

Things are happening!

Chatham Hosts Rehab Summer Olympics



Linda Butler, Chatham Kent District Stroke Coordinator, holds the torch

*“The most important thing in the Olympic Games is not winning but taking part; the essential thing in life is not conquering but fighting well.”
- Pierre de Coubertin*



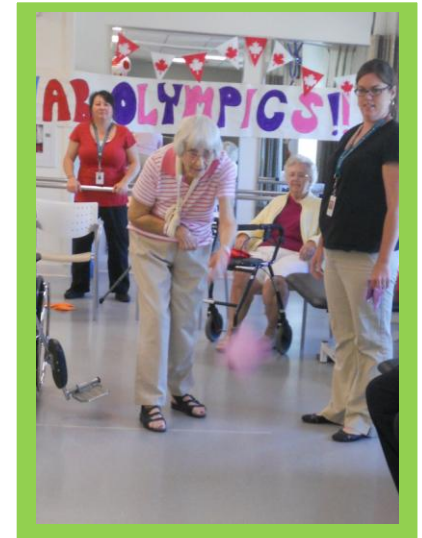
Wii Bowling participant

While we were all cheering on our fellow Canadians competing in London, England Rehabilitation programs across our region were hosting their own ‘competitions.’

The summer olympics at Chatham Kent Health Alliance were led by a planning committee that included Jackie Doyle, Anne Heinhuis, Lauren McFadden, and Kayla Hayward. Games included a Relay, Wii Bowling, Soccer and Trivia. Nancy Snobelen, provided the welcoming address at the opening ceremonies and led the athletes in an olympic ‘oath’.

Feedback was extremely positive from patients and families, one of whom was overheard to say “that was more fun than physio!”

Woodstock hosted a Rehab Summer Olympics too!



Bean Bag Toss participant



Carrying the torch in the Parade of Olympians

Wendy Abbas, Stacey Sim and the rehab team hosted a Summer Olympics Event within the Woodstock General Hospital's Rehabilitation Program. Opening ceremonies, held on Friday July 27th included a parade of athletes carrying the Olympic torch. Events occurred over the next 5 days and included Bocce Ball, volleyball, beanbag toss, cognitive and physical relay race, and the parachute. The overall goal of the Olympics was to achieve 4200 minutes of activity over those 5 days, averaging about 10 hours per patient. Closing ceremonies, held on Thursday August 2nd, included a Summer BBQ and Highland dancers.

"It is the inspiration of the Olympic Games that drives people not only to compete but to improve, and to bring lasting spiritual and moral benefits to the athlete and inspiration to those lucky enough to witness the athletic dedication."

- Herb Elliott, Australian runner



... and Owen Sound's Rehab Program will be hosting a Summer Rehab Olympics on August 30th

Time is Function Videos Online

The video from the Rehab Forum has been posted in three parts on our website <http://swostroke.ca/videos/> or:

<http://www.youtube.com/watch?v=VC9UnvBjQSc&>

<http://www.youtube.com/watch?v=ggTAFwfOKhs&>

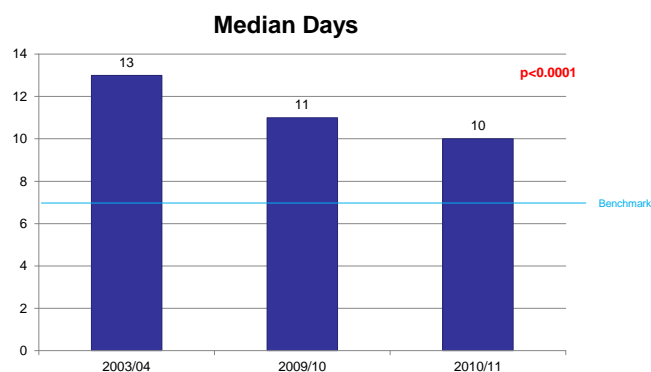
<http://www.youtube.com/watch?v=Xp1xdB8Fs98&>



The Good News

According to the Ontario Stroke Evaluation Report 2012: **Prescribing System Solutions to Improve Stroke Outcomes**, Stroke Rehab in Ontario is getting better results! Persons with stroke are getting to rehab sooner.

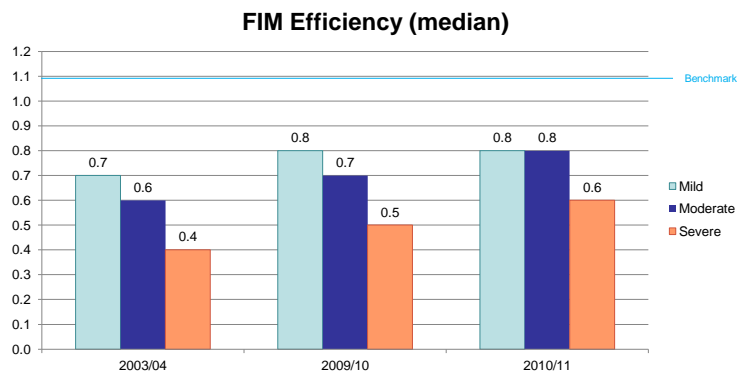
Exhibit 3.1: Median days from stroke onset to rehab admission
2003/04, 2009/10, 2010/11



Data sources: Canadian Institute for Health Information, Discharge Abstract Database (CIHI-DAD) and the National Rehabilitation Reporting System (NRS), 2003/04–2010/11.
Note: Facility-based analysis.

Rehab Programs in Ontario have made steady improvements in FIM Efficiency across all stroke categories but particularly for those with moderate and severe strokes.

Exhibit 3.5: FIM Efficiency by stroke severity
2003/04, 2009/10, 2010/11



Data sources: Canadian Institute for Health Information, National Rehabilitation Reporting System (NRS), 2003/04–2010/11.
Notes: (1) Facility-based analysis (i.e., the location of the facility is used to report regional performance). (2) FIM efficiency is the change in total FIM score divided by total length of stay; it provides information on the average amount of functional recovery per day of inpatient rehabilitation.
Mild = RPGs 1150 and 1160 Moderate = RPGs 1120, 1130 and 1140 Severe = RPGs 1100 and 1110

For more details see the full report at:

[http://www.ices.on.ca/file/Stroke Evaluation Report 2012.pdf](http://www.ices.on.ca/file/Stroke%20Evaluation%20Report%202012.pdf)

Practical Ideas from the Forum

Use this checklist to help your team increase therapy time and extend hours of activation.

Outcome	Examples
Extend therapy hours of weekdays and weekends with safe, independent activities and/or with family support	<ul style="list-style-type: none"> • Nintendo Wii • iPad with speech programs • Mental practice/mental imagery • NuStep – cardio training • Functional electrical stimulation • Self-directed exercises, GRASP
Model of Care to lengthen hours for rehab and promote teamwork	<ul style="list-style-type: none"> • Rehab on the weekends • Occupational Therapy Assistants/ Physiotherapy Assistants • Split shifts • Therapeutic Recreation Specialists work evenings and weekends
Physical environment that is stimulating and challenging	<ul style="list-style-type: none"> • On-unit therapy so team can see patients' progress • Stimulating environment (e.g. more like home or pediatric unit)
Group classes to promote socialization, fun and family involvement	<ul style="list-style-type: none"> • Balance class • Sit to stand class • Upper extremity circuit training • Range of motion class • Social pragmatics • Recreational activities
Communication tools to foster awareness and track progress	<ul style="list-style-type: none"> • Rehab notebook/passport • Whiteboard in room with goals • Description of safe activities • Brochures
Scheduling to improve efficiency and family involvement	<ul style="list-style-type: none"> • Colour-coded white board • 2x30-minute sessions • Mix of individual and group activities • Make getting to therapy therapeutic
Process changes to enhance teamwork and integrate therapy	<ul style="list-style-type: none"> • Bullet rounds • Swallowing ax in dining room • LEAN approach and facilitator • Rehab Olympics • Share goals with team • Use ADLs as therapy time
Community Integration	<ul style="list-style-type: none"> • Therapy in community settings • Presentations by community groups
Family involvement to enhance engagement and practice time	<ul style="list-style-type: none"> • Admission group • Family information brochure • Involve in therapy sessions

