Southwestern Ontario Stroke Rehabilitation
Action Planning Day
November 28, 2006

Executive Summary

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The Southwestern Ontario Stroke Strategy

The goal of the Stroke Strategy is to decrease the incidence of stroke and improve patient care and outcomes for persons who experience stroke, by reorganizing stroke care delivery - ensuring all Ontarians have access to appropriate, quality stroke care in a timely manner.

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Executive Summary

Call to Action
Stroke is the leading cause of adult disability in Canada. Approximately 85% of stroke survivors experience difficulty performing activities of daily living. Stroke is also the leading diagnosis for admission to Long Term Care Homes from hospital and stroke survivors account for 22% of LTC residents; the cost of which is estimated at over $600 million per year in Canada.

The provision of high quality stroke rehabilitation is known to reduce disability, prevent institutionalization, and decrease morbidity and mortality by 63% for individuals affected by stroke.

Specialized interdisciplinary stroke rehabilitation care, properly resourced, has been estimated to reduce hospital length of stay by 10 days, result in 38% fewer discharges to LTC and generate an estimated direct cost savings to the health care system of $5.9 billion over 20 years. Yet in Ontario only 24% of all acute stroke survivors access inpatient rehabilitation programs, and even fewer access community (max 14.5 % SWO, CCAC) or ambulatory rehabilitation services.

The data from Southwestern Ontario (SWO) raises concerns that patients in rural and smaller centres have less access to rehabilitation (range 0-39%) and that even when patients are admitted to stroke rehabilitation units, the therapist to patient ratios are too low for an adequate stroke rehabilitation therapeutic environment (interdisciplinary team members lacking; or ratios ranging from 1:7-1:332). There are dramatic differences in stroke rehabilitation care depending on where one is living at the time of the stroke.

Despite the strong body of evidence supporting the effectiveness of stroke rehabilitation, stroke survivors in SWO do not consistently benefit from a well-organized, well-designed, high quality system providing effective stroke rehabilitation.

The ideal stroke rehabilitation system combines initial rehabilitation assessment within 24-48 hours, early aggressive admission to organized inpatient stroke rehabilitation units providing high intensity, specialized interdisciplinary care and comprehensive community rehabilitation services for early supported discharge.

There are not only potential cost savings for the system as a whole, but also the quality of life of stroke survivors and their families will improve as stroke survivors achieve higher levels of independence.

Action Planning Day

To address the tremendous variation in access to best practice stroke rehabilitation in the region, the Southwestern Ontario Stroke Strategy led the Stroke Rehabilitation Action Planning Day with the purpose of generating consensus on strategic directions for moving stroke rehabilitation towards best practice for Southwestern Ontario.

On November 28, 2006, 72 stakeholders came together to identify initiatives that will be first steps in moving stroke rehabilitation toward best practice in the region. Stakeholder groups representing all the counties in SWO, and champions from across the continuum of care,
participated in this planning day. Participants included: senior leadership, clinicians, rehabilitation program managers, District Stroke Coordinators, CCAC representatives, private community therapy providers, and representatives from the Erie St Clair and South West LHINs.

Their challenge was to generate ideas about how to improve the system for stroke rehabilitation - both changes within existing resources and changes to existing resources/systems.

"The Action Planning Day was successful in that it assembled partners committed to improvements in public education, stroke prevention and stroke therapy. Stroke management benefits from regional collaboration and participant willingness to share ideas, resources and organizational talents was clearly evident. When this level of cooperation occurs, clients and their families are clearly the beneficiaries."

Ken Tremblay, CEO, Chatham Kent Health Alliance

Planning Day Objectives:

1. Achieve a common understanding of the current state and initiatives in stroke rehabilitation
2. Respond to opportunities related to provincial and national consensus panel work
3. Identify 3 initiatives to move stroke rehabilitation towards its vision for Southwest and create working groups that will undertake the initiatives
4. Use a project model that will focus on local projects/pilots with potential for regional application

Process:

The model used for the day was one of appreciative inquiry - directing participants to identify and build on local and regional strengths. An underlying assumption for the workshop was to use the Canadian Best Practice Recommendations for Stroke Care: 2006 as a standard.

Included in these guidelines are the following best practices for stroke rehabilitation:

1. All patients with stroke who are admitted to hospital who require rehabilitation should be treated in a rehabilitation stroke unit by an interdisciplinary team.
2. Stroke rehabilitation should begin as early as possible.
3. Patients should receive intensive, planned interdisciplinary care provided by stroke rehabilitation experts.
4. Early supported discharge services should be provided by well resourced, coordinated specialist interdisciplinary teams.

Prework:

A planning group compiled a list of 29 needs identified by key stakeholders as actionable gaps in the system for stroke rehabilitation. Participants completed a survey prior to the Planning Day to establish priorities.
Outcomes:

There was a high level of energy and enthusiasm as ideas about what would be required to bring about the desired changes were generated. A brief summary of some of the key discussion points and conclusions follow:

**Best Practice: Organized Stroke Rehabilitation Units**
Evidence shows that specialized and clustered stroke rehabilitation units enhance the effectiveness of care.

**SWO Reality:**
- no rehabilitation hospital beds in Bruce, Huron and Oxford Counties
- no regional plan based on population or need
- only two stroke rehabilitation units (London, Windsor) and one integrated stroke unit (Chatham)
- a number of centres in Southwest do not have the critical mass (minimum 8 beds) to provide best practice stroke rehabilitation services

“The response to an Evidence-Based approach to transforming the Stroke Rehabilitation system was positive and enthusiastic; there is clearly a great deal of interest in doing what we do better to the benefit of our patients.”

Dr. Robert Teasell, Chair-Chief and Professor of the Department of Physical Medicine and Rehabilitation, Schulich School of Medicine, University of Western Ontario

**Strategic Priority**
⇒ Create a regional plan for designated inpatient stroke rehabilitation beds based on population need, evidence and best practices.

**Benefits**
- equitable access to best practice stroke care for all residents of SWO
- improved functional outcomes; more discharges home with reduced long term reliance on the health care system
- decreased length of stay; both acute care and rehabilitation
- reduction in mortality
- centres of excellence will provide enhanced, efficient expert care

**Best Practice: Timely Access to Inpatient Stroke Rehabilitation**
Evidence indicates that the greatest benefits provided by inpatient stroke rehabilitation units are derived from early admission of moderate and severe stroke survivors (FIM scores 40-80)

**SWO Reality:**
- not all stroke patients in SWO access inpatient stroke rehabilitation: range 0% to 39%
- significant delays post onset stroke until admission to inpatient rehabilitation varying from 10 to 38 days
- no standard exists for admission to inpatient rehabilitation services based on need or functional score
- primarily higher functioning clients are being admitted to inpatient rehabilitation in SWO (FIM scores 63.3-80.8); limiting access for those more severely affected
- high numbers of stroke survivors are admitted to LTC Homes immediately following acute stroke (up to 23.7%)
Strategic Priority
⇒ Create an access plan and navigation system for all residents of Southwestern Ontario ensuring timely access to best practice stroke rehabilitation

Benefits:
- equitable, timely access to best practice stroke care for all residents of SWO
- improved system navigation, seamless care
- increased discharges home and decreased admissions to LTC Homes

Strategic Priority
⇒ Standardize assessment and triage criteria for equitable, timely access to designated inpatient stroke rehabilitation beds

Benefits:
- right service, right place, right time, right provider

Strategic Priority
⇒ Determine the demand for stroke rehabilitation services for severe stroke in the region

Benefits:
- access for severe stroke survivors to evidence based care
- increased discharges home
- decreased admissions to LTC Homes
- integrated continuum of care for adults with complex needs

Best Practice: Interdisciplinary Team Expert in Post Stroke Care
Evidence indicates that greater intensities of rehabilitation therapies by specialist providers result in better outcomes

SWO Reality:
- absence of core interdisciplinary team members in some inpatient rehabilitation programs
- tremendous variation in therapy staff ratios in designated inpatient rehabilitation programs (e.g. OT range 1:7 to 1:148 FTE per bed covered)
- intensity of rehabilitation services in some programs inadequate to achieve outcomes identified by best practices

Strategic Priority
⇒ Create staffing guidelines for inpatient stroke rehabilitation programs based on evidence and best practice.

Benefits:
- equitable access to interdisciplinary teams
- standards of care
- improved functional outcomes
- attract professional staff

Best Practice: Comprehensive Community Stroke Rehabilitation Services
Evidence indicates that stroke survivors with mild physical deficits benefit equally from specialized community rehabilitation compared to inpatient services, thereby reducing hospital
length of stay. Specialized community stroke rehabilitation services are also known to reduce admissions to LTC Homes from hospital and hospital readmissions post discharge.

**SWO Reality:**

**Ambulatory Services**
- not available in some communities
- limited access, not comprehensive, wait times (up to 10 months), time limited
- lack of expertise

**CCAC Services**
- some counties offer consultation/teaching only, not therapeutic rehabilitation services
- service provision ranges from 4.6% to 14.5% post-stroke on discharge from acute care
- over 54% of clients in Lambton and Bruce counties are discharged home post acute stroke with no CCAC services
- self identified lack of expertise
- lack comprehensive interdisciplinary team care

**Strategic Priority**

⇒ Create a regional plan for adequate ambulatory and community rehabilitation services post-stroke to ensure an efficient rehabilitation system

**Benefits**
- earlier discharge from inpatient settings
- reduced dependence on hospital services
- more efficient, cost effective rehabilitation system
- improved functional outcomes; more discharges home with reduced long term reliance on the health care system
- chronic disease management model; retaining people in community

**Strategic Priorities Going Forward:**

Six strategic priorities were identified, rather than 3, from all the potential actionable gaps. All attracted significant support as foundational actions necessary for stroke rehabilitation to achieve best practice. The interaction and integration of all the strategic priorities were noted as essential components of an effective and efficient system. Potential for collapsing the initiatives is apparent and will be addressed.

**In order of priority:**

1. Create a regional plan for adequate ambulatory and community rehabilitation services post-stroke to ensure an efficient rehabilitation system
2. Create an access plan and navigation system for all residents of Southwestern Ontario ensuring timely access to best practice stroke rehabilitation
3. Create a regional plan for designated inpatient stroke rehabilitation beds based on population need, evidence and best practices.
4. Standardize assessment and triage criteria for equitable, timely access to designated inpatient stroke rehabilitation beds
5. Create staffing guidelines for inpatient stroke rehabilitation programs based on evidence and best practice.
6. Determine the demand for stroke rehabilitation services for severe stroke in the region
Participants at the Action Planning Day volunteered to continue work on the initiatives by joining project teams.

LHIN representatives highlighted some of the achievements at the end of the day:

- Participants overwhelmingly agreed on the need for a coordinated system approach to stroke rehabilitation with built-in strategies for navigation.
- There were many good ideas for doing things differently to make the system more efficient and effective.
- “Become part of us” - there is great potential for a working relationship within the LHIN.

“Networks such as the Stroke Network lend horizontal system integration opportunities that parallel our LHIN objectives.”

Paul Brown, Integration Consultant, Erie St. Clair Health Integration Network

Next Steps:

- Project teams to meet to refine action plans and begin to identify areas for common action.
- Continue to work with the LHINs to implement an effective, coordinated stroke rehabilitation system.
- Participate on Southwest LHIN Rehabilitation Priority Action Team. Consider stroke rehabilitation a “Quick Start”.
- Continue to support Erie St Clair LHIN Rehabilitation Network, aligning activities and building on collaboration.
- Continue to bring forward leveraging opportunities and share experiences from across the province as part of the Ontario Stroke System, through our connection with the LHIN CEO designate.
- Advocate for policy and system change that will support best practice stroke rehabilitation.
- Highlight the current state of stroke rehabilitation in the Stroke Evaluation Advisory Committee Report.
- Participate in the Regional Consultation of the Provincial Consensus Panel being held February 5, 2007 and incorporate resulting outcomes relevant to Southwestern Ontario.

“By identifying current issues and trends, sharing accomplishments, prioritizing needs and creating action plans, we have committed to system improvement. Integration and collaboration across two Local Health Integration Networks generates the momentum to deliver this change.”

Nancy Snobelen, Program Director of Rehabilitation and Continuing Care, Chatham Kent Health Alliance
From Evidence to Practice

There is a substantial body of evidence available for us to draw upon in our vision to create an effective system for stroke rehabilitation in Southwestern Ontario. We know what works!

There exists tremendous potential for greater effectiveness, more equitable access, and greater efficiencies. Now is the time to examine our current system and build on it.

Our challenge was to identify ways to improve the system for stroke rehabilitation – both within existing resources and changes to existing resources/systems that would move stroke rehabilitation towards best practice. The majority of the strategic priorities identified: regional planning, clustering of stroke beds, the creation of a navigation system, implementing the use of standardized assessment, identifying needs for severe stroke and the creation of staffing guidelines are all improvements that can be carried out within existing resources. Much of this foundational work will ultimately contribute to directing needed changes to existing resources. All have the potential to significantly improve the system for stroke rehabilitation in Southwestern Ontario.

The participants at the Action Planning Day exhibited the energy, enthusiasm and motivation to undertake this ambitious task. More than 30 of the participants volunteered to continue work on the initiatives by joining the project teams. “We need to … make this happen!”

82% indicated confidence that we have identified initiatives that will improve the status of stroke rehabilitation in SWO. “Good start to a very challenging task!”

In Conclusion:

We are confident that as key decision makers and leaders of SWO health service agencies, together with our LHIN partners, we have the vision and momentum it takes to create an effective, efficient, sustainable stroke rehabilitation system that will meet the needs of our aging population.

We believe we can create a new future for residents of Southwestern Ontario recovering from stroke.

“Great ‘meeting of the minds’ from across the region so that we could see the big picture. The Action Planning Day allowed participants to prioritize known gaps in the rehabilitation continuum from inpatient bed allocation to access to outpatient & community services. It allowed members to envision (and plan to move toward) next steps - and people were optimistic that change could occur with the LHIN system.”

Dr Nathania Liem, Medical Director, Regional Rehabilitation Program, Windsor Regional Hospital
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