ontario stroke network
Advancing the Ontario Stroke System

Backgrounder

The Impact of Moving to Stroke Rehabilitation Best Practices in Ontario

Ontario's Ministry of Health and Long-Term Care is actively seeking strategies to reduce the burden of "ER/ALC" on Ontario's healthcare system. As part of this initiative, the Rehabilitation and Complex Continuing Care Expert Panel (RCCCEP) was established in 2010 to explore the potential impact of rehabilitation on system efficiency and reducing hospitalization. The RCCCEP focused on four rehabilitation sub-groups: stroke, hip fracture, hip and knee replacement, and acquired brain injury. Of these four groups, stroke patients are the main cause of Alternate Level of Care (ALC) days and consume the largest number of rehabilitation resources annually.

As the provincial agency responsible for stroke prevention and care, the Ontario Stroke Network (OSN) was engaged to support the RCCCEP in recommending stroke rehabilitation best practices and established the Stroke Reference Group (SRG) consisting of rehabilitation experts and stakeholders from across the province. The SRG recommended stroke rehabilitation and patient-flow best practices in support of the mandate of the RCCCEP.

In November 2011, the RCCCEP, in accordance with the Ontario Stroke Network's SRG, accepted the following recommendations pertaining to stroke rehabilitation in Ontario:

- ✓ Timely transfer of appropriate patients from acute facilities to rehabilitation
  - Ischemic strokes to rehabilitation by day 5 on average
  - Hemorrhagic strokes to rehabilitation by day 7 on average
- ✓ Provision of greater intensity therapy in inpatient rehabilitation
  - 3 hours of therapy per day
  - 7-day a week therapy
- ✓ Timely access to outpatient/community-based rehabilitation for appropriate patients
  - Early Supported Discharge with engagement of CCAC allied health professionals
  - Mechanisms to support and sustain funding for outpatient and/or community-based rehabilitation
  - 2-3 outpatient or Community-based allied health professional visits/ week (per required discipline) for 8-12 weeks
  - In-home rehabilitation provided as necessary
- ✓ Ensure that all rehabilitation candidates have equitable access to the rehabilitation they need

If the recommendations were fully implemented, savings made in the acute and inpatient rehabilitation sectors along with an annual investment of approximately $11 million in outpatient and community-based rehabilitation have the potential to make $20 million healthcare dollars available annually. The incorporation of the recommendations into daily practice is expected to have a positive impact on patient outcomes while freeing up scarce health care resources to support people with stroke and their families.[2]

For more information on this topic, please contact the Ontario Stroke Network at:
416-489-7111 or info@ontariostrokenetwork.ca.

References:

1 Lindsay M.P., Gubitz G., Bayley M., Hill M.D., Davies-Schinkel C., Singh S. and Phillips S. (Update 2010). *Canadian Best Practice Recommendations for Stroke Care. On behalf of the Canadian Stroke Strategy Best Practices and Standards Writing Group. 2010*; Ottawa, Ontario Canada: Canadian Stroke Network. Retrieved from: www.strokebestpractices.ca. See: Best Practice Recommendations 5.3 – Delivery of Inpatient Stroke Rehabilitation; 5.2 Stroke Rehabilitation Unit Care; 5.6 Outpatient and Community-Based Stroke Rehabilitation.

2 Meyer M., O'Callaghan C., Kelloway L., Hall R., Teasell R., Meyer S., Allen L., Leci E. (2012) In collaboration with Ontario's Stroke Reference Group. *The impact of moving to stroke rehabilitation best practices in Ontario. Final Report*. Retrieved from: http://ontariostrokenetwork.ca/pdf/The_impact_of_moving_to_stroke_rehabilitation_best_practices_in_Ontario_OSN_Final_Report_Sept_14_2012.pdf