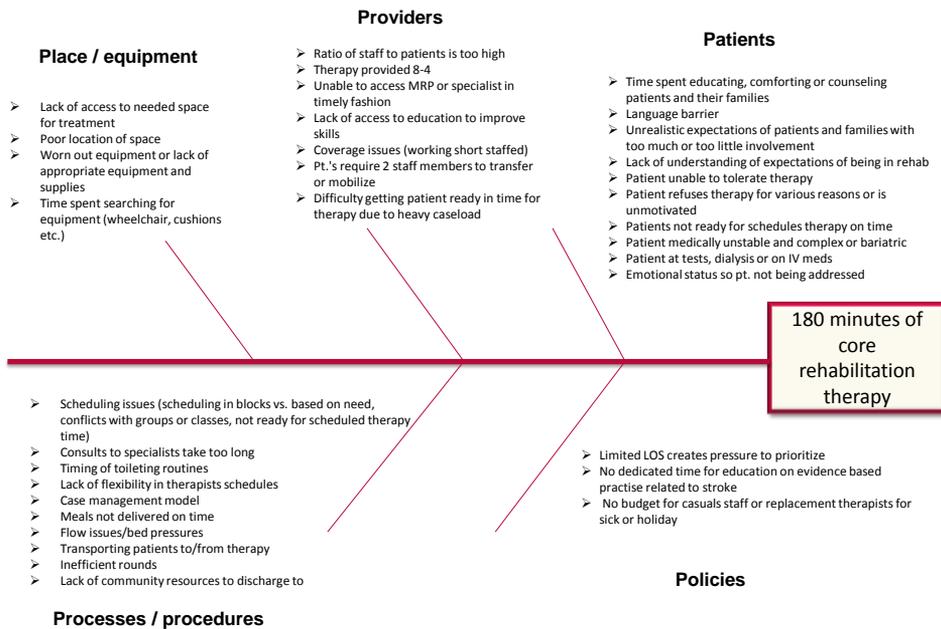
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# Quality Improvement Project at CVH



Group participated in brainstorming around barriers to providing 180 minutes of therapy per day as part of the "Ideas project"

## Why Are We Not Achieving the 180 minutes of Rehab Intensity?

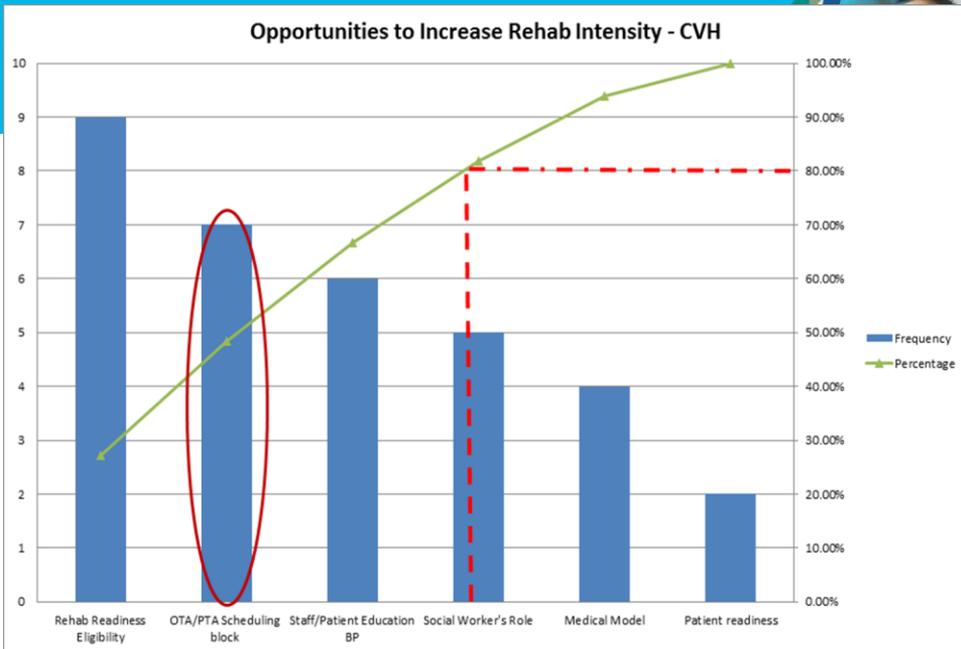


# Quality Improvement Project at CVH



Group identified 6 Interprofessional issues

## Opportunities to Increase Rehab Intensity - CVH



# Quality Improvement Project at CVH



Group Implemented – PDSA (Plan, Do, Study, Act)

# Plan Do Study Act Question



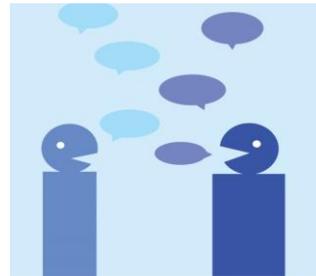
**Will changing the way that  
OTA/PTA/CDA are utilized within patient  
scheduling and treatment increase  
rehabilitation intensity and satisfaction  
for stroke patients to align with best  
practice?**



# What did we "Do"?



- Increased responsibility – self booking
- Increased Communication – Treatment plan



# Patient Schedule



## Before

Time	Therapy
1000	PTA/PT co-treat 30 in PT gym
1100	SLP 30 in pt. room
1300	OT 30 in OT gym

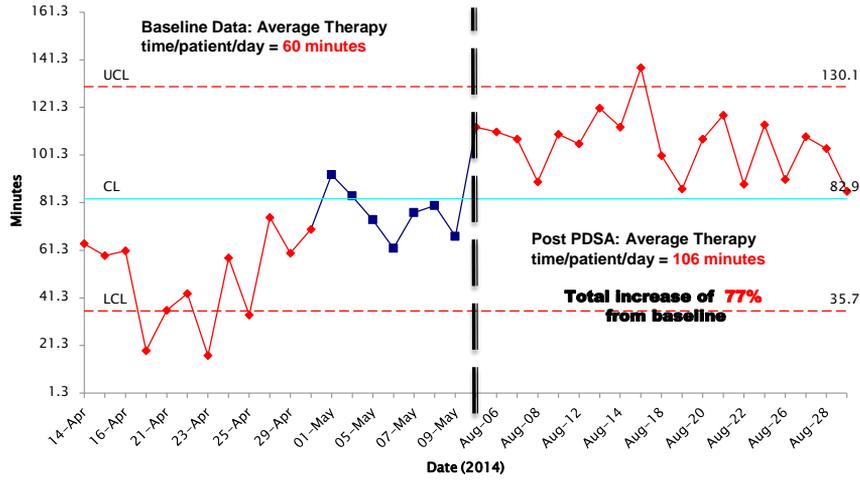
Total time = 60-90 minutes

## After

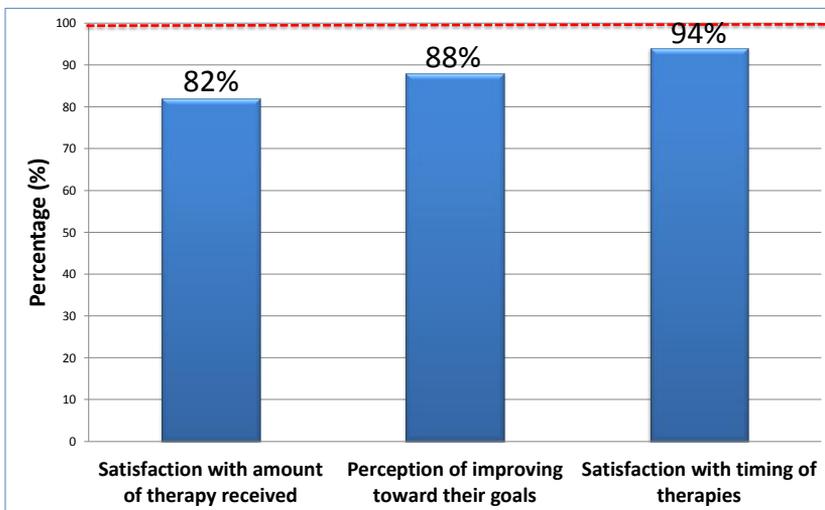
Time	Therapy
0900	OTA 30 ADL in pt. room
1000	PTA 30 in PT gym
1100	SLP/CDA 60 in pt. room
1300	OT 30 in OT gym
1400	PT 30 in PT gym

Total time = 180 minutes

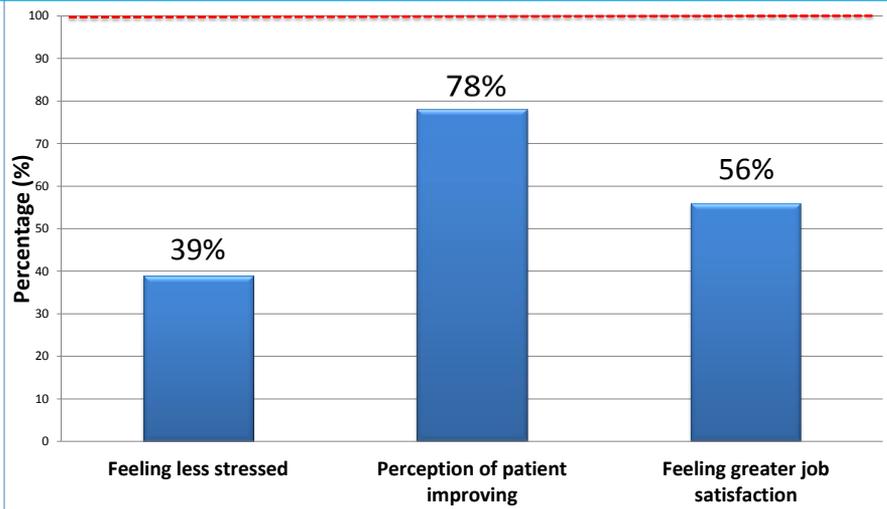
### CVH – Rehab Intensity in Minutes – Pre and Post PDSA "Introducing Rehab Assistant"



## Patient Satisfaction



## Staff Satisfaction



## Practice: Challenges



- Decreased intensity for 'non-PDSA' patients
- Resources
- Patient fatigue - too busy?
- Scheduling therapy appointments
- Space constraints
- Equipment limitations
- Engaging all staff

## Practice: Wins



- Improved therapy intensity
- Patients expressed they felt they were improving
- OT/PT Assistants had increased involvement with the patient
- Heightened awareness of best practice
- Ongoing attempts to maintain rehab intensity post-PDSA
- PDSA provided staff with a new framework for future quality improvement projects

## Discussion



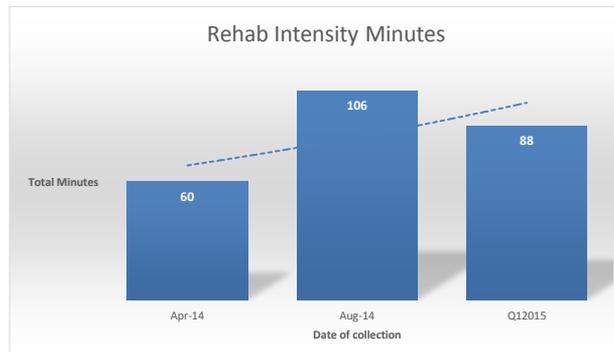
- Shifting Culture on the unit
- Motivated Staff driven rather than top down driven
  - “Champions” from each professional group
- Focus of change idea within clinician scope
- Transparency –open communication throughout the project
  - Huddles
  - Flexibility to allow for frequent tweaks

# Discussion

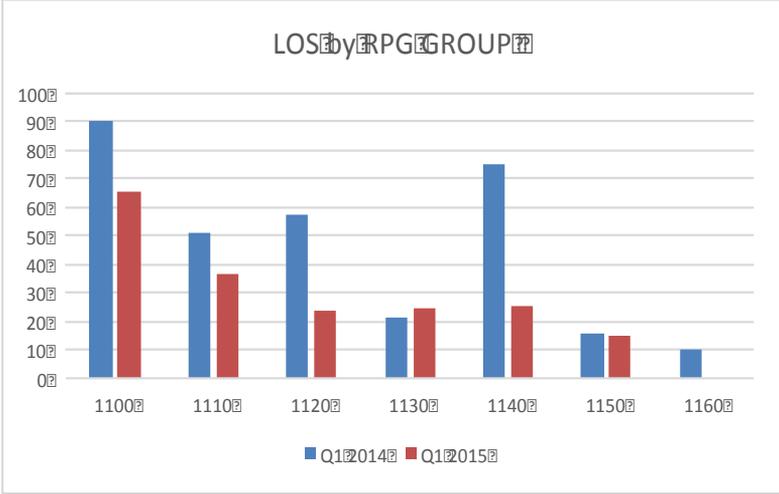


- Start small, slowly expand
- Acknowledge best practice
- Supportive Manager as well as West GTA stroke network support
- Sustainability - dedicated resources needed
- Positive Reinforcement for Staff

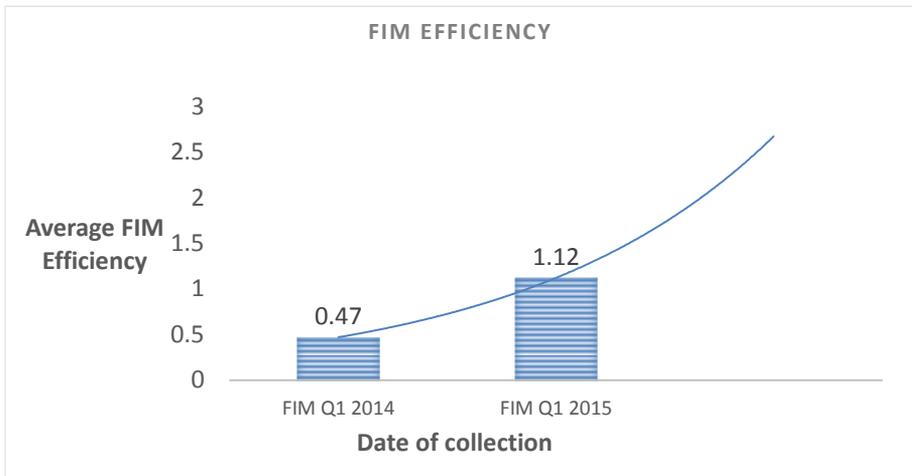
# Current Practice



# Current Practice



# Current Practice



## Contact Information



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## Resources

- [www.strokecommunity.ca](http://www.strokecommunity.ca) (Virtual Community of Practice with Rehab Intensity Forum)
- [www.strokebestpractices.ca](http://www.strokebestpractices.ca) (Canadian Stroke Best Practice Recommendations)
- [www.hqontario.ca](http://www.hqontario.ca) (Health Quality Ontario – Ideas and Quality Improvement Tools)
- <http://ontaristrokenetwork.ca> ( Ontario Stroke Network Website)
- [http://www.health.gov.on.ca/en/pro/programs/ecfa/funding/hs\\_funding\\_qbp.aspx](http://www.health.gov.on.ca/en/pro/programs/ecfa/funding/hs_funding_qbp.aspx) (Ontario Ministry of Health and Long-Term Care, QBP Page with updated handbooks for download)