

Ontario Stroke Network Provincial Rehabilitation Intensity Working Group: Stroke Rehabilitation Intensity Success Story/Lessons Learned (Videoconference/Webcast – January 13, 2016)

Knowledge Exchange Idea: Electronic Scheduling Board

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Exploring opportunities to increase therapy intensity

What we did and why:

- Replaced large magnetic whiteboard with electronic version that is internet based (Cerner)
- To create efficiencies and maximize therapy time throughout the patients day
- Appreciation for planning the patients day versus individual therapists day
- To enable ease of access for therapists and nursing while maintaining a good visual representation for patients, families, staff, and volunteers

Outcomes and feedback:

- Positive response from patients/families; visually appealing; tidy; easy to follow
- Ability to schedule time when patient off the unit; saves time looking for patient and therapy can be scheduled accordingly
- Group and individual therapy can be scheduled
- Colour blending used when 2 disciplines are working together
- Allows one time or recurring appointments to be booked
- Automatically populates admissions, discharges as they occur in Cerner
- Large, colourful and highly visible for patients, staff and families (road map)
- Identifies patient safety information – isolation, falls risk
- Staff schedule therapy appointments and view the patients schedule from their office
- Ability to print schedule for patients/families/volunteers etc.

Lessons Learned:

- All rehab staff (allied/key nursing staff) required to complete registration/scheduling training – 4 hours – learning curve
- Scheduling takes upfront time by rehab staff
- Schedule must be updated electronically (versus moving a whiteboard marker) whenever a change is made to remain accurate
- Associated costs include staff training (4 hours) & cost for monitor and thin client PC

Other:

- Would go with largest display monitor for your space