

Stroke Rehabilitation Intensity in Inpatient Rehabilitation: What is included?

Learning Module & Quiz
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This provincial resource was developed by the Ontario Regional Stroke Networks Rehabilitation Coordinators Group for stroke inpatient rehabilitation programs that report to the National Rehabilitation Reporting System. To ensure consistency, any changes to this resource must be reviewed and approved by this group prior to its dissemination and utilization. To contact this group, please contact CorHealth Ontario at service@corhealthontario.ca.

What is Rehabilitation Intensity?

- The amount of time the patient spends in individual, goal-directed therapy, focused on physical, functional, cognitive, perceptual, communicative and social goals to maximize the patient's recovery. It is time that a patient is engaged in active face-to-face treatment which is monitored or guided by a therapist.
- This individualized therapy can be provided by core therapies occupational therapy, physiotherapy, and speech-language pathology.
- ALL Rehabilitation Intensity minutes provided by therapists and therapist assistants should be included in data entry.
 - Up to 33% of a patient's total Rehabilitation Intensity time can be provided by an occupational therapist assistant*/ physiotherapist assistant*/communicative disorders assistant.
 - **Regardless of the proportion, staff should not adjust minutes at the time of data entry.**

* Dual trained occupational therapist assistants and physiotherapist assistants may be referred to as "rehabilitation assistants" in some organizations.

This definition was developed through literature review, expert consensus, and stakeholder engagement by the Stroke Reference Group, and was approved by CorHealth Ontario; this definition was later revised by the Ontario Regional Stroke Networks Rehabilitation Coordinators Group to include the term 'communicative'.

Experts say...

- A minimum of 3 hours of direct task-specific therapy per patient per day should be provided by the core therapies occupational therapy, physiotherapy, and speech-language pathology, for at least 6 days a week (Ontario Stroke Network Stroke Reference Group, 2012).
- Core therapies are more sensitive to intensity: Daily therapy time by occupational therapist, physiotherapist, speech-language pathologist, was significantly correlated with gains in ADLs, cognition, mobility & overall functional improvement (Wang et al., 2013)
- Higher intensity therapy is associated with better outcomes and reduced length of stay (Jette et al., 2005)
- More therapy means better outcomes: There was a significant relationship between therapeutic duration and functional outcomes – significantly better for those receiving 3 to 3.5 hours of therapy per day (Wang et al., 2013)

Why is Rehabilitation Intensity important?

- Quality-Based Procedures: Clinical Handbook for Stroke includes Rehabilitation Intensity:
 - as a recommended best practice, and
 - as a recommended performance indicator of appropriate stroke rehabilitation (Quality-Based Procedures: Clinical Handbook for Stroke, Health Quality Ontario & Ministry of Health and Long-Term Care, 2016)
- For more information, please click the below links:

Click here to view
Canadian Stroke Best Practice
Recommendations
<http://www.strokebestpractices.ca/>

Click here to view
Quality-Based Procedures
http://health.gov.on.ca/en/pro/programs/ecfa/docs/qbp_stroke.pdf

Key Rehabilitation Intensity Elements

- For the National Rehabilitation Reporting System (NRS) data collection, “Rehabilitation Time” is the total time in minutes the patient spent in direct/active therapy with a therapist or therapist assistant over the patient’s active rehabilitation length of stay (ALOS)^a.
- Rehabilitation time data is collected for therapies provided by an occupational therapist (OT), physiotherapist (PT), speech-language pathologist (S-LP), occupational therapist assistant (OTA), physiotherapist assistant (PTA), and communicative disorders assistant (CDA).
- Face-to-face treatment provided by an OT, PT, S-LP, OTA, PTA, and CDA.
- Documentation of time (in minutes) from the patient perspective.

^a “Active Rehabilitation Length of Stay — The number of days between the date on which the client is admitted to the rehabilitation facility and the date on which the client is ready to be discharged from the rehabilitation facility. Any days on which the client could not participate in the rehabilitation program due to a health reason are excluded from the calculation (see Service Interruption)”. NRS eReports: Report Interpretation Guidelines, March 2017 (page 112). Retrieved from <https://www.cihi.ca/en/nrs-ereports-manual-2017-en-web.pdf>

Key Rehabilitation Intensity Elements (continued)

- Does not include group therapy^b
 - Co-treatment time is split between the treating therapists
 - Collaborative treatment time, with a therapist and therapist assistant, is collected by the therapist
 - If a therapy student or therapist assistant student provides therapy according to the rehabilitation intensity definition, the time can be captured under PT, OT, SLP or respective assistant categories as appropriate.
 - If one core therapy is not required, then more time is required in the other core therapies to achieve 3 hours of intensive therapy per patient per day over the ALOS.
 - Direct therapy refers to individual, face-to-face treatment that is guided or monitored by the therapist for the purposes of achieving therapy goals and maximizing recovery within an individualized treatment plan.
- ^b Some activities during the group therapy may include one-on-one, face-to-face sessions with one of the core therapies. When that happens, only the time that aligns with the Rehabilitation Intensity definition would be considered Rehabilitation Intensity.

Adjuncts to Rehabilitation Intensity

- Stroke best practices suggest that all patients should receive rehabilitation therapy within an active and complex stimulating environment^c.
- Adjuncts to the 3 hours of core therapy include: nursing, recreation therapy, social work, group therapy, volunteer programs, independent practice etc.
- Other disciplines and programming play an integral role in the rehabilitation environment and can contribute significantly to patient recovery. However, the time provided by these other rehabilitation activities is not included in the rehabilitation time data collection and requires more research.

^c Hebert D, Teasell R, on behalf of the Stroke Rehabilitation Writing Group. Stroke Rehabilitation Module 2015. In Lindsay MP, Gubitz G, Bayley M, and Smith EE (Editors) on behalf of the Canadian Stroke Best Practices and Advisory Committee. Canadian Stroke Best Practice Recommendations, 2015; Ottawa, Ontario Canada: Heart and Stroke Foundation; retrieved from www.strokebestpractices.ca.

How can I tell if it is Rehabilitation Intensity?

Guiding questions to determine if your activity is included in Rehabilitation Intensity measurement:

1. Was I assessing, monitoring, guiding or treating the patient face-to-face?
2. Was my activity with the patient one-on-one*?
3. Was the patient actively engaged in the activity throughout the session?
4. Were the therapy activities helping the patient achieve his/her goal(s) and maximize his/her recovery?

* *with the exception of co-treatment/collaborative treatment*

- If the answers to all questions are YES, include the activity in Rehabilitation Intensity measurement.
- If the answer to any question is NO, do not include the activity in Rehabilitation Intensity measurement.

Click on the image below to download the Ontario Regional Stroke Networks Rehabilitation Coordinators Group Stroke Rehabilitation Intensity Pocket Cards

STROKE REHAB INTENSITY

Definition: "The amount of time the patient spends in individual, goal-directed therapy, focused on physical, functional, cognitive, perceptual, communicative and social goals to maximize the patient's recovery, over a seven day/week period. It is time that a **patient** is engaged in active face-to-face treatment, which is monitored or guided by a therapist."

*The rehabilitation intensity definition was developed and approved by the Ontario Stroke Network Stroke Reference Group in 2012. This definition was later revised by the Ontario Regional Stroke Networks Rehabilitation Coordinators Group in 2018.

STROKE REHAB INTENSITY

Guiding questions to determine if your activity is included in Rehabilitation Intensity (RI) measurement:

1. Was I assessing, monitoring, guiding or treating the patient face-to-face?
2. Was my activity with the patient one-on-one*?
3. Was the patient actively engaged in the activity throughout the session?
4. Were the therapy activities helping the patient achieve his/her goal(s) and maximize his/her recovery?

If the answer to all questions is YES, include the activity in RI measurement.

If the answer to any question is NO, do not include the activity in RI measurement.

*with the exception of co-treatment/collaborative treatment

Rehabilitation Intensity Quiz

- It is now time to complete your Rehabilitation Intensity quiz.
- Remember to write down your score at the end of the quiz.

The following short forms will be used throughout the quiz:

- occupational therapist (OT)
- physiotherapist (PT)
- speech-language pathologist (S-LP)
- occupational therapist assistant (OTA)
- physiotherapist assistant (PTA)
- communicative disorders assistant (CDA)

Please read before attempting the quiz

The quiz you are about to take provides scenarios involving a variety of disciplines to demonstrate unique aspects of the rehabilitation intensity definition. **Regardless of the discipline highlighted in the example, the definition and concepts of rehabilitation intensity illustrated in the scenarios (e.g. collaborative treatment, co-treatment, students, group therapy etc.) apply across all core therapies.** If you are a rehabilitation therapist or therapist assistant, the concepts highlighted in every question applies to your practice.

Start the quiz by pasting: <https://www.surveymonkey.com/r/RehabIntensityQuiz> into your browser.

