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STROKE REHABILITATION INTENSITY NEWSLETTER

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Innovative Ways to Provide Stroke Rehabilitation Intensity

BREAKFAST CLUB AT HAMILTON GENERAL HOSPITAL



To maximize rehabilitation intensity minutes and address client-centred goals, the Integrated Stroke Program at Hamilton General Hospital implemented a "Breakfast Club". The circuit program, led by an Occupational Therapist (OT) and an Occupational Therapist Assistant (OTA), is dynamic and has varied levels of direct 1:1 treatment, monitoring/guiding, and natural rest periods for each patient in the session. For example, patients alternate between rest/non-working (i.e. when eating) and working/treatment time with the OT or OTA. It runs for 1.5 to 2 hours once a week with two to four patients at a time. The activities (e.g. chopping, making coffee, cooking, socializing and clean-up) provide a functional context for patients to work on their individual goals (e.g. improving visual scanning, balance, upper extremity function

etc.). They found that the circuit-style treatment delivery method facilitated increased opportunities for direct therapy that met the rehabilitation intensity definition, compared to individual treatment.

Performing real life tasks truly sets you up for successfully returning home.

- Person with stroke

The Breakfast Club is the most fulfilling part of my job. Seeing patients working together, completing real life functional tasks and enjoying themselves is very rewarding.

- Staff Member

For more information contact:

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ENHANCED MORNING CARE IN THUNDER BAY



A quality improvement project was implemented at St. Joseph's Hospital in Thunder Bay to improve rehabilitation intensity time. The project team brainstormed with staff, clients and caregivers to find solutions to get closer to the three hour/day best practice target. Historically nursing staff had been providing the majority of morning care.

The group decided to focus on identifying clients who would benefit from therapeutic interventions related to their morning care routines. Many clients had identified personal goals related to increasing their independence with self care tasks. The Occupational Therapists developed treatment plans, and along with Rehabilitation Assistants carried them out at 0800, which added extra rehabilitation intensity minutes to clients' days. Since the initiation of the project, the facility's rehabilitation intensity time has been steadily rising.

Mornings were always chaotic, I could have used more help to get ready.

- Person with Stroke

We need to explore staff roles first thing in the morning, and to make sure patients are up and ready on time for therapy.

- Staff Member

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What could you do?

HAS YOUR TEAM CONSIDERED THE FOLLOWING WAYS TO INCREASE REHABILITATION INTENSITY?

- ✓ Engage staff, patients and caregivers in identifying opportunities
- ✓ Use a circuit-style program to provide direct therapy
- ✓ Make as many daily activities as possible therapeutic

Rehabilitation Intensity Learning Module & Quiz

This resource was developed to support data quality by ensuring consistent application of the rehabilitation intensity definition amongst clinicians.

Since its release in November 2017, the Rehabilitation Intensity Learning Module & Quiz has been completed 445 times by clinicians from across Ontario. Scores have ranged from 43% to 100% with a median of 93%.

The top 3 most challenging questions were found in the following scenarios:

1. Reporting rehabilitation intensity minutes when an assistant is collaborating with a therapist
2. Reporting rehabilitation intensity minutes when a therapist is assessing a patient
3. Reporting rehabilitation intensity minutes by an assistant

Knowledge Check

Who reports rehabilitation intensity minutes when a therapist and therapist assistant work together with the patient?

Rehabilitation intensity is from the **perspective of the patient's time spent in therapy**. Therefore, **ONLY** the therapist should report the rehabilitation intensity time when a therapist and therapist assistant are co-treating.

Can you report time spent assessing a patient as rehabilitation intensity time?

YES. One-on-one time spent assessing a patient can be reported as rehabilitation intensity time.

Do I have to adjust therapist assistant time before recording or reporting to National Rehabilitation Reporting System (NRS)?

NO. Therapists and organizations do not need to calculate the **33%**. **ALL** rehabilitation intensity minutes provided by therapists and therapist assistants should be included in data entry and data reporting to the NRS.



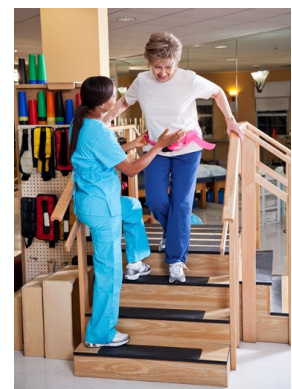
Rehabilitation Intensity Element 1
I was assessing, monitoring, guiding or treating the patient face-to-face.



Rehabilitation Intensity Element 2
My activity with the patient was one-on-one (including co-treatment or collaborative treatment).



Rehabilitation Intensity Element 3
The patient was actively engaged in the activity throughout the session.



Rehabilitation Intensity Element 4
The therapy activities were helping the patient achieve his/her goal(s).

Would you like more information about Rehabilitation Intensity resources?

Within your Regional Stroke Network please connect with your Regional Stroke Rehabilitation Coordinator. If you do not have his/her contact, please email CorHealth Ontario at service@corhealthontario.ca.