



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
Parkwood Hospital, St Joseph's Health Care London(SJHC)	Eileen Britt Coordinator Stroke Rehabilitation  Matthew Meyer	<b>Utilization of Length of stay benchmarks for inpatient rehabilitation after stroke helps reduce LOS while maintaining functional gain and rate of discharge to the community.</b>	A severity-specific median length of stay benchmarking strategy was developed and utilized during team rounds to set discharge targets. The impact was assessed after one year of implementation.  Mean Functional Independence Measure (FIM <sup>*</sup> ) gain was retrospectively assessed for all patients admitted to our stroke rehabilitation unit between April 2005 and March 2008. Rehabilitation Patient Groups (RPGs) were used to establish stratified median length of stay benchmarks for each group that were incorporated into team rounds. Benchmark impact was assessed using mean LOS, FIM <sup>*</sup> gain, and discharge destination for each RPG group, collected prospectively for one year, and compared against similar information from the previous calendar year. Benchmarks were then adjusted for future use.	Oct 2009	Eileen Britt  Matthew Meyer  Heather McHale  Robert Teasell	Between October 2009 and September 2010, a significant reduction in average LOS was noted compared to the previous year (35.3 vs. 41.2 days; p<0.05). Reductions in LOS were noted in each RPG group including statistically significant reductions in 4 of the 7 groups. As intended, reductions in LOS were achieved with no significant reduction in mean FIM <sup>*</sup> gain or proportion of patients discharged home compared to the previous year. Adjusted benchmarks for LOS ranged from 13 to 48 days depending on the RPG group.	<ul style="list-style-type: none"> <li>Benchmarks were easy to develop, simple to understand and used only data already routinely collected</li> <li>Benchmarks were used in team rounds to generate discussion around LOS and patient goals.</li> <li>Staff saw the value of the exercise - nobody doubted that it wasn't important and couldn't be done</li> </ul>	<ul style="list-style-type: none"> <li>Inflexible discharge dates are neither practical nor desirable.</li> <li>Incorporating target discharge dates into regular team discussions can have a positive impact on LOS</li> <li>Focus must always remain on the patient's goals and how these goals can be achieved as efficiently as possible</li> <li>Greater intensity of rehabilitation therapy and earlier discharge planning were helpful in reducing LOS</li> <li>Make the process fit into the realities of the frontline staff's workload. There would not have been the success if there were additional steps or paper work to be done.</li> </ul>	<p><b>Summary</b></p>  <p>Canadian CongressRPG_Poster</p> <p>Go to page 2 to see the above poster</p> <p><b>Results Charts</b></p>  <p>Length of stay benchmarks charts 20</p> <p>Go to page 6 to see the above chart</p>	Updated benchmarks may be useful for comparison with other facilities across Canada