










Ontario Stroke Network  
Stroke Rehabilitation Best Practice Initiatives Environmental Scan

Organization	Contact Person	Name of Initiative	Program Offering	Date Implemented	Project leads	Outcomes to Date	Success Factors	Lessons Learned	Resources	Future Plans
Windsor Regional Hospital Western Campus	Deb Willems	<p>LEAN process inpatient rehabilitation to increase therapy intensity</p> <p>Note: Staffing Resources for 20 bed stroke unit: PT 2.0 FTE OT 2.4 FTE SLP 1.6 FTE SW 1.0 FTE Rec 0.5 FTE PTA/OTA 1.2 FTE</p> <p>6 FTE Nursing staff (1 RN, 5 RPNs) per 25 pts on 50 bed Rehab Unit</p>	<p><b>Opportunity</b></p> <ul style="list-style-type: none"> <li>Increase direct therapy patients receive from <b>2-3 hrs/day</b> to <b>4-5 hrs /day</b>; stretch target – <b>6 hrs +</b></li> <li>Reduce the competition between Allied Health for scheduling 1:1 therapy sessions during peak times</li> </ul> <p><b>Goal</b></p> <ul style="list-style-type: none"> <li>Increase efficiency and effectiveness of the therapy provided by all disciplines</li> <li>Improve functional outcome for patients</li> <li>Reduce LOS</li> </ul> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Process mapping – “a day in the life”. Took half day to do value stream.</li> <li>Extended the day from 7am – 9pm (not 8am- 4pm)</li> <li>Focus on patient’s day – not the work day</li> <li>Reviewed the opportunity to provide ‘Group Classes’ to supplement 1:1 therapy offered</li> <li>Allied Health is customizing tolerated lengths of therapy for 1:1 treatment (30-60min 2 or more times/day)</li> <li>Set standards for ALC patients - allowing Allied Health to focus more on appropriate cases</li> <li>The development of a patient culture that embraces active participation and self responsibility for a certain level of fitness and maintenance therapy <ul style="list-style-type: none"> <li>Personal affordable kit samples and exercise diagram sheets are provided and taught to patient and their family</li> <li>Self driven evening / weekend exercises programs are encouraged</li> </ul> </li> </ul>	Spring 2010	John Norton, Director of Rehab, Kathryn Racine, OT, Kathleen Lawhead, PT, Nancy Brockenshire, Learning & Development	<p><b>Current therapy times actual:</b> ABI ave. = 5 hrs CVA ave. = 5.5 hrs Ortho ave. = 3.5 hrs Deconditioned ave. = 5.25 hrs Potential therapy offerings &gt; 9 hours/day for CVA; see slide 6 of Overview</p>	<p>Prior to LEAN process: Involvement in SCORE IT Research project introduced classes which became part of regular program Tracked therapy time per patient, identified incidence and reasons for missed therapy Had PT half days on Sat (longstanding)</p> <p>LEAN Process: Facilitator for the LEAN process who was objective, impartial (from automotive industry) Frequent, regular meetings of the team to work through process (weekly, 1 hour) Use of patient perspective, patient case as focus Role clarification Communication: white boards, schedule with half hour time slots. The development of a patient culture that embraces active participation and self responsibility for a certain level of fitness and maintenance therapy. Created a team dynamic of learning from each other: joint classes eg Pragmatics – SLP, SW, Rec.</p> <p>Nursing implemented Falls program “Comfort rounds”, this was a big success factor. Also changed nursing reporting, instead of taped, now written (see form).</p>	<p>Issues: Assigning patients to appropriate classes; need to discuss within rounds each week when ready for classes. Getting patients to classes; portering and prep time; getting to therapy can be therapy – change mindset. Changing lunch breaks to move therapy around. Start with easiest thing to tackle. Patients helped to maintain/sustain changes...team energized to see pts enjoy it and get better. Classes most efficient to do them on the unit; ward staff benefit from seeing. Need critical mass to make group work effective; group work must be relevant to pt goals and skill level. WRH has 50 beds; 20 stroke; classes mixed. Time as a team very valuable, venue to speak about existing concerns allowed team to move forward; role clarifications. External validation gave team energy to continue (presented in Toronto and received positive feedback).</p>	<p><b>Overview</b></p>  <p>Toronto Presentation March 2011 - 4. ppt</p> <p><b>LEAN Rehab Team Data Collection Form</b></p>  <p>Measurement - April 2011.xls</p> <p><b>Communication tool during LEAN meetings (blank &amp; sample)</b></p>  <p>COMMUNICATION Summary.xls</p>  <p>Meeting Summary Aug. 26th.xls</p> <p><b>Patient Activity/Class Log for Rounds</b></p>  <p>Programs per PT.xls</p> <p><b>Comfort Rounds</b></p>  <p>TCABReducingPatientInjuriesfromFallsHow</p> <p><b>Whiteboard</b></p>  <p>WRH whiteboard.pdf</p> <p><b>Nursing Report</b></p>  <p>WRH nursing report.pdf</p> <p><b>Other Tools:</b> Admission package for patients Practice toolkits (hand activities) Aphasia software for independent practice: <a href="http://www.bungalowsoftware.com">http://www.bungalowsoftware.com</a></p>	<p><b>Measure</b> FIM Efficiency Scores, Discharge destinations - % of Patients from home returning home, Length of Stay, Change in FIM Score</p> <p><b>Resources contd</b></p>  <p>WRH Self Care</p>