University of Alberta Faculty of Medicine & Dentistry, Department of Medicine
Alberta Health Services
Covenant Health
Strategic Clinical Improvement Committee
Partnerships in Action

Grey Nuns Community Hospital: Improving Collaboration and Access to Rehabilitation for Stroke Patients

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Define Opportunity

Background, Problem Statement and Goal Statement: Access to rehabilitation services for victims of acute stroke varies greatly across Canada. Within the Edmonton Zone, significant variability exists regarding access to physicians with expertise in stroke rehabilitation. Physiatrists from the Glenrose Rehabilitation Hospital (GRH) stroke program provide acute care consultations for stroke rehabilitation, and access to the GRH tertiary in-patient stroke rehabilitation service is dependent on this assessment. Although formal admission criteria for the GRH stroke in-patient program exists, the process for initiating a formal assessment can be variable and inconsistent. All of the aforementioned leads to significant variability for the stroke patient in terms of when formal requests for physiatry consultation is initiated, or if it is requested at all. A need was identified to review the criteria and process for initiating assessment by a physiatrist, and to reduce the variability of consult requests and timing in order to improve patient access to tertiary rehabilitation services.

Problem Statement: March 2017 and prior - The monthly number of GNCH Unit 52 stroke patients admitted and requesting formal assessment for tertiary stroke rehabilitation at GRH is variable. There is no standard physiatrist schedule, and the acute care team can be unclear as to when to consult. This may impact early treatment of post-stroke complications, access/participation in rehabilitation, patient outcomes.

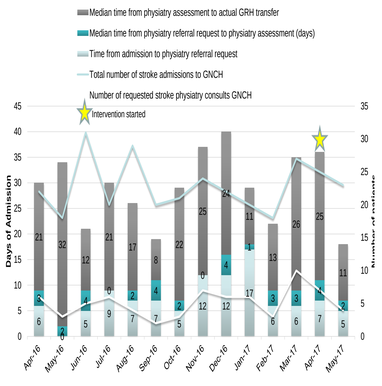
Aim Statements: July 31, 2017

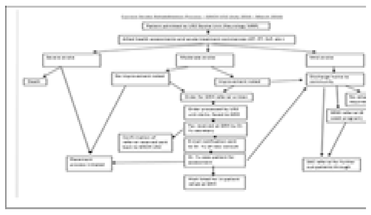
***Objective 1*:** Improve communication between acute care multidisciplinary rehab team and stroke physiatrist for earlier recognition and intervention of post-stroke complications (e.g. spasticity, hemiplegic shoulder pain), in order to facilitate patient participation in rehabilitation and team-based transparent decision making for access to stroke rehabilitation.

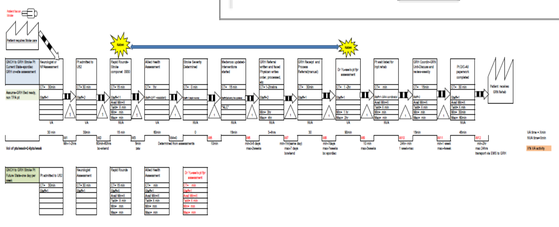
***Objective 2*:** Increase (25%) the monthly proportion (Number of patients seen/total volume of patients in one month) of acute stroke patients' formal rehabilitation assessment completed by physiatrist. Decrease variability in consult requests and timing.

Build Understanding

Process Assessment: Project team developed a SIPOC, process and value stream map (VSM) to determine the cycle time associated with each process step identifying areas for improvement. Along with reviewing Stroke data





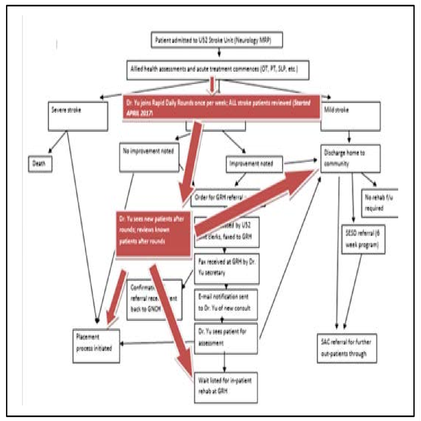


Act to Improve

***Improvement Selection and Implementation Plan*-**Time frame: April 1-July 1, 2017

Consultant physiatrist attends the GNCH Unit 52 regularly scheduled unit Rapid Rounds Stroke patient discussion on a weekly basis (every Tuesday).

- Physiatrist no longer waits for a formal consultation request to attend the site, regardless of the number of pending consultation requests.
- Can discuss cases without formal consultation, thus assisting the acute care team in making appropriate treatment and care plan decisions.



Strengths in care planning	
Pre-intervention	Post-intervention
-Great interdisciplinary team (both pre and post) -Already rehabbing patients to the point they would return home rather than going to GRH rehab -Worked hard to make safe discharge plans for patients	-Better communication with GRH team -Suggestions from physiatrist help with direction -Increase Team work
Barriers to care planning	
Pre-intervention	Post-intervention
-Having consult requests seen in timely manner -Wait times for programming -Understanding criteria for GRH or other program -Processing times for financial/legal applications -Uncertainty as to when to consult	-Access to SESD -Glenrose vs Ponoka; difficult to initiate discharge planning prior to rehab Systemic issues – wait times, AISH, CPP-D

Reinforce Ownership, Measurement, & Continuous Improvement:

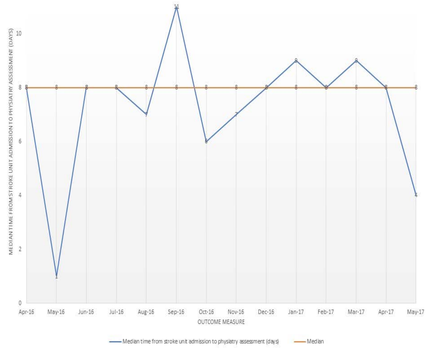
Changes to date have included additional physiatry resources: 1 – UAH, SCH; 1 – RAH, GNCH (as of July 2016); 1 – MCH (as of March 2017). However, the process of initiating physiatry consultation and the resulting variable patient assessment timing remains unchanged

Next steps:

-Continue to measure outcomes and monitor for sustained change through seasonal variations in stroke volume

-Share learnings with larger Edmonton Zone Stroke program, open communication with other sites

-Potential to replicate model at other sites, but need to respect unique culture of each location in doing so



Sustain Results

Manage Change

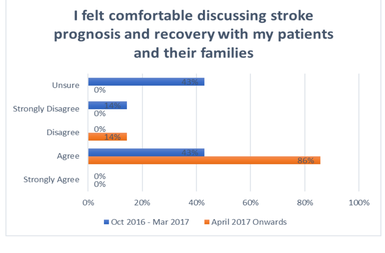
Collaboration & Communication Strategies:

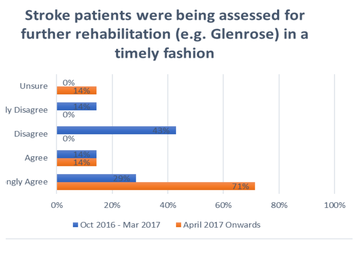
-GNCH and GRH operational and Stroke medical leader's 1:1 meetings along with meetings with the EZ stroke program manager ensuring collaboration involved all salient stakeholders.

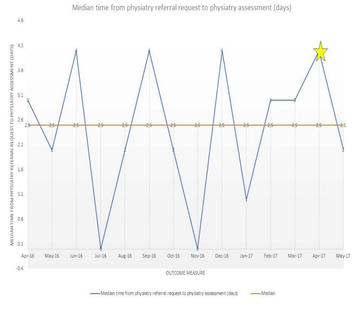
-Care providers provided the process insight and local data via one meeting to develop the project process maps

-Physiatrist communicated directly with the care team

Care provider survey results







Share Learning

Lessons Learned:

- Project team member-"*Rehabilitation is not a location, it is a step in the Stroke Patient journey!*"
- Better informed health providers lead to better informed patients and families.
- Perceptions are as important as facts and numbers, and can improve collaboration and communication amongst team members and patients.

Quotes from Neurologists:

- *"Education that you bring to the therapists has improved their ability to provide stroke rehabilitation prior to patients going to the Glenrose Hospital."*
- *"[Able to provide] therapeutic interventions such as corticosteroid injections, initiation or steroids for CRPS, identifying spasticity that requires treatment."*
- *"We use your expertise when we're having family discussions in regards to ultimate disposition and rehab potential, even though you do not need to be there for these meetings."*