STROKE REHABILITATION INTENSITY:

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Rehab Intensity is…

• A QBP recommendation for Stroke
• An Ontario Stroke Report Card indicator
• A stroke best practice
What is Rehabilitation Intensity

- **Rehabilitation Intensity** is defined as:
  - The amount of time that a patient is engaged in active, goal-directed, face to face rehabilitation therapy, monitored or guided by a therapist, over a seven day/week period.
    - Physical, functional, cognitive, perceptual and social goals to maximize the patient’s recovery

Measuring Rehabilitation Intensity in NRS:
# minutes of rehabilitation intensity (defined above) for OT, PT, S-LP, OTA, PTA, CDA

* Definition established as part of the OSN Rehabilitation Intensity Project through literature review, stakeholder consultation, and expert consensus.

Further Defining Rehabilitation Intensity

- An individualized treatment plan involving a **minimum 3 hours of direct task-specific therapy** per patient per day by the core therapies, for **at least 6 days a week**

- **Face-to-face treatment** provided by an occupational therapist (OT), physiotherapist (PT), speech-language pathologist (S-LP), occupational therapy assistant (OTA), physiotherapist assistant (PTA) and communicative disorders assistant (CDA)

- Documentation of time (in minutes) from the patient perspective
Further Defining Rehabilitation Intensity

- Does not include group therapy
- Co-treatment time split between the treating therapists
- Maximum of 33% of the 3 hours/day with therapy assistants (OTA, PTA, CDA)
- If one core therapy is not required, then more time is required in the other core therapies to achieve 3 hours of intensive therapy per patient per day over the active length of stay

Some Guiding Questions for Therapists and Therapy Assistants

- When determining whether your activity is included in Rehabilitation Intensity, please ask yourself the following questions:
  1) Was I assessing, monitoring, guiding or treating the patient face-to-face?
  2) Was my activity with the patient one-on-one*?
  3) Was the patient actively engaged in the activity throughout the session?
  4) Were we working on things that would help the patient achieve his/her goal(s) and maximize his/her recovery?

- If you answered YES to all questions: this activity would likely be included.
- If you answered NO to any of the questions: this activity would NOT likely be included.

* Although co-treatment or collaborative treatment sessions involve more than one therapist/therapy assistant, these sessions would be considered one-on-one if they align with the Rehabilitation Intensity definition and their time is split in half.
Guiding questions – Quick reference

Therapy and the Patient Experience

- Shift in thinking from therapist time spent providing the therapy/therapy related activities to the patient time spent actively engaged and receiving therapy.
- Key element in patient recovery and rehabilitation culture
Adjuncts to Therapy - Create the Complete Complex Stimulating Rehabilitation Environment

- Stroke best practices suggest that all patients should receive rehabilitation therapy within an active and complex stimulating environment (Dawson et al., 2013).
- Adjuncts to the 3 hours of core therapy include: nursing, recreation therapy, social work, group therapy, volunteer programs, independent practice etc.
- Other disciplines and programming play an integral role in the rehabilitation environment and can contribute significantly to patient recovery. However, this time is not included in the Rehabilitation Time data collection and requires more research.

Provincial Rehabilitation Intensity Workgroup

- Formed in March 2014 – OSN members across the province, leveraging previous RI project
- Key focus was implementation of mandatory data collection for April 1st 2015 and QBP education
- Current state analyses: interviews, pilot testing
- Educational resource development
- Use of existing infrastructure
Majority of sites were ready to collect data as of April 1, 2015.

71% of 321 clinicians collected RI data in 10 min or less!

Future education and resource needs were identified.

- Educational Videoconference – Nov 18 and Jan 13
- Ongoing resource development (lit.review, whiteboard videos etc.)
- Sharing success and lessons learned within regions and across province
- Provincial Indicator development – and review of Q1 and Q2 data

**Results so far….. And What’s next**

**Underlying Components of Rehab Intensity**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Sample</th>
<th>Design &amp; Methods</th>
<th>Staff Mix/Providers</th>
<th>Intensity and Duration</th>
<th>Format of therapy</th>
<th>Main Outcome Measures</th>
<th>Results</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Example:</td>
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<td>Blennerhassett, J &amp; W. Dite (2004)</td>
<td>30 Stroke Subjects</td>
<td>Type of study (cohort, prospective, etc.)</td>
<td>How many therapists providing the treatment if indicated?</td>
<td>For how many weeks, days, visits or minutes was this intervention provide?</td>
<td>Face to face one to one therapy provision or other? (circuit training, group etc.)</td>
<td>List measure used</td>
<td>Indicate positive or negative results</td>
<td>Comments on any biases of this study, applicable to other situations or settings?</td>
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New Resource coming in early 2016!
Resources Developed to Support Rehabilitation Intensity Data Collection and Implementation
OSN Website: Stroke QBP Resource Centre

www.ontariostrokenetwork.ca

OSN Website: Clinical Tools & Resources for Implementation In-Patient Rehabilitation

www.ontariostrokenetwork.ca
OSN Website: Rehabilitation Intensity

Clinical Tools and Resources for Implementation: In-Patient Rehabilitation

A repository of clinical tools and resources designed to support implementation of stroke rehabilitation best practices across the stroke care continuum.

OSN Rehabilitation Intensity Resources:

- OSN Stroke Rehabilitation Intensity Pocket Cards
- Every Minute Counts: Rehabilitation Update July 2015
- Stroke Rehabilitation Intensity Frequently Asked Questions
- A Resource Guide to Support the Measurement of Rehabilitation Intensity in In-Patient Stroke Rehabilitation
- Examples of Rehabilitation Intensity
- OSN Rehabilitation Intensity Presentation February 2015
- OSN Rehabilitation Intensity Communiqué March 2015
- Quality Assurance Framework for Rehabilitation Data Collection

Get in Rehab Day 5:

- Common Core Elements for Inpatient Rehabilitation
- GTA Rehab Network Inpatient Rehab Referral Guidelines
- SWO Stroke Rehabilitation Candidacy Screening Tool
- HNHB Inpatient Rehabilitation Admission Criteria

Download
Rehabilitation Intensity Resources

Stroke Rehabilitation Intensity Frequently Asked Questions

1) What is the provincial definition of Rehabilitation Intensity?

Rehabilitation Intensity is:
The amount of time the patient spends in individual, goal-directed rehabilitation therapy, focused on physical, functional, cognitive, perceptual, and social goals to maximize the patient’s recovery, over a seven day/week period. It is time that a patient is engaged in active face-to-face treatment, which is monitored or guided by a therapist.

Rehabilitation Intensity entails:
- An individualized treatment plan involving a minimum 3 hours of direct task-specific therapy per patient per day by the core therapies for at least six days per week.
- Does not include groups.

Rehabilitation Intensity Resources
Toronto Stroke Networks: Virtual Community of Practice (VCoP)

www.strokecommunity.ca

VCoP Discussion Forum: Rehabilitation Intensity

www.strokecommunity.ca
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www.strokecommunity.ca