## Rehabilitation Intensity Cause and Effect:
## A compilation of causes identified by therapy providers at the 10 hospitals that provide inpatient rehabilitation in Central East Stroke Network

**Effect:** Stroke patients are not receiving 3 hours of Rehabilitation Intensity per day in Inpatient Rehabilitation

| Cause | Category |
|---|---|
| Patients co-morbidities / complex needs make participation difficult | Patients |
| Patient too ill, too frail, not well enough to participate in more therapy | Patients |
| Patient not willing / motivated / too depressed to participate in rehab | Patients |
| Patient endurance / activity tolerance is low | Patients |
| Patient too tired during scheduled therapy time | Patients |
| Patient fatigued due to unit noise at night keeping him/her from sleep | Patients |
| Patient has cognitive issues that makes it hard to participate | Patients |
| Patient inappropriate for unit (e.g. advanced dementia, etc.) | Patients |
| Patient needs frequent breaks in middle of therapy to rest | Patients |
| Patient / family want ongoing therapy when ALC | Patients |
| Families asking many questions outside of treatment time | Patients |
| Families asking many questions during therapy time | Patients |
| Making /answering phone calls regarding patient | Patients |
| Patient chooses to participate in stroke education session during scheduled therapy time | Patients |
| Family involvement - much attention needed vs not enough to support transfer of skills | Patients |
| Patient chooses to participate in recreation therapy activity during scheduled therapy time | Patients |
| Not enough patient / family education to support understanding of stroke recovery | Patients |
| Patient language barrier with limited translation services | Patients |
| Last minute patient's schedule change due to patient needs | Patients |
| Patient off unit with family / visitors during therapy time | Patients |
| Patient out on pass during scheduled therapy | Patients |
| Patient has visitors during therapy time | Patients |
| Patient not available on weekends (visitors, day pass, etc.) | Patients |
| Family buy-in for rehab process | Patients |
| Patient needs to leave hospital for specialty appointment | Patients |
| Patient's ability to cue staff to assist in getting to rehab on time | Patients |
| No / Limited designated gym space | Place / Equipment |
| Therapy gym location (e.g. distance from unit adds time) | Place / Equipment |

| Cause | Category |
|---|---|
| Not enough equipment (e.g. wheelchairs, cushions, etc.) | Place / Equipment |
| Broken equipment | Place / Equipment |
| Therapy staff time spent searching for equipment | Place / Equipment |
| Therapy staff time spent fixing equipment | Place / Equipment |
| Therapy gym size too small / crowded | Place / Equipment |
| No / Limited specialized equipment in therapy rooms (e.g. parallel bars, bariatric, mechanical life, GRASP kits, gait aids, slings, cognitive perceptual activities …) | Place / Equipment |
| Patients arrive at therapy without their equipment (e.g. dentures, glasses, running shoes, etc.) | Place / Equipment |
| Setup of therapy space is not efficient / organized | Place / Equipment |
| Accessibility issues in therapy areas | Place / Equipment |
| No / Limited special therapy space (e.g. kitchen, bathroom, quiet room for assessment/treatment, ADL room, etc.) | Place / Equipment |
| Lack of ADL / toiletry supplies | Place / Equipment |
| Sharing equipment with other units | Place / Equipment |
| No defined space / unit for stroke; stroke patients on multiple units | Place / Equipment |
| Outdated treatment materials | Place / Equipment |
| Limited treatment and assessment materials | Place / Equipment |
| Patients leave therapy gym to use washroom and don't return due to distance | Place / Equipment |
| Therapy space has too many distractions that interfere with therapy | Place / Equipment |
| Staff spend time creating therapy materials vs purchasing | Place / Equipment |
| Clocks are not synced (unit, gym, hallways, therapy spaces, cafeteria, …) | Place / Equipment |
| Equipment storage area is not convenient | Place / Equipment |
| Integrated Acute/Inpatient Rehab mix - prioritization guidelines that focus on acute do not support RI | Policies |
| Stroke volume fluctuates (high and low) | Policies |
| Lack of outpatient services means more mild strokes on unit | Policies |
| Hospital leadership buy-in for rehab intensity (not currently attached to funding) | Policies |
| Funding for more staff | Policies |
| Competing priorities across populations of patients (discharges pending, new admissions, acute assessments, pre-scheduled outpatient appointments). | Procedures / Processes |
| Mixed caseload with time divided between stroke and other patient populations | Procedures / Processes |
| Flexing / overfilling rehab beds | Procedures / Processes |
| Patient remains in rehab bed when has medical issues and can't participate in rehab | Procedures / Processes |
| Not able to discharge ALC LTC patients from therapy; lengthy time to get approved as ALC | Procedures / Processes |
| Other Non-patient care duties take time (presenting at orientation day, committees, staff meetings, completing statistics, professional practice duties, mandatory education, etc.) | Procedures / Processes |
| Other patient related duties take time (patient rounds, providing stroke education, discharge planning, bullet rounds, making referrals, updating physicians) | Procedures / Processes |

| | |
|---|---|
| Documentation time - charting at College and hospital standard, ADP authorizations, assessment reports, completing RM&Rs, etc. | Procedures / Processes |
| Documentation time - double documenting in multiple locations | Procedures / Processes |
| Family meetings / conferences | Procedures / Processes |
| Complicated discharge planning | Procedures / Processes |
| Completing FIM assessments | Procedures / Processes |
| Disturbances during therapy (e.g. code white, dog visits, etc.) | Procedures / Processes |
| Food service arrives during therapy session | Procedures / Processes |
| No / Limited / Inefficient portering system; therapy staff needing to porter patients to and from therapy | Procedures / Processes |
| Fast patient discharges (difficult to complete assessment, referrals, equipment, meetings on time; completed at the expense of other patients' RI time) | Procedures / Processes |
| Need more structure for patient therapy times / no therapy schedule | Procedures / Processes |
| Patient schedule not followed - patient with other therapist or busy doing something else when therapist arrives for schedule therapy time | Procedures / Processes |
| Limited optimal therapy time (e.g. mid-morning, mid-afternoon) and therapists competing for optimal time | Procedures / Processes |
| Difficulty coordinating between therapy disciplines | Procedures / Processes |
| Therapists not aware of how much Rehab Intensity time has been spent with other disciplines | Procedures / Processes |
| Resource for OT/PT doesn't increase when SLP not treating (no SLP goals) | Procedures / Processes |
| Lack of schedule coordination and communication amongst therapists and between therapists and nursing | Procedures / Processes |
| Difficult to keep on schedule when staffing levels and meetings change daily / not coordinated | Procedures / Processes |
| Need to schedule rest times | Procedures / Processes |
| Need to schedule co-treatment times | Procedures / Processes |
| Patients off unit for tests / procedures during therapy time | Procedures / Processes |
| Infection control procedures add time / patient not able to attend therapy in gym due to infection control | Procedures / Processes |
| Patients not ready (washed, toileted, dressed, meds given, in-wheelchair, etc.) for schedule therapy time | Procedures / Processes |
| Therapeutic nursing ADLs take much patient time and energy | Procedures / Processes |
| Scheduling RI time plus time for recreation therapy, patient education, etc. | Procedures / Processes |
| Time spent in setup for therapy (e.g. cognitive therapy …) | Procedures / Processes |
| Patients not ready due to breakfast late | Procedures / Processes |
| Time calling porters for transport | Procedures / Processes |
| Rounds running long cutting into therapy time | Procedures / Processes |
| Patient attending Friday morning church (or other non-therapeutic scheduled activity) | Procedures / Processes |
| Not making use of all potential RI times (e.g. walking to therapy gym, dining room, etc.) | Procedures / Processes |
| Some therapy procedures take a lot of time (e.g. VFSS aka MBS) | Procedures / Processes |

| | |
|---|---|
| Knowledge gaps of staff regarding rehab intensity - is every applicable minute being counted? | Procedures / Processes |
| Rehab nursing processes not in place | Procedures / Processes |
| Time spent finding charts | Procedures / Processes |
| Patients may require 2 staff for assessment / treatment | Providers / Staff |
| Some therapists (e.g. SLPs) responsible for other units | Providers / Staff |
| Staffing not sufficient to support RI - FTEs not at recommended levels of 1:6 OT/PT and 1:12 SLP dedicated to stroke rehab | Providers / Staff |
| Staffing not sufficient to support RI - not enough rehab assistants (OTA, PTA, CDA) | Providers / Staff |
| Staffing - no or limited weekend staffing | Providers / Staff |
| Staffing - no or limited coverage for illness, vacation, statutory holidays | Providers / Staff |
| Staffing - use of consultation model (therapists assess and assistants provide therapy) | Providers / Staff |
| Education needs of staff - knowledge of stroke recovery | Providers / Staff |
| Education needs of staff - interprofessional team - understanding importance of all disciplines on therapy team | Providers / Staff |
| Education needs of staff - rehab process | Providers / Staff |
| Education needs of staff - develop stroke expertise, knowledge of best practice (for professional staff and assistants) | Providers / Staff |
| Education needs of new staff to unit | Providers / Staff |
| Students - time to teach, mentor, provide feedback, evaluate (particularly during start of placement) | Providers / Staff |
| Inflexibility of schedule to return later for more therapy or provide multiple therapy sessions in one day | Providers / Staff |
| Staffing: nursing workload | Providers / Staff |
| Lack of volunteer availability | Providers / Staff |
| Staff schedules are limited to Monday to Friday (or Thursday …) and 8:00am to 4:00pm | Providers / Staff |
| Rehab staff assigned work of other roles (unit staff, manager, etc.) | Providers / Staff |
| Resistance to change - continue historical routines and expectations | Providers / Staff |
| Recruiting and delays in hiring by human resources | Providers / Staff |