Ontario Stroke Network

Stroke Rehabilitation Best Practice Initiatives Environmental Scan

St John's Rehab Hospital Report back to LHIN on regular basis on 3 main indicators: LOS, OP volumes, Patient satisfaction of project for about a year, no longer have this position) -PT (increased initially by "-7.59) -Pharmacy and techs "-4 each -Rhs increased by 3 cloross all shifts) -Program assistant (ward clerk role) Staff are unionized. Neurology/Oncology Unit: 39 bed unit with 30 neuro beds (20 beds dedicated to stroke) The 39 bed rehab unit has: -PT 4.0 FTEs plus 15 PX PY Apit survo 0.2 FTE weekend only staff that work every other weekend. Rehab Hospital Report back to LHIN on regular basis on 3 main indicators: LOS, OP volumes, Patient satisfaction on project for babut in the start factor of funding in 2008. Fittly Lum on regular basis on 3 main indicators: LOS, OP volumes, Patient satisfaction of project for about a year, no longer wheekend, here weekend, says of the decidency of satisf to work on weekends, so just the days of surveys of weekend neuro staff to the horder work sooner wheekend. Rehabilitation of project for about a year, no longer wheekend only substantial to make the patient of satisfaction Rehabilitation of project for about a year, no longer wheekend divided by the feet surveys	Implemented Leads Rehab St John's Rehab Galbraith Rehabilitation (160 Rehab beds) T day a week therapy for all impatient rehabilitation (160 Rehab beds) T day a week therapy for all impatient rehabilitation (160 Rehab beds) T day a week therapy for all impatient rehabilitation (160 Rehab beds) T day a week therapy for all impatient rehabilitation (160 Rehab beds) T day a week therapy for all impatient rehabilitation (160 Rehab beds) T day a week therapy for all impatient rehabilitation for location of project for about a year; no longer have this position) PT (increased initially by ~7.59) Microsoft Word LEADING PRACTICES And ppt, slide 17 Weekend supervisor (at initially by ~7.59) Microsoft PowerPoint William Oselr ~7.DAR Porgara assistant (ward clerk role) Staff are unionized. Neurology/Oncology Unit: 39 bed unit with 30 neuro beds Day a week therapy for all impatient rehabilitation finded by the Central LHIN on regular basis on 3 main indicators: LOS, OP volumes, Patient satisfaction inimproved: see slides 9.13 in 7DART ppt Phased it in, took longer than expected. LEADING provided additional staff to work on weekends, or the expert of funding in 2008. Prunding provided additional staff to work on weekends, or the expert of the funding in 2008. Patient satisfaction in proved within LHIN Report: Gereal within LHIN Report: Gerea		Stro	Stroke Re	remabili	tation best r	Practice Initiatives Env	/IIOIIIIeiitai Staii	T	T	1
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Weekend staffing for 39 bed unit: 1 OT and 1 OTA 1 PT and 2 PTAs also 1 float PT for all 4 units from the regular weekday (primary) physics for expertise. Hired new staff that work just Fridays and every other weekend. Primary PTs work 1 in 16. Primary OTs work 1 in 12. No SLP currently; had partial for a short period of time 1 OT 3.0; 1 OTA 416-226-6780 x7270 416-226-6780 x7270 416-226-6780 x7270 416-226-6780 x7270	The 39 bed rehab unit has: - PT 4.0 FTEs plus 1.5 PTA plus two 0.2FTE weekend only staff that work every other weekend OT 3.0; 1 OTA Weekend staffing for 39 bed unit: 1 OT and 1 OTA 1 PT and 2 PTAs also 1 float PT for all 4 units from the regular weekday (primary) physios for expertise. Hired new staff that work just Fridays and every other weekend. Primary PTs work 1 in 16. Primary OTs work 1 in 12. No SLP currently; had partial for a short period of time The 39 bed rehab unit has: - OT A.0 FTES plus 1.5 PTA plus two Ozer the weekend only staff that stroke ALOS changed from 34 in 07/08 to 28 in 09/10. FIM Efficiency 0.8 SEQC Report 2011: Stroke ALOS changed from 34 in 07/08 to 28 in 09/10. FIM Efficiency 0.8 SEQC Report 2011: Stroke ALOS changed from 34 in 07/08 to 28 in 09/10. FIM Efficiency 0.8 The 30 bed values of the complement of professionals but found that unless it was the primary therapist, the therapist was just following someone else's treatment plan so assistants were more appropriate skill level. Also, working 1 in 4 the therapists were away from their primary caseload too often and care was disrupted, even though they were replaced. Now include one primary	Person St John's Rhonda 7 day a week Rehab Galbraith therapy on Inpatient Rehabilitatio	7 day a week therapy for all inpatient rehabilitation funded by the Central LHIN. Funded FTEs: Referral coordinator 1.0 FTE (pull person- goes to acute to review referral and make decision) Weekend supervisor (at initiation of project for about a year; no longer have this position) PT (increased initially by ~7.59) More PTAs, OT, OTAs SLP ~.23 Pharmacy and techs ~.4 each RNs increased by 3 (across all shifts) Program assistant (ward clerk role) Staff are unionized. Neurology/Oncology Unit: 39 bed unit with 30 neuro beds (20 beds dedicated to stroke) The 39 bed rehab unit has: PT 4.0 FTEs plus 1.5 PTA plus two 0.2FTE weekend only staff that work every other weekend. OT 3.0; 1 OTA Weekend staffing for 39 bed unit: 1 OT and 1 OTA 1 PT and 2 PTAs also 1 float PT for all 4 units from the regular weekday (primary) physios for expertise. Hired new staff that work just Fridays and every other weekend. Primary PTs work 1 in 16. Primary OTs work 1 in 12. No SLP currently; had partial for a	Dai Impented Jan	ate npleme red	Project Leads Shelby Fisch	Report back to LHIN on regular basis on 3 main indicators: LOS, OP volumes, Patient satisfaction See results contained within LHIN Report: Microsoft Word - LEADING PRACTICES And ppt, slide 17 Microsoft PowerPoint - William Osler - 7DAR Patient satisfaction improved; see slides 20-29. SEQC Report 2011: Stroke ALOS changed from 34 in 07/08 to 28 in 09/10.	HSIP to Central LHIN accepted for funding in 2008. Funding provided additional staff to work on weekends, not just stretch 5 days of therapy over 7 days. Buy in from the staff; they agreed weekend therapy necessary.	Phased it in, took longer than expected. Large number of staff to get on board. Had to change scheduling to work weekends. Embark on change management work sooner than later (see ppt 7DART). Engage as many stakeholders as you can in planning the change. Clinical staff were not heavily involved in planning the initiative so many issues had to be resolved during implementation. The practicalities of implementing were more complex than anticipated. Sustainability not an issue once in place; but created a new need for staff scheduling. Original model had greater complement of professionals but found that unless it was the primary therapist, the therapist was just following someone else's treatment plan so assistants were more appropriate skill level. Also, working 1 in 4 the therapists were away from their primary caseload too often and care was disrupted, even though they were replaced. Now include one primary	Neuro Bed Exercises Weekend neuro bed exercises.doc Neuro Standing Exercises Weekend neuro standing.doc Sample Staffing Schedule Physiotherapy weekend model.xls Above resources provided by Jennifer Shaffer PPL PT	Future Plans Implement Stroke Reference Group recommen ations. Review impact on staffing to admit seve stroke pts.

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Stroke Rehabilitation Best Practice Initiatives Environmental Scan

Organization	Contact Person	Name of Initiative	Program Offering	Date Impleme nted	Project Leads	Outcomes to Date	Success Factors	Lessons Learned	Resources	Future Plans
								more therapy time. Accommodate weekend passes for patients (applies to less than 25% on any given weekend).		
St John's Rehab Hospital	Shelby Fisch	7 day/week admission to IP Rehab	Criteria: MAR sent to pharmacy (~0.2 FTE) Accepted by Friday No increase in staffing	Jan- Feb 2009	Shelby Fisch	Main indicators: LOS, overall admissions, weekend admissions and discharges, time to admit, workload per patient stay Microsoft Word - LEADING PRACTICES	See slides 9-13 Microsoft PowerPoint - William Osler - 7DAR	·Communicate +++ ·Collaborate with and engage staff across clinical programs and all departments ·Keep a pulse on the vision and objectives of the initiative ·Continually evaluate and improve – don't be afraid to seek feedback and results of the changes ·Persevere through the challenges and be flexible	Microsoft PowerPoint - William Osler - 7DAR	
St John's Rehab Hospital	Krista Richards	Expansion of outpatient services (all rehab, not just neuro)	Focused on expansion into evenings 3 days/week. PT 2 x 0.6 FTE, who were scheduled to work later hours, on Mon/Wed/Fri (11-7 or 12-8). Also added PTA, OTA, OT	Jan 2009		Indicators reported to LHIN: LOS, outpatient volumes, patient satisfaction Microsoft Word - LEADING PRACTICES	Evening hours: found it effective for PT and OT because of population; well attended by more active clients. For SW and SLP need for evenings not as great, clients tended to utilize daytime appointments (older, family members driving).	Never underestimate change management and time to implement: finding and hiring the right staff, change in hours, operationally housekeeping and security for evening hours.		