

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
Toronto Central CCAC and McMaster University RCT	Maureen Markle-Reid	Interprofessional Stroke Rehabilitation for Stroke Survivors Using Home Care	<p>Study Objective: To compare a specialized interprofessional team approach to community-based stroke rehabilitation with usual home care for stroke survivors using home care services.</p> <p>Before implementation of the intervention, 30 interprofessional health care providers from six community agencies (Toronto Central CCAC and the five direct care provider agencies) completed a three-day training session conducted by the investigators using role-appropriate standardized training manuals and a manual for strengths-based practice. The training focused on the scope of the problem and effective strategies for stroke prevention, rehabilitation and promoting community reintegration. These training sessions were supplemented by additional sessions over the course of the trial.</p> <p>A stroke rehabilitation management protocol was developed to provide a systematic, standardized, and evidence-based approach to the identification and modification of factors that influence community reintegration across disciplines. The protocol included a summary of the dimensions of community reintegration, standardized screening tools, and evidence-based strategies to address these dimensions. Each stroke survivor was discussed by the IP team at a case conference at least once per month for 12 months.</p> <p>On average, participants in the interprofessional group who completed the study received 4.3 CCAC care coordinator visits, 29.1</p>			<p>The proportion of stroke survivors who completed the study was 43/52 (82.7%) in the intervention group and 39/49 (79.6%) in the control group, or 81.2% overall. Higher proportions of drop-outs were depressed, had more than two strokes, and had heart disease.</p> <p>From baseline to the 12-month follow-up, both groups improved in most SF-36 dimensions of health-related quality of life and functioning. The IP group improved more than the usual care group in five of the eight subscales. Although these differences were not statistically significant, the difference detected was clinically meaningful (≥ 5 points) for two of the subscales: physical functioning and social functioning. Sample underpowered. The SIS-16 mean score improved in the two groups combined by 2.3% (from 57.56 at baseline to 56.22 at 12 months). However,</p>	<p>There was no interaction between the number of home visits and the change in the SF-36 physical functioning subscale score between study groups. Therefore, we conclude that it is the "quality", not the "quantity" of visits that made the difference.</p>	<p>Presence of depressive symptoms remained high (21%) at the one-year follow-up. One explanation for this finding is poor compliance with the intervention protocol by health care providers. Although the IP team used a standardized tool to screen for depressive symptoms, goals related to mood or emotional status were identified for only 11.5% of the group. This finding suggests that use of a standardized screening tool for depressive symptoms had limited influence on clinician behaviour.</p> <p>An ongoing challenge of the research was the considerable turnover (70%) of staff involved in providing the IP team approach over the study period.</p> <p>A limitation of this multifaceted trial is that we do not know exactly why or how the specialized IP team approach works so well. It is unknown if it is the differing intensity and use of home care services, the differing training and skills of the providers, or the differing timing of the interventions that make the difference in outcomes.</p>	<p>Interprofessional Stroke Rehabilitation for Stroke Survivors Using Home Care. <i>Maureen Markle-Reid, Camille Orridge, Robin Weir, Gina Browne, Amiram Gafni, Mary Lewis, Marian Walsh, Charissa Levy, Stacey Daub, Heather Brien, Jacqueline Roberts, Lehana Thabane</i> Can J Neurol Sci. 2011; 38: 317-334</p>	

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			<p>nursing visits, 5.2 OT visits, 7.8 PT visits, 2.4 RD visits, 1 SW visits, 1.5 SLP visit, and 242 hours of care by a PSW.</p> <p>Participants in the usual care group received, on average, 1.1 CCAC care coordinator visits, 20.4 nursing visits, 5.3 OT visits, 4.3 PT visits, 0.4 RD visits, 0.4 SW visits, and 1 SLP visits, and 169 hours of care by a PSW.</p> <p>Overall, the proportion of stroke survivors receiving professional home care services was higher in the interprofessional group than in the usual care group. For example, 86% of clients in the IP group received nursing services, compared with 47% in the usual care group (p=0.06). A total of 96% of clients in the interprofessional group received visits from a CCAC care coordinator, compared with only 57% in usual care (p<0.001). In addition, 29% of clients in the interprofessional group received dietitian services, compared with only 8% in usual care (p=0.04).</p>			<p>the change in the SIS-16 mean score did not differ between groups at the 12-month follow-up (p=0.68). There was no statistically significant difference in the RNLI between groups.</p>				