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
SEO Stroke Network SE-CCAC SE-LHIN	Caryn Langstaff Jo Mather	**Enhancing Community and LTC Based Rehabilitation Therapy Services for Stroke Survivors: Discharge Link** **A Joint Initiative of SE-CCAC, SEO Stroke Network and the SE-LHIN**	Enhanced community and LTC rehabilitation services are being provided to stroke survivors in SEO, receiving **enhanced** PT, OT, SLP and SW services for two months following discharge home or to LTC. Services provided through the SE-CCAC (except in the case of PT in the LTC setting where LTC Home physiotherapy providers are utilized). Service plans focus on goals identified by the pt and family are initially developed by the hospital IP stroke team with the CCAC Case Manager. Collaborative care planning occurs across the hospital-community sectors through critical discharge link meetings for those returning home. For the LTC setting, an IP care planning conference is scheduled following the patient's admission to the LTC Home. Sustained funding through the SE LHIN: Level A (Full Enhanced) Service: Cost/Client $2,098 Level B (Partial Enhanced – Mild): Client d/c home: Cost/Client $1,301; Client d/c LTC Cost/Client $931 In Kind: Project coordination and evaluation led jointly by the Regional Stroke Team and the SE CCAC with evaluation and data assistance from the LHIN, CCAC and hospital IT providers.	Pilot Project 2002-2004 Current Feb. 2009	Caryn Langstaff SEO Stroke Network Jo Mather SE CCAC SEO SE LHIN, Community Rehab Providers	1. From Pilot: Enhanced rehab group demonstrated: - larger change in FIM - change sustained X 1 year - half readmission rate - decreased LOS and wait times - net decreased cost - qualitative analysis demonstrated improved patient satisfaction For more information, see report on website: http://www.strokenetworkseo.ca/public/pdf_docs/WholeFinalSEORehabProjectReportNov2204.pdf 2. Current service: Process Indicators track - visit rates by discipline - wait times to rehab service - discharge link meetings Outcomes: Mean active LOS for acute-plus-rehab group has **decreased** from just under 60 days in fiscal 2007/08 and fiscal 2008/09 to 53 days in fiscal 2009/10 The ALC component of LOS has also	In April, 2011, the LHIN **committed to sustained funding** to support as a standard of care **(**CCAC targeted base funding). Processes for ongoing training and communication have now been embedded into standard protocols and data collection systems (e.g., embedded into CHRIS) Collaborative leadership of both CCAC and SEO Stroke Network and ongoing "ownership" by CCAC Education and training – Utilized Regional Stroke Education Plan and funding through Shared Work Days. Community therapy providers were able to address and manage feasibility issues and deliver the enhanced services	Under 2002-2004 Pilot: The number of hours of non-professional visits (PSWs) was not predictive of change in client function. The lack of predictive value may have related to PSWs being largely untrained in rehabilitation principles. Under Current Services: Partnership with LHIN Data Analyst for ongoing evaluation of the service Ongoing opportunities to build stroke expertise, interprofessional collaboration and capacity amongst community, LTC, rehab / restorative care providers Discharge link meetings promote improved collaboration amongst hospital and community therapists CCAC being a co-lead in project implementation has been a key to sustaining the service Rurality: Feasibility of providing rural services needs ongoing, proactive planning and problem solving Education and training needs to be ongoing in	**Overview** ENHANCED THERAPY FOR STROKE OACCA **Protocols** SERVICE PROVIDER - COMMUNITY - STRC SERVICE PROVIDER - LTC - STROKE-CCAC CM ROLE - COMMUNITY - STROK CM ROLE - LTC - STROKE-CCAC - June **Discharge Link** DISCHARGE LINK-STROKE-CCAC - June	Continue as a standard of care towards best practice in SEO Results transferrable to people living at home or LTC for (a) other regions (b) other neurological conditions Continued shared stroke expertise, cross-sectoral linkages and communication, and ongoing capacity building Refine interaction of day rehab and CCAC enhanced stroke services Potential model of service delivery for consideration in the Restorative

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						decreased from a mean of 6.5 days in fiscal 2007/08 and 7.1 days in fiscal 2008/09 to a mean of 5.9 days in fiscal 2009/10 - admissions to rehab with a lower FIM score and discharged earlier, with mean change in function remaining constant. - readmission rates currently under evaluation; trending towards decreased one-year readmission rates		order to build and sustain stroke expertise Joint evaluation with LHIN and CCAC strengthens "ownership and buy-in" Challenges with contracted services in LTC need ongoing attention.		Care Roadmap of the SE LHIN Consider applicability of other conditions Consider incorporating group therapy (e.g., Aphasia Group) into the model Ongoing need to investigate value of models of community rehab that include PTA, OTA, CDA