

STROKE REHABILITATION INTENSITY:

Shelley Huffman

Stroke Rehabilitation Coordinator – Stroke Network of Southeastern Ontario

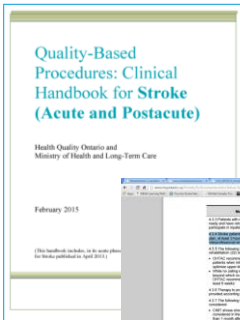
Janine Theben

Stroke Rehabilitation Coordinator – West GTA Stroke Network

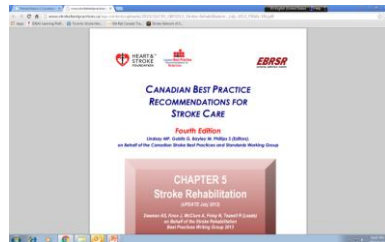
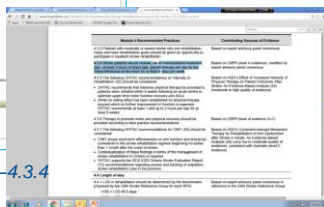
Rehab Intensity is...

- A QBP recommendation for Stroke
- An Ontario Stroke Report Card indicator
- A stroke best practice

Indicator	2014-2015	2015-2016	2016-2017
Rehab Intensity	100%	100%	100%



Module 4 – 4.3.4
pg 97



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


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STROKE REHAB INTENSITY

Definition: "The amount of time the patient spends in individual, goal-directed 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."

*The rehabilitation intensity definition was developed through literature review, expert consensus, and stakeholder engagement, and was approved by the Ontario Stroke Network Stroke Reference Group.

STROKE REHAB INTENSITY

Guiding questions to determine if your activity is included in Rehabilitation Intensity (RI) measurement

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 the therapy activities helping the patient achieve his/her goal(s) and maximize his/her recovery?

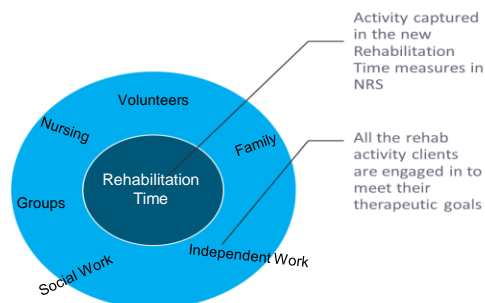
If the answer to all questions is YES, include the activity in RI measurement.

If the answer to any question is NO, **do not** include the activity in RI measurement.

*with the exception of co-treatment/collaborative treatment

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

Results so far..... And What's next

Results from the clinician survey and report from Ontario Stroke Network members



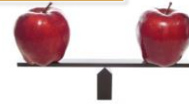
Majority of sites were ready to collect data as of April 1, 2015.

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

Future education and resource needs were identified.



Now opportunity to measure and report across the province



- 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

Underlying Components of Rehab Intensity

Reference	Sample	Design & Methods	Staff Mix/Providers	Intensity and Duration	Format of therapy	Main Outcome Measures	Results	Comments
Example: Blennerhassett, J & W. Dite (2004) Additional task related practise improve mobility and upper limb function early after stroke. The Australian Journal of Physiotherapy 50(4), 219-224	30 Stroke Subjects	Type of study (cohort, prospective, blinding etc.)	How many therapists providing the treatment if indicated? Which therapists?	For how many weeks, days, visits or minutes was this intervention provide?	Face to face one to one therapy provision or other? (circuit training, group etc.)	List measures used	Indicate positive or negative results	Comments on any biases of this study, applicable to other situations or settings?
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> New Resource coming in early 2016! </div>								

Resources Developed to Support Rehabilitation Intensity Data Collection and Implementation

ontariostrokenetwork.ca

Call Us: 647.943.3198 | info@ontariostrokenetwork.ca

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Home About Stroke Patients/Families **Healthcare Providers/Partners** Publications/Reports About the OSN

Welcome to the Ontario Stroke Network

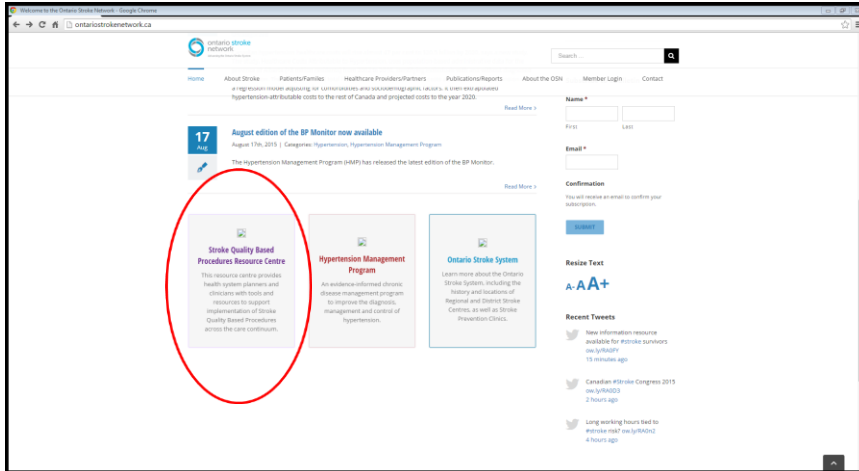
The Ontario Stroke Network's key function is to enable the advancement of the Ontario Stroke System consisting of all Ontario stroke centres and prevention clinics, primarily through leading provincial acting as a credible advisor, evaluating and driving system performance and coordinating the research and knowledge management programs.

[LEARN MORE](#)

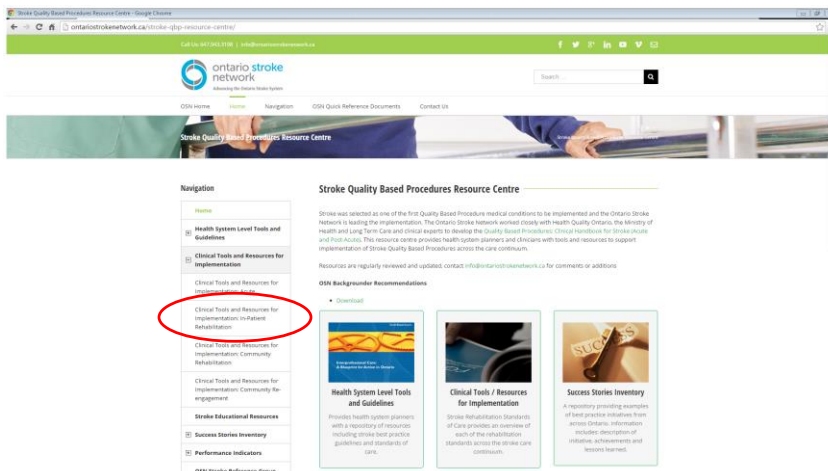
Our Mission

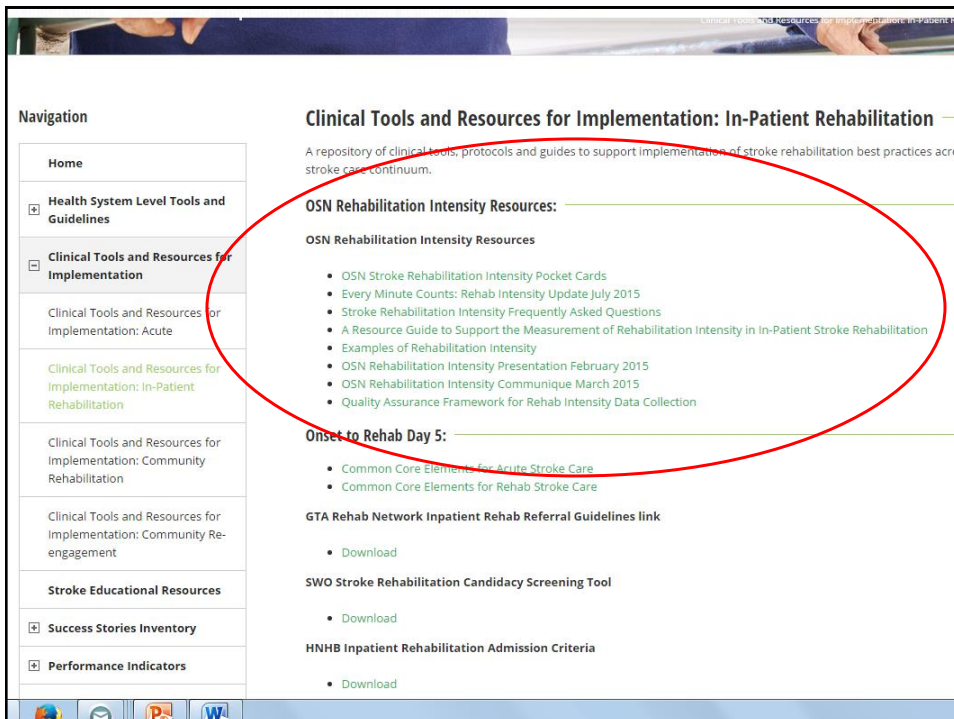
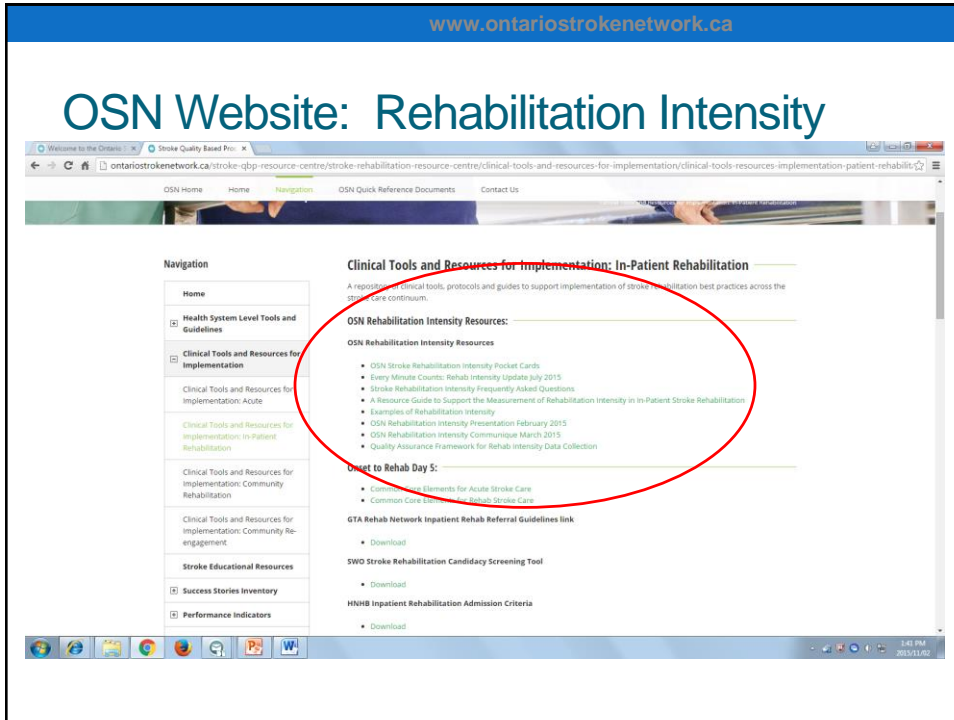
We provide provincial leadership and planning for the Ontario Stroke System by measuring performance, partnering to achieve best practices, and creating innovations for stroke prevention, care, recovery and reintegration.

OSN Website: Stroke QBP Resource Centre



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





Rehabilitation Intensity Resources

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Stroke Rehabilitation Intensity Frequently Asked Questions

1) What is the provincial definition of Rehabilitation Intensity?

Rehabilitation Intensity¹ 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^{2,3,4}, for at least six days per week^{2,3}
- Does not include groups

Rehabilitation Intensity Resources

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Every Minute Counts: Rehab Intensity Update

July 2015

Myth Busting

Myth #1: With rehab intensity implementation, group therapy and other adjunct therapies are considered less important.
Answer: False. Stroke best practice notes that therapy should occur within a complex stimulating environment. Groups and other therapies are important.

Myth #2: Rehab intensity time is only recorded for OT, PT, S-EP and their assistants, making other disciplines such as nursing and recreational therapy not as important for a stroke patient's recovery.
Answer: False. Stroke best practice indicates that core team members are important.

Myth #3: Rehab intensity is only for those who can tolerate a lot of therapy.
Answer: False. A common therapy goal is to increase tolerance and work towards desired rehab intensity to maximize recovery. Try to think creatively, for example:

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www.strokecommunity.ca

Toronto Stroke Networks: Virtual Community of Practice (VCoP)

The screenshot shows the homepage of the Toronto Stroke Networks Virtual Community of Practice. At the top right is the URL www.strokecommunity.ca. The main heading is "Toronto Stroke Networks Virtual Community of Practice". Below this is a navigation bar with links for HOME, FEATURES, TESTIMONIALS, FAQ, WHO CAN PARTICIPATE?, and THE COMMUNITY, along with a SIGN UP button. The central content area is titled "Collaborate" and includes a video player showing a woman speaking. To the right of the video is a "Become a member" button, which is circled in red. Below the video, there is a "VCoP Training Module" section with a "VCoP Training Module" button. At the bottom of the page, there are three columns: "Member Resources", "Discussion Forum", and "Membership Directory", each with a "Learn more" button.

www.strokecommunity.ca

VCoP Discussion Forum: Rehabilitation Intensity

The screenshot shows the "Discussion Forum" page for "Rehabilitation Intensity". At the top right is the URL www.strokecommunity.ca. The main heading is "VCoP Discussion Forum: Rehabilitation Intensity". Below this is a navigation bar with links for HOME, ACTIVITY, MEMBERS, GROUPS, MEMBER RESOURCES, and DISCUSSION FORUMS, with the last one circled in red. The user profile for Jennifer Beat is displayed, including her name, title (Regional Education Coordinator (REC)), and contact information. Below the profile is a "VOICE YOUR OPINION" poll with the question "What are your greatest challenges related to return to work for your stroke patients?". The poll options are:

- I need help with knowing how to assess job readiness.
- We don't have the tools and/or knowledge to provide return-to-work modifications.
- There is a lack of protocol or process in place in my organization for finding our useful return-to-work.
- External factors such as support from employer, availability of the stroke patient's workplace, or transportation.

 At the bottom of the page is a "MEMBER SEARCH" button.

VCoP Discussion Forum: Rehabilitation Intensity

The screenshot shows a forum page with the following table of topics:

Topic Name	Views	Replies	Last Post	Actions
Stroke Preparation	2	3	2 weeks, 6 days ago	Open
Private: Test Group	1	1	1 month ago	Hide
Private: Test June 25	2	2	2 months ago	Open
TCC Transition Improvement for Continuity of Care This forum has been developed in response to membership request at the TCC survey meetings. You may share successes, challenges, and questions and inquire about the TCC initiatives here.	1	3	2 years, 6 months ago	Open
Private: Together in Movement and Tone Forum for service providers leading TMG programs in the community	2	2	2 months, 1 week ago	Open
Private: Toronto Stroke Network Regional Teams This is a private group for Regional Directors, Rehab and Community Re-Engagement Coordinators, and Regional Director Coordinators. Its intended as a group in which the team can house TSN documents and have discussion related to all TSN activities.	0	0	No Topics	
Private: TSM Rehab & Community Re-engagement Coordinators A private group that houses current work in date	2	3	2 months ago	Open
Rehab Intensity	3	5	9 months ago	Open
Rehabilitation Intensity	2	33	45 members ago	Open
Stroke Care Pathways	1	3	3 months, 1 week ago	Comments

At the bottom of the page, there is a logo for Toronto Stroke Networks with the tagline 'Leadership Innovation Collaboration' and a copyright notice: 'Copyright © 2015 - October'.