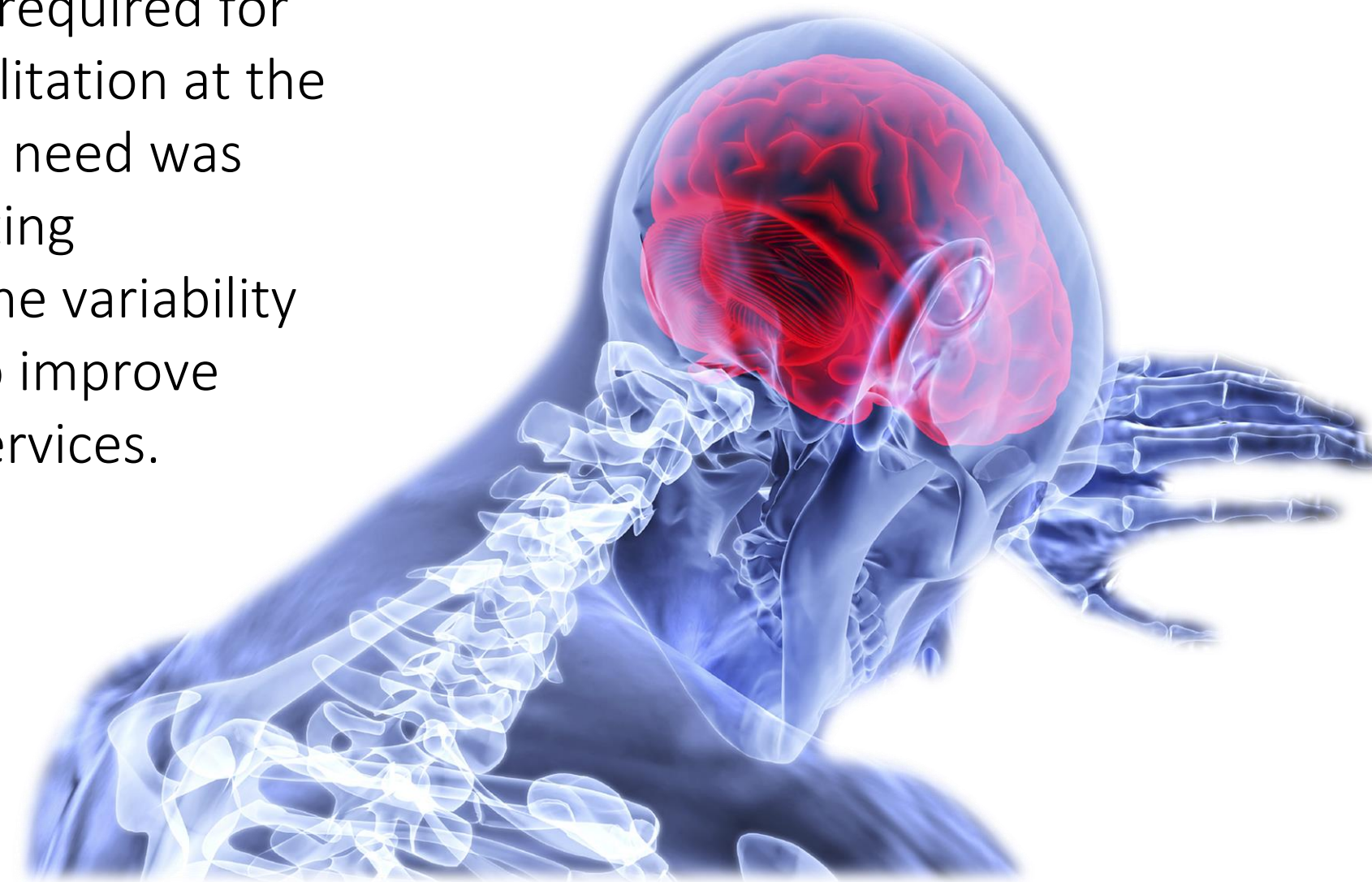


BACKGROUND and PURPOSE

Within Alberta Health Services - Edmonton Zone, significant variability exists regarding access to physicians with expertise in stroke rehabilitation (physiatrists). Assessment by physiatry is required for access to tertiary in-patient stroke rehabilitation at the Glenrose Rehabilitation Hospital (GRH). A need was identified to review the process for initiating assessment by physiatry, and to reduce the variability of consult requests and timing in order to improve patient access to tertiary rehabilitation services.

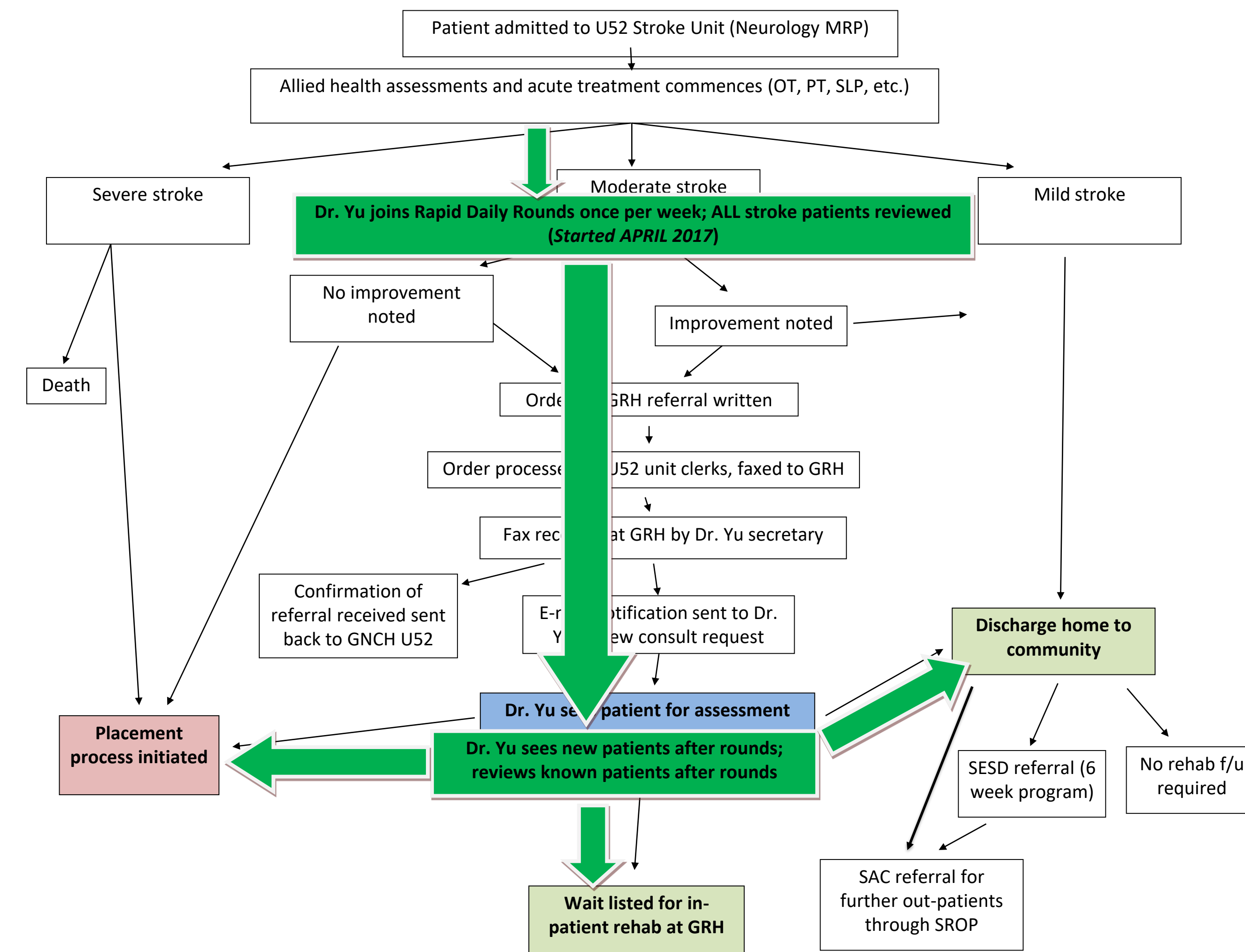


METHODS

The quality intervention initiated was changing the consultant physiatrist model from reactively attending consultation requests as they came in, to proactively attending acute care Stroke Unit rounds on a weekly basis, beginning in April 2017.

Stroke Unit staff were surveyed to measure perceptions regarding this change.

Cycle time measures were used to measure changes in assessment times, transfer times, and overall length of stay.



Results

The staff survey yielded a 70% response rate. A significant increase was noted in staff confidence to discuss stroke prognosis and recovery with patients and families. Staff perception of timeliness of physiatry assessment also improved markedly. Furthermore, the median proportion of stroke patients being assessed by physiatry almost doubled, from 17% to 32%, without jeopardizing the time from admission to patients being seen (8.5 days pre, 7.5 days post).

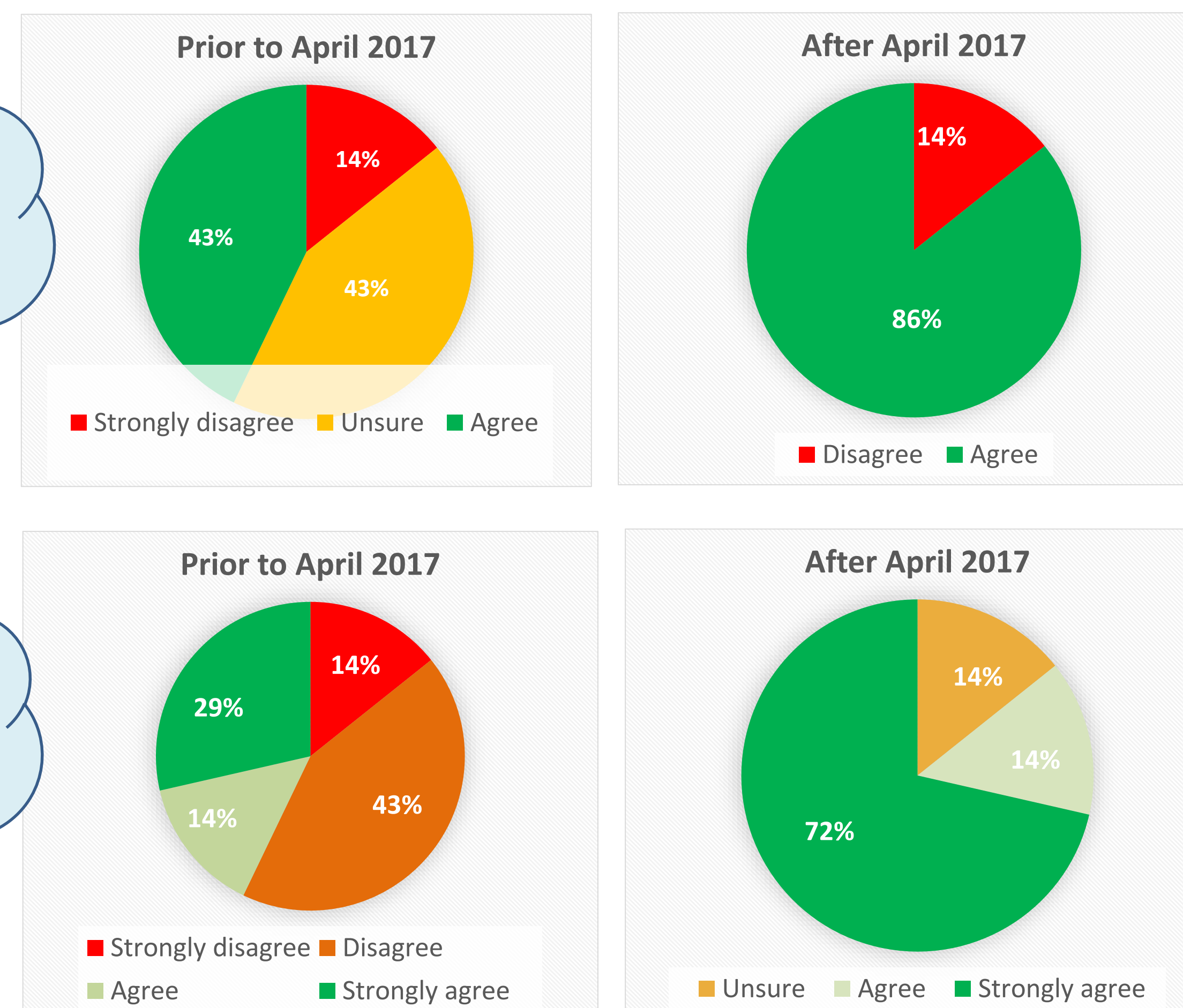


"I feel comfortable discussing stroke prognosis and recovery with my patients and their families."

"Stroke patients are being assessed for further rehabilitation (e.g. Glenrose) in a timely fashion."

I do think we have better communication with the GRH team - our patients are being consulted, accepted and transferred more quickly. Suggestions from the Physiatrist help our rehab and nursing get the patients to where they need to be with stroke care. There is better communication on the potential day of acceptance to GRH.

Dr. Yu attending rapid rounds is extremely helpful in care of patients. She provides us with information of what targets to focus on with patients to prepare for further rehab. She is very efficient and thorough in her assessments and always communicates her assessment with teams. The picture of their ongoing rehab is clear and helpful to team and especially to patients and families.

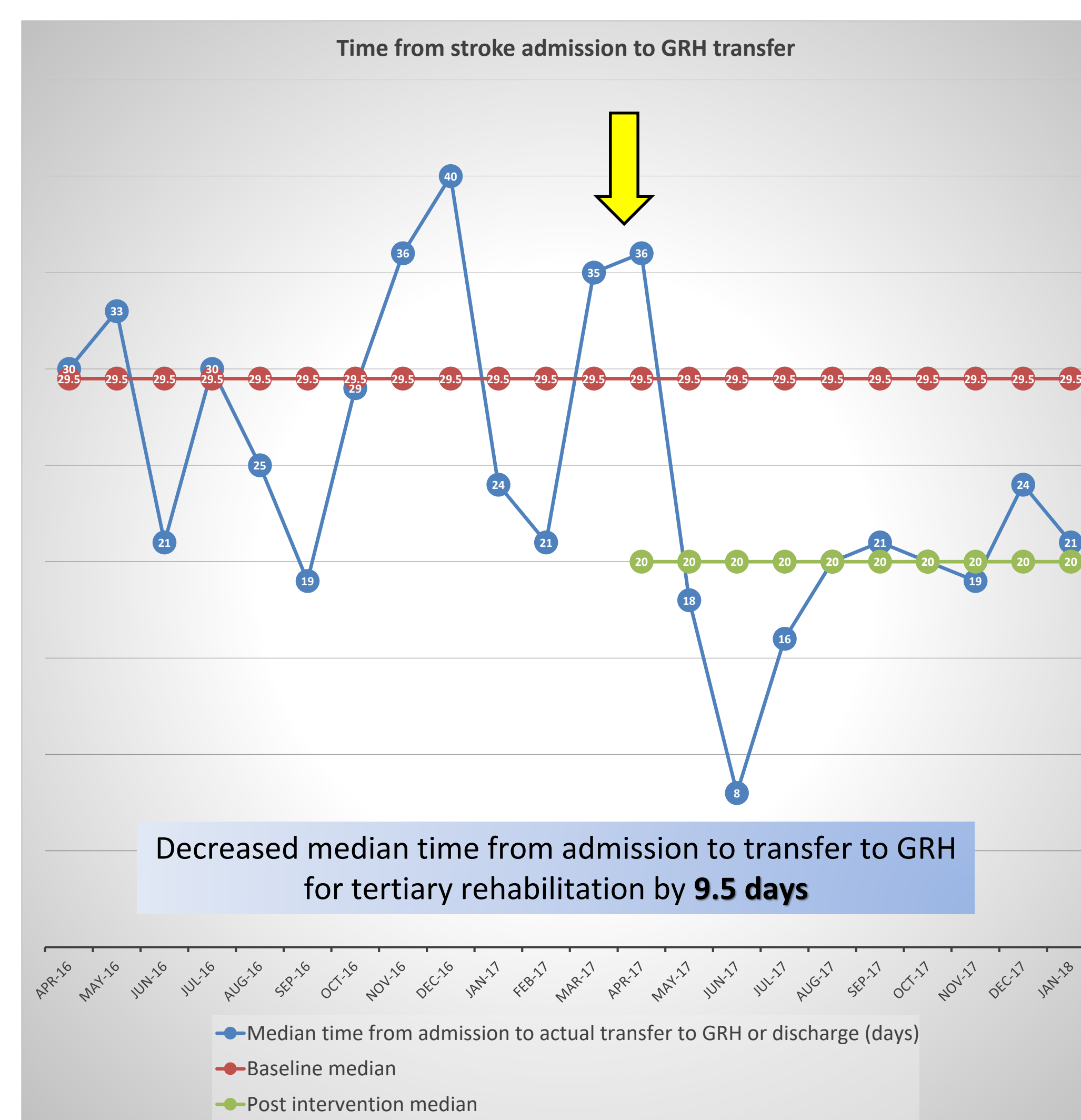
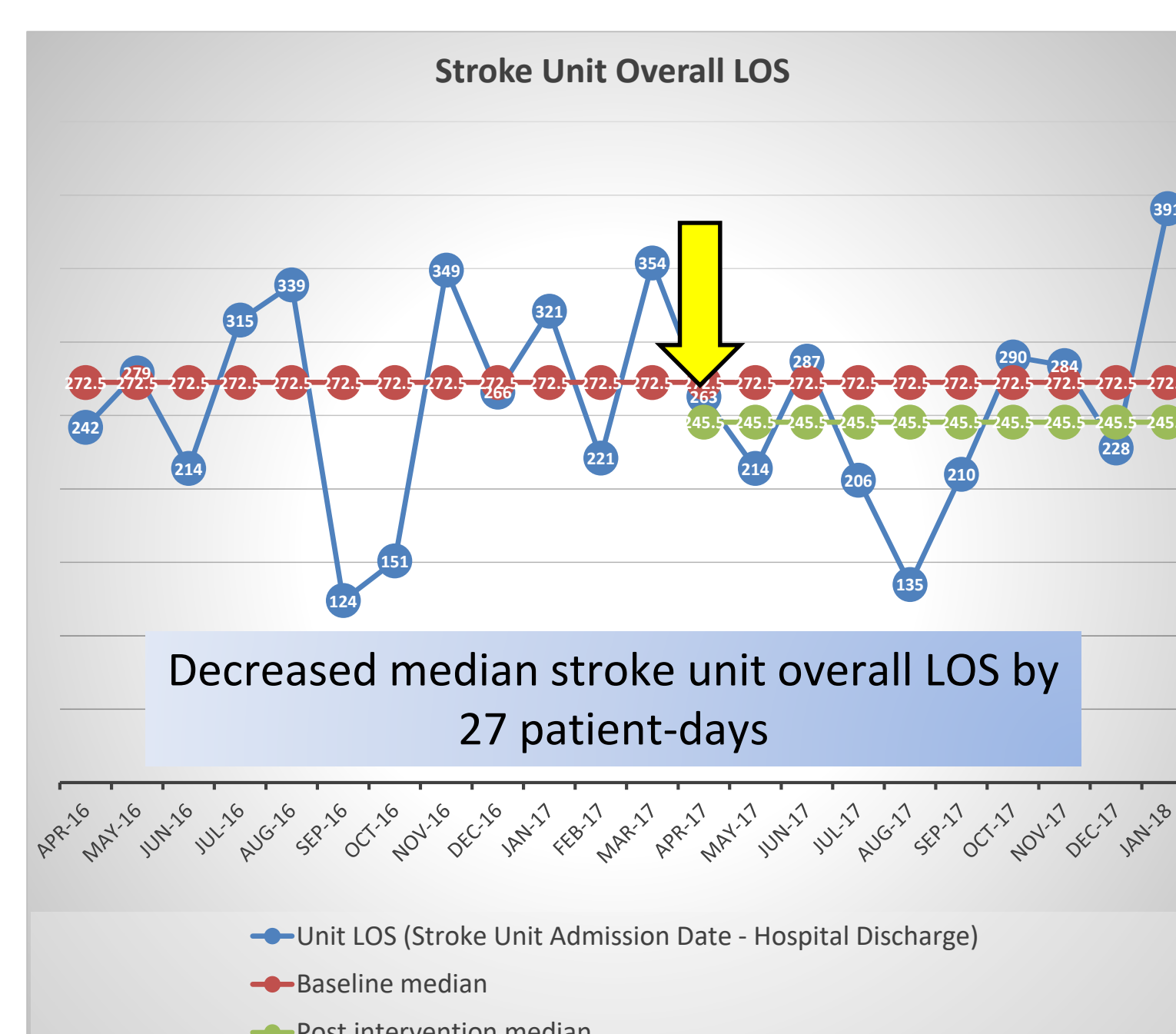
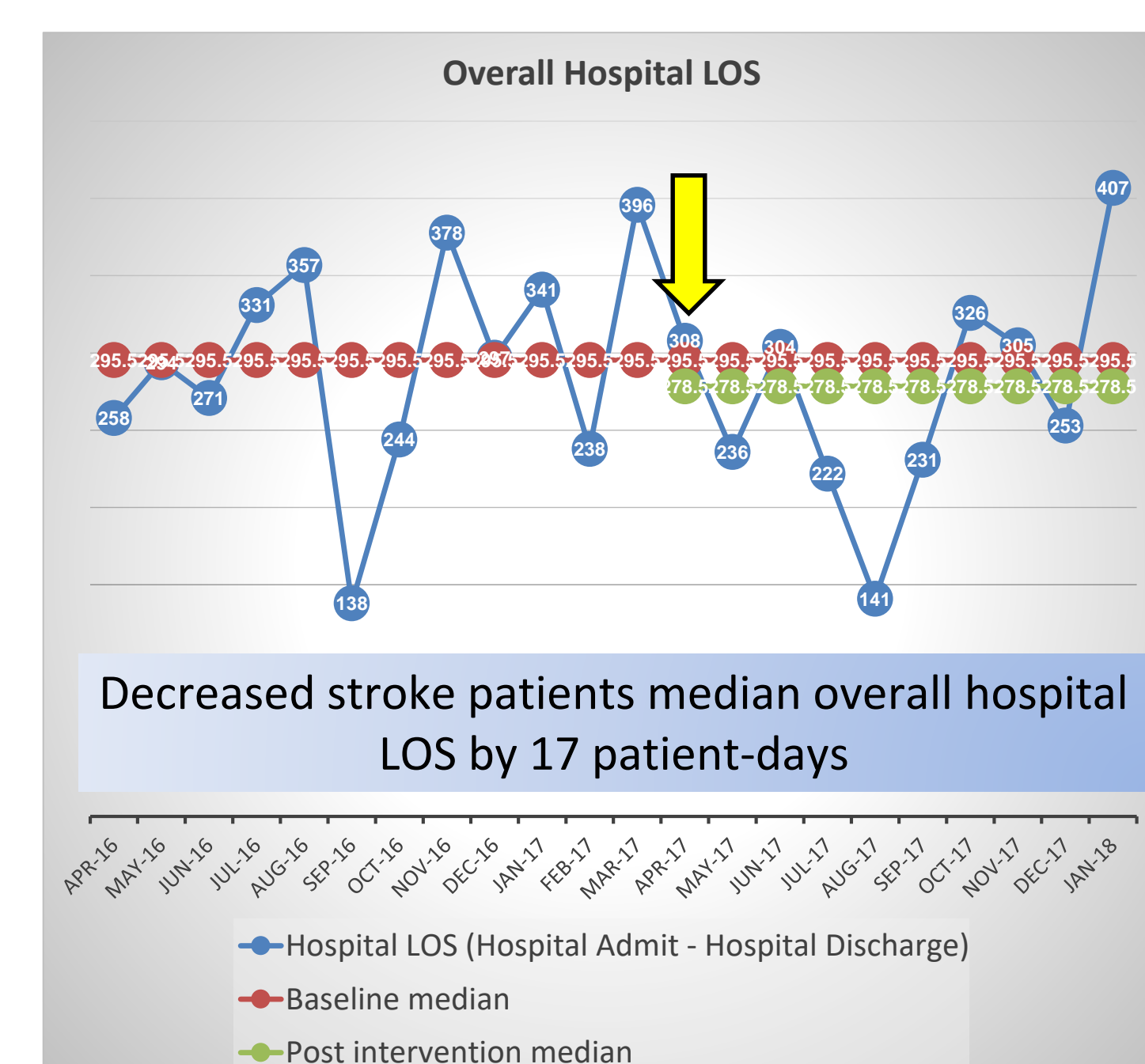


The IMPACT

- A conversation can go a long way to build trust, improve knowledge and skills, promote true collaboration, and improve satisfaction (*acute care team and consultant physiatrist*)
- Simple changes can have large impacts
- Rehabilitation needs to be considered as a continuum of care, and involving medical expertise in stroke rehabilitation early is beneficial for the system and for the individual stroke patient

LESSONS LEARNED/The FUTURE

- Grey Nuns Hospital provided a unique location – self-contained stroke unit, all patients cohorted, only 1 acute care team to round with
- Would like to consider expanding this initiative to other sites within Edmonton Zone, but physician manpower and cohorting of patients in other hospitals remain challenges
- The Grey Nuns site continues with this model and it has remained sustainable since implementation for the consultant physiatrist; next steps may be to involve more physicians to add redundancy to the system



ACKNOWLEDGEMENTS

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A most sincere thank you to all of the staff at Grey Nuns Hospital Unit 52 for their ongoing dedication to the stroke patients under their care, and for their commitment to collaborative patient-centered care.

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