A Volunteer-Led Evening and Weekend Activity Program for Clients with Stroke in Inpatient Rehabilitation

Phase 1 Program Evaluation Report (November – December 2012)

January 2013

Evening/Weekend Activity Program for Clients with Stroke
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Executive Summary

Background & Rationale: Daily activity that is intensive, challenging and meaningful, as well as additional practice outside of scheduled therapy time improves outcomes for people with stroke. Rehabilitation is enhanced when the client plays an active role in their therapy. Contrary to best practices in stroke rehabilitation, research shows that hospitalized people with stroke in either acute or inpatient rehabilitation units spend most of their waking day inactive, alone and in their bedroom. Evenings and weekends offer a prime opportunity for clients with stroke to practice activities taught during therapy.

Methods: In this program evaluation initiative, clients with stroke on an inpatient rehabilitation unit were offered formalized opportunities to practice stroke rehabilitation activities on evenings and weekends. The activities were provided for one-hour, in a small group setting, and supported by a trained volunteer. Activities consisted of upper extremity exercises, sit-to-stand exercise, arm ergometer, cognitive and language tasks, games, puzzles and cards. Quantitative and qualitative (focus groups, individual interviews) information was collected during a six-week pilot phase to determine the feasibility and acceptability of the program as well as to identify any aspects that required revision.

Observations: During the six-week pilot five volunteers supported a total of 32 one-hour sessions (18 evening, 14 weekend). Fifteen clients with stroke participated over the course of the pilot. An average of 4 clients attended each session, while an equal number declined. On average the program operated at 65% capacity. The reasons provided for non-participation included: client refusal, client condition (pain, fatigue), client off the unit and visitors. The clients found that the program was generally helpful and gave them "something to do" as evenings and weekends were often "very boring". They described a positive impact of the program on their mood and enjoyed the social aspect of the program. However, they requested more challenging tasks and increased individualized support for activities. Volunteers stated they enjoyed the experience and building rapport with the clients, "…I always leave happy as I enjoy seeing most of the participants improve over the couple of weeks." Volunteers did suggest that a greater number of activities be provided to offer more variety for the clients. Staff indicated that the program did not negatively impact upon their current job responsibilities and were generally satisfied with the implementation process.

Conclusions: Implementation of a volunteer-led evening and weekend activity program was feasible and acceptable to volunteers, staff and clients with stroke on an inpatient rehabilitation unit. The program provided clients with stroke the opportunity to engage in an additional hour of therapeutic activity, 5 days per week. Minor revisions were indicated to improve client and volunteer satisfaction with the program, as well as to streamline documentation and communication processes for staff. Resources for a dedicated program lead, as well as for implementation and evaluation are essential. The limited scope of the volunteer, as compared to a paid rehabilitation clinician or rehabilitation assistant, does not meet the needs of all clients.

Rationale and Background

More intensive therapy results in improved patient outcomes after stroke.[1,2] Contrary to best practices in stroke rehabilitation, research shows that hospitalized people with stroke in either acute or inpatient rehabilitation units spend most of their waking day inactive (48%), alone (54%) and in their bedroom (57%).[3] The provision of best-practice stroke rehabilitation holds tremendous opportunity to help alleviate some of the issues surrounding Alternative Level of Care issues in the hospital setting, as well as to improve client outcomes.[4]

Canadian best practice recommendations[5] state that:

- All patients with stroke should begin rehabilitation therapy within an active and complex stimulating environment as early as possible once medical stability is reached. (5.3)
- The team should promote the practice of skills gained in therapy into the patient's daily routine in a consistent manner. (5.3.iii)

Three factors are required to optimize rehabilitation – increased intensity of therapy, practice of skills outside of therapy time; and a complex, stimulating environment.[6,7] Enriched environments are defined as environments with access to greater sensory stimuli and more learning experiences. Animal studies have demonstrated improved recovery post-stroke with enriched environments and a similar effect has also been reported in humans when studying specialized stroke units.[6]

The Ontario Stroke Network endorses promotion of self-management principles and increasing self-directed patient activity as a way to foster enriched hospital environments.[8] For example, people with stroke can also be taught to do activities (such as the Graded Repetitive Arm Supplementary Program[9,10] (GRASP), walking or sit-to-stand practice[11]) outside of scheduled therapy time, either independently or with support from non-therapy staff. Time outside of scheduled therapy, often during evenings and weekends, offers a prime opportunity to enhance activity and positively influence both client and system level outcomes.

At St. Joseph's Care Group (SJCG), clients typically receive their inpatient stroke rehabilitation on the 3-North, a 20-bed Special Rehabilitation unit. A conservative estimate indicates, on average, the unit has approximately 15 beds (75%) filled by clients with stroke. A meeting with 3-North nursing staff suggested that in the absence of new funding, formalized activity stations set up in dining room on evenings and weekends could be one option to complement individualized therapy and provide additional opportunities to enhance activity and enrich the therapeutic environment for clients.

Working collaboratively, the Special Rehabilitation interdisciplinary team with the support of management and the Northwestern Ontario Regional Stroke Network (NWORSN), developed and implemented safe, meaningful and challenging activities available during evenings and weekends to clients with stroke and supported by trained volunteers.

Program Description: The Evening/Weekend Activity Program for Clients with Stroke

What is it? An opportunity to practice stroke rehabilitation-related activities in a small group setting with support from a trained volunteer. The activities are arranged in a series of stations which clients rotate through as indicated:

- Arm & Hand Exercises
- Sit to Stand Exercises
- Mirror Box Therapy
- Arm Bike
- Word Finding & Language Tasks
- Puzzles/Cards

Who can attend? People who have had a stroke are assigned to the program by their therapy team. Eligible clients are those who are able to participate with minimal support in a one-hour group activity session (maximum ratio of one staff member to six clients). Family members, friends and visitors are welcome and encouraged to attend with the client.

Where and when does it take place? The program takes place in the 3-North dining room and runs on Monday to Wednesday evenings from 6:30 – 7:30 pm, as well as weekends (both Saturday and Sunday) from 1:30 – 2:30 pm.

See Appendix 1: Information Poster – Evening/Weekend Program.

Roles

Nursing

- Have knowledge of what participants are eligible for the evening/weekend program. A list will be posted in nursing station by the program lead.
- Communicate with family concerning the evening/weekend program and the volunteer support available. Information sheets are provided to new clients on admission at the Unit Orientation and are available from the manager and program lead.
- Encourage and promote importance of participation in the evening/weekend program with clients/family and others.
- Assist clients to be prepared to attend on time (out of bed, in wheelchair for transport if applicable, wearing appropriate clothing and shoes, toileted if applicable etc...)
    - Note: Volunteers can not lift or transfer, but can porter clients to dining room
    - When volunteer arrives at beginning of shift, review list of eligible participants and any special considerations provided by program lead (e.g. no sit-to-stand exercise etc….)

    - If there has been a change in the client's status - inform volunteer of those who can **NOT** participate that shift (e.g. those that may be medically unable to participate, on a leave of absence etc…)
- Be immediately available to volunteer on unit in case of **emergency or an urgent concern** regarding patient status
- **Document** completion of evening/weekend program in the client's electronic medical record, under intervention titled: **"SPECIAL REHABILITATION CLIENT HOMEWORK"**
    - Information will be provided on paper by volunteer after the session

See Appendix 2: Meditech documentation form, Appendix 3: Participant list

Rehabilitation Clinicians

- Assess and communicate eligibility of individual clients for evening/weekend program
    - Communicate to program lead:
        - who is eligible - able to participate in 1 hour of group activity (1:6 ratio) with minimal support or assistance
        - individual recommendations or restrictions in activities/stations : e.g. specific GRASP level, no sit-to-stand exercise etc…
        - any special considerations that volunteer should be aware of: e.g. need for additional cuing or demonstration, etc…
- Review recommendations re. individual clients on a weekly basis and update if necessary
- Ensure discipline specific program material(s)/stations in 3N dining room are available & maintained.
- Assist in development of new stations/activities as indicated

Evening/Weekend Program Lead

- Collect information from the team regarding eligibility status and special considerations for clients in the program
- Communicate information regarding eligible clients to nursing staff (posted in nursing station in central location)
- Orientate and maintain schedule for evening/weekend program Volunteers
- Act as primary contact for volunteers for any non-urgent issues related to the program
- Liaise with Volunteer Services department regarding recruitment of volunteers as necessary
- Promote program throughout Special Rehabilitation Unit
- Act as primary contact for staff regarding issues related to program
- Participate in ongoing program evaluation

Volunteers

The volunteer role is to support eligible clients with stroke to participate in the evening/weekend program as outlined below:

Table 1: Shift Schedule for Volunteer		
Weekday Evening 6 – 8 pm	**Weekend Afternoon 1 – 3 pm**	**Task**
6:00 – 6:15	1:00 – 1:15	Check in at Volunteer Services. Check in at Nursing Station, review list of participants with nursing.
6:15 – 6:30	1:15 – 1:30	Set up stations and porter clients to dining room
6:30 – 7:30	1:30 – 2:30	Supports client with outlined tasks, checking off client activity logs as tasks are completed. Supports clients to transition to each station
7:30 – 7:45	2:30 – 2:45	Porter clients back to rooms, clean up stations
7:45 – 8:00	2:45 – 3:00	Report back to Nursing staff to discuss any issues or concerns. Hand in completed client activity logs to nursing staff.

Volunteers were asked to have completed, or been in the process of completing, a post-secondary education program, preferably in a health services field. The volunteer must complete an organization-wide Volunteer Services department orientation as well as a program/unit-specific orientation with the program lead staff member on 3-North.

See Appendix 4: Volunteer Position Description, Appendix 5: Program Specific Volunteer Orientation Checklist and Appendix 6: Activity Log

Planning and Implementation Processes

A number of activities were undertaken to support the program implementation.

May – June 2012	• Meetings between Special Rehabilitation manager (Mary Adams) and NWORSN Stroke Rehabilitation Specialist (Esmé French) to discuss process and initiatives to support increased activity on 3-North, • Physical Rehabilitation Director informed and support obtained • Meetings with Special Rehabilitation manager, NWORSN Stroke Rehabilitation Specialist and nursing staff to brainstorm initiatives to support increased activity, information shared regarding other Ontario initiatives, in the absence of new funding nursing staff supported development of volunteer-led evening/weekend program
July 2012	• Meetings with Special Rehabilitation manager, NWORSN Stroke Rehabilitation Specialist (NWORSN program lead), nursing representatives and rehabilitation clinicians to propose evening/weekend volunteer-led program • Identification of 3-North program lead, Therapeutic Recreationist (Alena Frowen)

July 2012	• Delivered 2 educational sessions for nursing staff on GRASP (requested by nursing staff as a result of June meeting) • Description of program and staff roles, communication processes, and documentation forms/processes drafted
August 2012	• Meetings with program leads and SJCG Volunteer Services • Volunteer role and position description drafted, activity stations developed • Draft of program and role descriptions reviewed by 3-North interdisciplinary team
September – October 2012	• Program description , communication and documentation forms finalized • Volunteer recruitment - post-secondary students with a health sciences background • Hospital and Program specific volunteer orientation
November – December 2012	• Phase 1: Implementation • Ongoing recruitment and orientation of Volunteers
December 2012 – January 2013	• Phase 1: Evaluation • Preparation for Phase 2, implementation planned for January 7, 2013, incorporating revisions based on evaluation • Ongoing recruitment and orientation of Volunteers

Evaluation – Quantitative

Phase 1 of the program evaluation was six-weeks (November 3 - December 18, 2012. Five volunteers were recruited and trained. The volunteers were all post-secondary students, primarily from a health sciences field. A total of fifteen clients with stroke took part in the program during Phase 1. The program was offered on 32 occasions, 18 evening (Monday – Wednesday) and 14 weekend (Saturday and Sunday) sessions. There was insufficient volunteer capacity to offer the program on Thursday or Friday evenings. On average, 8 clients were approached each session. An average of 4 clients attended each session, while an equal number declined. On average the program operated at 65% capacity. See Table 1. The reasons provided for non-participation, from most to least prevalent, included: client refused (no reason documented or provided), client condition (pain, fatigue etc…), client not on the unit and visitors.

Table 2: Quantitative Results

Outcomes	
	Count
Volunteers Recruited (#)	5
Total clients with stroke who participated	15
Total Sessions Offered (#)	32
Evening Sessions (#)	18
Weekend Sessions (#)	14
	Mean (Range)
Clients eligible to attend (#)	8 (6-10)
Clients attended/session (#)	4 (0-6)
Clients declined or unavailable/session (#)	4 (1-9)
Program Capacity Rate (%)	65% (0 – 100%)

Note: Maximum capacity = 6 clients	

Evaluation - Qualitative

Feedback was collected from clients, staff and the volunteers involved in the program. A series of focus groups for staff and individual interviews with clients were conducted between December 14 and 20, 2012. Feedback from volunteers was collected via an electronic survey between December 14, 2012 and January 7, 2013. The electronic survey was used for volunteers as the program evaluation period was during University exams and Christmas vacation making contact with volunteers difficult.

Clients

Feedback was collected from five clients who had participated in the evening and weekend program. Of the five clients interviewed, one was unable to provide accurate feedback and one interview was only partially completed due to time restrictions.

Clients stated that they had been made aware of the program by staff (nurses and rehabilitation staff). They generally felt the volunteer support was good, stating that it was "encouraging", "they helped you to see what you can do yourself", "helpful, they are able to show you how to solve problems", "I like that I am able to tell the volunteer what stations I want to do" and "some are training for physiotherapy so it is a great learning experience for them". One client did state that "they need to be able to give better directions, not just drop the stuff down in front of you".

The clients interviewed had participated in most of the stations, with the exception of the mirror box and the sit-to-stand practice. Only one client reported using the mirror box, while the others reported that they did not see the point. All clients interviewed were not eligible for the sit-to-stand practice as all required hands-on assistance to complete the task which volunteers were not able to provide. The GRASP and arm bike stations were most favourably received. A mixed response was received for the language tasks and puzzles/cards: some found them too easy, while others found them too hard; some really enjoyed the activities, while some were not interested.

When asked what could be improved about the program, clients responded: "get more volunteers", "have more therapists to help", "more leg exercises – I feel we are leaving the legs behind". One client suggested that there was a need for more individual programming, "we need a chance to continue with something we want to master in therapy". It was also suggested nursing could play an enhanced role with the program to support toileting and to stop in to provide drinks as that is outside the scope of the volunteer role: "have one nurse available for help" and "the client and volunteer relationship is strong but I want to see more collaboration between the nurses and volunteers, nurses have a major role to play – this programs helps nurses too because it keeps us (clients) busy."

When asked what could be done to improve the stations, clients stated that the program should add more activities, provide support for the sit-to-stand practice, and add another grip strength exerciser. When probed further, clients suggested the following additional activities: more grip strength exercises, heavier arm weights for some of the GRASP exercises as the resistance was not enough, NuStep machine and stationary bicycle (available in the gym but not accessible evenings/weekends), mathematics tasks, more physical exercises (particularly for the lower extremities), as well as more speech and writing tasks.

When asked what they liked most about the program, clients stated they liked rotating through the stations, having the extra exercise and having something to keep themselves occupied.

Clients could not think of examples of a time when things didn't run smoothly in the program. They felt the time of the program, length of the sessions and location were generally acceptable. One client did wish that more activities could be provided on the weekend sessions, as the weekends are "very boring".

Clients felt that program had positively impacted upon their progress in rehabilitation, stating "it gives us a little extra work", "it helps a bit – my arm is not so numb the next day", and "helps keep me positive, mentally alert, physically fit during non therapy times".

When asked about the impact of the program on specific components of rehabilitation the clients did not feel it had an impact on their mobility, because "there was no walking or standing or leg exercises and I need my legs strengthened", clients commented "there was no ambulation and that is most important to me, you need someone to supervise the walking and sit to stand" and "it (the program) is a powerful agent but I need more challenge, sit to stand, maybe a few steps". Clients did feel it did impact their hand function "my left arm and hand is not as stiff".

Clients also noted a positive impact of the program on their mood: "you are bored in room after dinner so homework program helps", "it is good to watch other people and see how they are doing", "it made me more calm, less depressed because you get bored and this gives you a focus and something to achieve, we are not here (in hospital) to lie here in bed all the time" and "less lonely". One client also stated that they enjoyed meeting the other people on the unit and found the introductions at the beginning of the session helpful, "patients I didn't know before now say hi to me in the hallways".

All clients stated that they wanted to see the activity program continue for other clients with stroke: "it does do some good, others ask at lunch if you're going at night", "it really helps a lot to have this program build up your mind after a stroke" and "it should be here forever, it's long overdue and should be strengthened, I have been here a long time and it should have been here from Day 1".

Staff

Feedback was collected from nine rehabilitation clinicians, including the program lead, and five nurses who had been involved with the evening and weekend program.

Staff felt that the program was generally meeting the needs of the clients who were attending: "it gives the clients something to do outside therapy". Nurses noted that there were fewer complaints of being bored and that they were glad to have an activity to offer to clients on evenings and weekends. Nursing staff also felt the program was motivating in terms of getting people up as many wanted to stay in bed after mealtimes. A rehabilitation clinician stated that it was meeting their expectations in terms of increased activity.

When asked specifically about clients whose needs weren't being met by the program, staff noted that it was not effective for those who: cannot perform activities (e.g. sit to stand) without hands-on physical assistance, are limited by pain or cognition, do not like group activities and need one to one support for motivation or focus. It was reported that the program was not a replacement for the individual activities that nursing is to support on evenings and weekends (i.e. sit to stand, electrical muscle stimulation and walking)

As nurses generally are not in the dining room when the program is running, most were unable to comment on the effectiveness of the stations, with the exception of the arm bike, "I always see people using it". When asked for suggestions for new stations the clinicians recommended the following: upper extremity exercises using towels, seated lower extremity exercises (as an alternative for sit to stand), seated reaching tasks, and "Find It®" games (www.finditgames.com).

Nursing staff provided feedback with respect to the timing of the program: "the afternoon time is good as many patients want to have a chance to sleep-in on the weekends" and "the evening times are sometimes rushed as we do baths and bedtime care after dinner". It was also reported that staff are off the unit on dinner breaks leaving less staff on the floor to prepare the clients for the volunteer. A suggestion was made by nursing to have the program begin closer to the end of mealtimes. This would avoid having clients go to bed for the hour break afterwards, which often dissuaded them from getting up for the program.

With respect to the documentation that nursing is expected to complete after client participation in the program, all stated that the electronic medical record form was easy to use but not consistently completed. Some stated that it was not felt to be a priority and was forgotten as it is an additional process. A suggestion was made to incorporate the evening/weekend program documentation into the client daily flow sheet in order to help improve completion rates.

It was identified that the 3-North staff program lead had been dedicating approximately two to three hours per week during the initial development and implementation process. A significant amount of time was spent orienting the volunteers, developing program materials and liaising with other clinicians and nursing about client eligibility. It was anticipated that this time commitment would be decreased as the program became more established, however a dedicated program lead would still be a critical element to include for day to day program operations and ongoing volunteer recruitment. The program lead role identified to be a good fit with the Therapeutic Recreation profession.

In terms of concerns or suggestions for improvement, staff reported that initially they were concerned that clients were refusing the program and the program was not running up to capacity. This was identified prior to the focus groups (during the first week of the program) and a wait list was immediately created to fill the spots left for those who refused or were unavailable to participate. One staff member suggested putting a picture or small image/icon on the whiteboard in the client's room to show what stations have been recommended for the program. One staff member voiced a question regarding liability in the situation where a therapist recommends someone for the evening/weekend program and they get injured during one of the stations (e.g. the client was identified as independent for the sit-to-stand station, but they fell when performing the task unsupervised).

Volunteers

Feedback was received from four out of five program volunteers. The respondents had volunteered during both the evening and weekend sessions. Volunteers stated they were motivated to become involved in the program to learn more about rehabilitation and medical conditions, to prepare for a future career in Physiotherapy and to help others. Volunteers felt that their role was accurately described, their orientation was comprehensive and the program was meeting their expectations as they felt many of the participants enjoyed coming to the program and had been participating in many of the activities. They liked that it was "a great way to help participants improve …" and "… effective and fun".

One volunteer expressed that they disliked the fact that it was too repetitive and lost the client's interest. They recommended adding more variety of activities over time, more equipment for exercise and new workouts. Volunteers felt most stations were working well except the Mirror Box as they felt the clients did not see it as a challenge. They felt that the GRASP kit could incorporate more activities to meet the varying levels of recovery of the clients.

Volunteers enjoyed the experience and building a rapport with clients. One stated "I really enjoy volunteering for this program. I always leave happy as I enjoy seeing most of the participants improve over the couple of weeks", and "Even though the program is only helping a little bit towards participant's improvement, it makes me feel good knowing that I am a part of helping them improve". Another stated "….I try hard to motivate the participants into coming to the

program every weekend. If the client does not want to perform a specific activity, I will always try to find something else the client would like to do to help them improve."

Program Revisions

In response to feedback received in the Phase 1 program evaluation a number of minor revisions were made to improve the program.

- new stations were developed – seated lower extremity exercises, Find-It game, mathematics tasks, seated reaching and upper extremity exercises using towels
- current stations revised – more language/cognitive tasks provided and categorized into 3 levels (easy, medium, difficult)
- documentation forms modified to address new and revised stations

Current Status and Future Plans

The question raised in the evaluation regarding liability for injury to a program participant was followed up with the hospital's Volunteer Services department and the College of Physiotherapists of Ontario (CPO). At the participating hospital, volunteers and staff are covered under the general liability policy of the organization. The CPO indicated that ensuring that the role of the volunteer was clearly understood is important and that there are a number of Risk Management Tools available for review. Questions were provided for consideration with respect to discussions surrounding liability:

- Does the patient/substitute decision maker understand that the patient is not receiving supervised physiotherapy treatment from the volunteer?
- Does the volunteer understand their role and the limitations of that role?
- Do nursing staff understand that they may be accountable for the supervision of volunteers?
- What is in the best interests of the patients?
- Are there risks and are there plans in place to minimize risk and respond to unexpected outcomes?

The program was on hiatus from December 19, 2012 – January 6, 2013 due to insufficient volunteers during the holiday period. Phase 2 of the program began on January 7, 2013 and will run until March 31, 2013, with volunteer support available Monday-Wednesday evenings and Saturday-Sunday afternoons. A sixth volunteer was trained in early January 2013, however a new call for volunteers will be made to address gaps in programming on Thursday and Friday evenings. It is acknowledged that the program will most likely be offered 6 days per week as it is difficult to recruit a volunteer for the Friday evening session. Phase 2 evaluation will be conducted in April 2013.

Conclusions

Implementation of a volunteer-led evening and weekend activity program was feasible and acceptable to volunteers, staff and clients with stroke on an inpatient rehabilitation unit. The program provided clients with stroke the opportunity to engage in an additional hour of therapeutic activity, five days per week. Minor revisions were indicated to improve client and volunteer satisfaction with the program, as well as to streamline documentation and communication processes for staff. Resources for a dedicated program lead, as well as for implementation and evaluation are essential. The limited scope of the volunteer, as compared to a paid rehabilitation clinician or rehabilitation assistant, does not meet the needs of all clients.

Report Prepared By:

Esmé French, Regional Stroke Rehabilitation Specialist
Northwestern Ontario Regional Stroke Network, Thunder Bay Regional Health Sciences Centre
frenche@tbh.net

Alena Frowen, Therapeutic Recreationist
Special Rehabilitation, St. Joseph's Care Group
frowena@tbh.net

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Appendix 1: Information Poster – Evening/Weekend Program (revised January 2013)

St. Joseph's Care Group

EVENING & WEEKEND ACTIVITY PROGRAM FOR CLIENTS WITH STROKE ON THE SPECIAL REHABILITATION UNIT (3N)

Evening & Weekend Activity Program

What is it?

An opportunity to practice stroke rehabilitation activities in a small group setting with help from a trained volunteer :

- Arm & Hand Exercises
- Leg & Foot Exercises
- Mirror Box Therapy
- Arm Bike
- Word Finding & Language Tasks
- Puzzles/Cards/Games

Why is it important?

Daily activity that is intensive, challenging and meaningful as well as additional practice outside of scheduled therapy time improves outcomes for people with stroke. Evenings and weekends are a prime opportunity to practice skills taught in therapy. Rehabilitation is enhanced when the client plays an active role in their therapy.

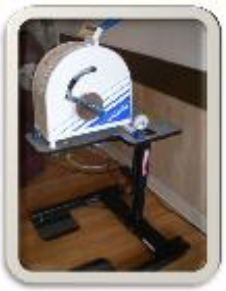
Who can attend?

People who have had a stroke are assigned to the program by their therapy team. Family members, friends and visitors are welcome and encouraged to attend with the client.

Evenings from ~ 6:30 - 7:30 pm

Weekends from ~ 1:30 - 2:30 pm

Location: 3N Dining Room






For more information or if you wish to volunteer, please contact: Alena Frowen
Therapeutic Recreationist
343-2431 Ext. 2840
frowena@tbh.net

Appendix 2: Meditech documentation form (revised January 2013)

TITLE: Special Rehabilitation Client Homework	
Activities Completed:	☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ Other (describe below)
Other activities completed:	*(comment line)*
Total activity time (minutes)	*(number)*
Reason for non-completion:	☐ Visitors ☐ Client off unit ☐ Client condition (e.g. pain, fatigue etc…) ☐ Could not provide a reason ☐ Other (describe below)
Other reason for non-completion:	*(comment line)*
General comments:	*(Larger free text box)*

Appendix 3: Participant list (revised January 2013)

Evening/Weekend Volunteer Program Participants

Name	Room #	GRASP Level #	Specifics (e.g. NO sit-to-stand)

Alternatives, if above Clients refuse.			

Please have Clients up in chairs and ready for activity sessions

Date(s)- Times	Volunteer Name
Sat 1:30- 2:30	
Sun 1:30- 2:30	
Monday 6:30-7:30	
Tues 6:30- 7:30.	
Wed 6:30- 7:30.	
Thursday 6:30-7:30	
Friday 6:30- 7:30	

ST. JOSEPH'S CARE GROUP

MISSION
St. Joseph's Care Group is a Catholic organization that identifies and responds to the unmet needs of the people of Northwestern Ontario, as a way of continuing the healing mission of Jesus in the tradition of the Sisters of St. Joseph of Sault Ste. Marie.
VALUES
Care, Compassion & Commitment

Volunteer Services - Position Description

Position: **Rehabilitation Volunteer**

Purpose: To provide assistance to staff and clients on the Special Rehabilitation Unit (3 North) at St. Joseph's Hospital. Volunteer completes tasks only as assigned.

Experience/Qualifications Required:
Knowledge, Abilities, Skills and Experience

- Have good interpersonal skills to interact with clients and staff
- Be punctual and reliable
- Have the ability to work both independently and as part of a team
- Have a willingness to learn
- Professional behaviour
- Have good physical fitness (ie: no previous back injuries etc.)

Requirements of the Roles:
Under the direction of a staff supervisor, the volunteer will:

- sign in and out in the Volunteer Lounge
- wear name tag
- report to staff supervisor for direction
- communicate issues as they arise
- call in to staff supervisor in advance to notify of lateness or absence
- adhere to the volunteer position description
- adhere to all policies and procedures
- respect the confidentiality appropriate to all issues
- have completed, or in the process of completing, a post-secondary education program, preferably in a health services field

Tasks/Activities:

- Set-up and clean-up program area
- Porter and/or escort patients to and from the 3 North dining room
- Assist patients with prescribed therapeutic activities
- Assist clients with completion of therapeutic activity log
- Interact with clients/family members, communicate with nursing staff

Benefits to the Organization:
Assist staff and contribute to achieving SJCG's Mission

Benefits to the Volunteer:

X Develop/ maintain work skills
X Experience in a healthcare setting
□ Help find/develop real solutions
□ Attend SJCG sponsored in-services
X References to use in job-seeking
X Experience working as part of a team
X Learn about/observe client-centered care
X Learn of SJCG healthcare opportunities

Risk: **X LOW** MEDIUM HIGH

The rating level is due to the volunteer having immediate access to staff on the unit.
All procedures are to be followed as described.

NOTE: Volunteers have the right to decline tasks they do not feel comfortable with due to lack of skills, strength or safety concerns.

Time Commitment: 2 hours/shift □ **Firm** □ **Flexible**

Day: Mondays - Sundays

Time: Shifts: Mon-Fri: 6:00 – 8:00 pm
Sat & Sun: 1:00 - 3:00 pm

Location: 3N Dining Room
Phone #: 343-2431 Ext. 2840

Supervisor: Alena Frowen
Email: frowena@tbh.net

Supervision Note: On evenings and weekends, nursing staff on 3 North will be available during the volunteer shift for communication and in case of emergencies/immediate patient concerns. Staff supervisor Alena Frowen will be available for in-person support or via e-mail, phone or in writing, between the hours of 8-4 pm, Monday-Friday.

General Information about the position:

X Required to work alone/independently
X Required to attend volunteer orientation
X Required to work as part of a team
□ Required to provide a Police Reference Check

Orientation: The **Coordinator, Volunteer Services** will provide general orientation to the Care Group. Volunteers receive a Volunteer Guidebook.
The **Staff Supervisor** will provide an orientation to specific program area, assignment of duties pertinent to program and the volunteer's role.
Although the position is evenings and weekends, the unit orientation will be arranged sometime between Monday – Friday, 8:00 – 4:00 pm. Date and time to be determined.

Signatures:

_____ _____
Volunteer Date

_____ _____
Staff Supervisor Date

_____ _____
Coordinator, Volunteer Services Date

Please return completed form along with the Volunteer Orientation Checklist to Volunteer Services.

Appendix 5: Program Specific Volunteer Orientation Checklist

3N Evening/ Weekend Program - Volunteer Orientation Check List

Topic	Details	Initial when completed
Introductions	☐ Nursing, Therapists, Clients	
Tour Special Rehabilitation Unit	☐ Provide a general overview of unit and clients ☐ Specific Areas: o Dining Room o Gym o Client rooms o Staff bathrooms o Nursing station	
Safety	☐ Hand Hygiene ☐ Fire Safety ☐ Patient identification process (white board, wrist band) ☐ Wheel Chair – brakes, tips for pushing clients safely, parking, lap trays, footrests, seatbelts, limb positioning re. neglect ☐ Walkers – brakes, not to push client on seat, client not to sit on walker seat for activities ☐ Transfers - not to transfer clients, must ask nursing ☐ Food/Beverages – not to provide any to clients, must ask nursing ☐ Assistance – not to provide any hands-on assistance to clients for activities, only able to demonstrate, encourage, verbally cue, set-up equipment for clients	
Shift Specifics	☐ Explain program rationale ☐ Review volunteer binder and location of stations/activities ☐ Review volunteer job description and shift schedule ☐ Demonstrate all tasks/activities, (safety for clients doing sit-to-stand task), locate all items/equipment required for activities ☐ Review role - volunteers must be able to work independently, with minimal supervision	
Communication	☐ Provide volunteer contact information for program lead, in order to change schedule or provide feedback ☐ Orient client to nursing station, where to check in at beginning and end of shift, and in case of emergency	
Scheduling	☐ Attain a start date and preferred shifts per week	
Reference Material	☐ Provide - Let's Talk About Stroke manual, recommended for individual review	

Appendix 6: Activity Log (revised January 2013)

EVENING AND WEEKEND ACTIVITY LOG Week of: _____

Patient Label	**Monday** ☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ OTHER (list):_____ ☐ Did not complete (reason):_____ Time completed (minutes)_____
Tuesday ☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ OTHER (list):_____ ☐ Did not complete (reason):_____ Time completed (minutes)_____	**Wednesday** ☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ OTHER (list):_____ ☐ Did not complete (reason):_____ Time completed (minutes)_____
Thursday ☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ OTHER (list):_____ ☐ Did not complete (reason):_____ Time completed (minutes)_____	**Friday** ☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ OTHER (list):_____ ☐ Did not complete (reason):_____ Time completed (minutes)_____
Saturday ☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ OTHER (list):_____ ☐ Did not complete (reason):_____ Time completed (minutes)_____	**Sunday** ☐ Find it Game ☐ Seated Leg Exercises ☐ Seated Reaching ☐ GRASP Arm/Hand Exercises ☐ Sit to Stand Practice ☐ Mirror Box ☐ Arm Ergometer (bike) ☐ Paper Pencil Tasks ☐ OTHER (list):_____ ☐ Did not complete (reason):_____ Time completed (minutes)_____