



Ideas to improve Rehabilitation Intensity: What are other Organizations Doing?

Problem: Not enough therapists/assistants

Addition of therapist, therapist assistant FTEs – more clinicians see fewer patients for more time

Problem: Waiting for therapy space/equipment

Additional therapy space / equipment

Problem: Competing patient populations (non-stroke)

Redesign service delivery model

- Stroke cohort - group patients to ensure stroke has consistent therapy provided by a dedicated team
- greater use of assistants and groups on orthopedic and restorative services

Problem: Our model uses groups which can't be counted for RI

When using groups ensure rehabilitation intensity time is built in and captured when appropriate (i.e. when one-on-one time occurs within a group setting and it meets the RI definition)

More individualized therapy vs group therapy

Change from group therapy to circuit therapy

Problem: Patients aren't ready for therapy

Increased therapy presence during morning routines and ADL activities – e.g. Identify clients who would benefit from therapeutic interventions related to morning care routines and have OTs and RAs see these patients for morning care rather than nursing.

Make as many daily activities as possible therapeutic

Problem: We miss reporting RI time because we don't track in a timely way; not sure of what can be included in RI

Improve tracking of RI minutes

Use of RI Quiz to ensure good understanding of what can be recorded as RI time

Use FAQ document when we have a question about RI; contact CESN rehab coordinator with questions

Problem: We don't know how we are doing in a timely way

Weekly RI data reports to front-line

Review quarterly RI reports provided by CESN rehab coordinator

Problem: No portering of patients is available. It takes a lot of time to bring patients to the therapy space

Therapy space closer to unit

Use portering time as therapeutic time

- SLP walking patient to therapy spending the time conversing, cueing and prompting the patient

- Assistant counting portering time as walking program

Problem: Scheduling of patients isn't easy; I don't know what the other therapists are doing and who I need to provide additional RI to; I plan my schedule for patients each day but they are often delayed with another therapist

Morning huddles to enhance coordination of patients' schedules

Shift in therapy schedules with some starting earlier (e.g. to assist with ADLs) and others ending day later

Collaboratively develop individual care plans – dividing the 180 minutes across OT/PT/SLP

- Patient A has more cognitive issues therefore more time with OT
- Patient B has more speech issues therefore more time with SLP

Develop routine therapy schedules

- Walking program for each patient everyday for 10 minutes
- ADL training program everyday for 15 minutes

Problem: Patient is off-unit at therapy time

Schedule time to reduce times when patient off unit / saves time looking for patient

Therapy schedule on patients' whiteboards

Communication board for patients and therapists to track rehab time

Problem: Our complex patients can't participate for 180 minutes a day.

Have increased activity tolerance as a patient goal

Break up time during day – e.g. if goal is for therapist to see for 90 minutes then divide into two or three sessions

Provide with multiple short treatments e.g. 15 to 20 minute increments, throughout the day.

Provide therapy closer to the patient, e.g. at bedside, for at least one session per day

Couple therapy with ADL treatments with a goal to improve activity tolerance gradually

Problem: No one is available to see patients on the weekends

Weekend staffing

Problem: Too many non-patient care activities (meetings, etc.) which take time away from RI

Less time in rounds, more time in therapy

Look for waste and inefficiencies.

Problems: Patients refuse therapy because of mood

Consistent early screening of depression/mood with early identification and initiation of treatment – to address potential for non-participation

WHAT ARE YOUR IDEAS?