

ABSTRACT ID: 6

PODIUM PRESENTATION

STROKE THERAPY AMALGAMATING RESEARCH-BASED TREATMENTS; THE S.T.A.R.T. PROGRAM - UNITING SCIENCE WITH HUMANISM

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PURPOSE: To evaluate effectiveness of stroke rehabilitation for geriatric stroke survivors through innovative approaches within Long Term Care Home. **RELEVANCE:** The S.T.A.R.T. project relates to the Best practice guidelines for stroke care provision stating that access to the appropriate intensity of rehabilitation services shall be ensured and available to stroke survivors throughout the continuum of care. The 2006 evaluation findings by Ontario Stroke System reflect that, overall, there are alarming variations in survivors' access to rehabilitation across the province. Provincial CIHI acute and rehab data indicate that only 24% of stroke survivors had access to inpatient stroke rehabilitation beds. This project evaluates effectiveness of the stroke rehab for geriatric stroke survivors and provides practical solutions on how to improve stroke rehabilitation within Long Term Care Homes. **METHODS:** The S.T.A.R.T. Program was created by application of latest research findings in stroke rehabilitation namely: S.C.O.R.E. (Stroke Canada Optimization of Rehabilitation through Evidence) and Constraint Induced (CI) therapy model and uniting them with ecological approach to patient care based on recognition of distinct uniqueness of each stroke survivor in their surroundings. Geriatric Stroke Survivors admitted into LTCH were assessed with use of the FIM instrument (CIHI granted permission for the LTCH to use the FIM tool) Intensity of the treatment was increased by applying therapeutic approach to stroke survivors by all involved multidisciplinary team members in a proportion of time ratio spend by each member with stroke survivor. **RESULTS:** The S.T.A.R.T. project demonstrated marked improvements in FIM scores of geriatric stroke survivors receiving treatment in LTCH. The project also resulted in increased intensity of the therapy delivered to CVA survivors. **CONCLUSIONS:** Geriatric Stroke Survivors can benefit from organized stroke rehab within LTC health sector. Implementation of stroke rehabilitation is essential in ensuring continuum of care and secondary stroke prevention.

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PODIUM PRESENTATION

CONCEALED ALLOCATION: AN UNDER-REPORTED AND MISUNDERSTOOD COMPONENT OF TRIAL METHODOLOGY IN STROKE REHABILITATION.

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PURPOSE: Several studies have shown that the rigour of randomized designs is greatly reduced without concealed allocation (CA) to groups. CA is maintained using a variety of techniques to ensure the original randomization schedule is followed with all patients. **METHODS:** We assessed how CA was reported in a random sample of 50 randomized controlled trials (RCTs) of therapeutic interventions of stroke rehabilitation published after the release of the CONSORT guidelines (1996). The RCTs (25 pharmacological and 25 non-pharmacological) were selected from a database of 313 studies. An operational definition of CA was derived a priori, using established criteria. **RESULTS:** A mechanism to ensure adequacy of CA was reported in only 14 (28%) of trials. Details of CA were not mentioned in 27 (54%) of trials and ambiguously reported in 5 (20%). **CONCLUSIONS:** Although concealment of group allocation is an important feature of trial design, it is inadequately reported and often confused with randomization and blinding of outcome assessment.

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PODIUM PRESENTATION

PATIENT-REPORTED OUTCOMES: QUALITY INDICATORS OF CARE PLANS FOR JOINT REPLACEMENT

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PURPOSE: To determine if WOMAC pain and function outcomes and patient satisfaction are maintained after the institution of a new standardized care pathway for patients undergoing primary hip or knee replacement (TJA). **RELEVANCE:** Care pathways have the potential to enhance system efficiencies and increase capacity **HYPOTHESIS:** Outcomes will be maintained. **SUBJECTS:** 349 (73%) of those accrued to the evaluation (mean age 69, 222 females) completed 3 month follow-up. **METHODS AND MATERIALS:** Subjects were recruited to the evaluation pre-surgery completing the WOMAC. Follow-up WOMAC and satisfaction questionnaires were completed 3 months later. Length of stay (LOS) in each care sector was tracked against bench marks of minimum 50% discharged home with 7 post surgery therapy visits or an inpatient rehab stay of 7 days. The sample of 500 ensured that the 99% confidence interval (CI) of the mean for each of WOMAC pain and function would be within 2 and 5 points respectively of the results of a randomized trial where TJA patients received home-based or inpatient rehabilitation. **ANALYSIS:** Descriptive statistics were calculated for LOS and patient outcomes. **RESULTS:** Over 50% were discharged to home rehabilitation. LOS targets were met with the exception of inpatient rehabilitation (40%). Those discharged home had mean pain and physical scores of 82.7 and 78.7% (where high scores are better pain relief and function) and those receiving inpatient rehab had pain and function scores of 78.6 and 72.4%. These values are within our a priori CI for outcome. Approximately, 5% of participants had a medical or surgical complication which is within the rates reported in the literature. 13% reported dissatisfaction with rehabilitation planning and care. **CONCLUSIONS:** This model of care achieved the goals of increasing the proportion of people discharged home following TJA and decreased rehabilitation LOS with increased system capacity for rehabilitation. The patient outcomes are maintained.

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PODIUM PRESENTATION

DEPRESSION AMONG CANADIANS WITH ARTHRITIS OR RHEUMATISM

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Fuller-Thomson, E., University of Toronto.

PURPOSE: To compare and contrast depressed and non-depressed individuals with Arthritis or Rheumatism in a large, national Canadian sample. **RELEVANCE:** Depression among Arthritic individuals is associated with lower quality of life, increased risk of suicide, lower medical compliance and greater reliance on the health care system. Practitioners will be able to use our findings to improve targeting and screening efforts to identify and treat or refer their most vulnerable Arthritic clients. **HYPOTHESIS:** Depression is correlated with a range of demographic (e.g. gender, age), physical health (e.g. ADL limitations, pain) and psychosocial characteristics (e.g. social support, self-esteem). **SUBJECTS:** The sample was comprised of 24,511 Canadians who reported they had been diagnosed with arthritis or rheumatism by a health professional. **METHODS AND MATERIALS:** The nationally representative Canadian Community Health Survey 2000-2001 (CCHS) had a response rate of 84.7%, which resulted in a final sample of 130, 880 respondents. Respondents were diagnosed as depressed using a subset of items from the Composite International Diagnostic Interview (CIDI). **ANALYSIS:** Chi-square tests, independent t-tests and logistic regression analysis were conducted with depression as the outcome. **RESULTS:** One in 10 Canadians with Arthritis has clinically relevant levels of depression. Depression rates were significantly higher among females, the unmarried, younger, and poorer individuals ($p < .01$). Individuals in pain, with limitations in ADLs or IADLs, with less social support and with alcohol dependency were vulnerable to depression ($p < .01$). Less than half of the depressed individuals had consulted a mental health professional and one-third were receiving anti-depressants. One in five depressed Arthritic individuals had been suicidal in the past year. **CONCLUSIONS:** The majority of depressed arthritic individuals were not receiving treatment for depression. Clients should be screened for depression and suicidal ideation, particularly if they fall into the above identified vulnerable groups.

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PODIUM PRESENTATION

PROMOTING PATIENT- CENTERED CARE THROUGH GOAL SETTING IN SPINAL REHABILITATION

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PURPOSE: Providing patient focussed care is at the forefront of the Spinal Cord Rehabilitation Program (SCRIP). The purpose of implementing a goal setting process is to enhance interprofessional collaboration in setting patient identified goals that promote maximum abilities and integration into the community. **RELEVANCE:** Goal setting is consistent with evolving health care delivery practices and is supported in current literature in rehabilitation. The process enables mutual direction of rehabilitation by the team and patient and promotes patient understanding and active participation in rehabilitation, recognizing the patient as an expert in their care. **DESCRIPTION:** A consistent process was developed and is applied to all patients. This includes setting patient centered goals, creating participation statements and ranking satisfaction. This process is achieved by educating staff, creating tools to assist patients in identifying goals, and centering communication around patient goals to facilitate interprofessional, collaborative practice. **OBSERVATION/DISCUSSION:** This process has facilitated a shift from discipline specific to interprofessional, patient centered thinking and practice. Initial staff observations include increased focus and efficiency in team communication, shared recognition of realistic outcomes, and greater patient ability to recognize their role as the expert in the rehabilitation process. **CONCLUSIONS:** The literature supports goal setting as an important means of enabling patient centered care and participation in rehabilitation. Formal communication and team interaction with patients, centered on their goals, is ongoing throughout their rehabilitation. This enables each patient to realize their role as an expert in their care. The process implemented promotes clear, focussed communication and collaborative practice among the interprofessional team. Future research within the SCRIP will focus on the measurement of the success of this delivery model, and determine its potential applicability to other similar settings.

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PODIUM PRESENTATION

THE DEVELOPMENT AND IMPLEMENTATION OF AN E-PATH FOR TOTAL JOINT REPLACEMENTS (TJR) ACROSS THE CARE CONTINUUM

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Purpose:

The presentation will showcase a unique and innovative initiative for integrating a TJR case path into an online documentation system – the E-Path. Standardized case paths now form the foundation of the point of care documentation system for allied and nursing staff in the rehabilitation unit.

Relevance:

In April 2005, the MoHLTC sponsored the Total Joint Network (TJN) in Toronto to move forward with an integrated model of care in order to reduce overall LOS and, in essence, create capacity to ensure that elective joint surgery wait times are significantly reduced. In addition, the project required the implementation of best practices across the continuum.

Description:

In the project, a multidisciplinary expert user group was utilized to liaise with Clinical Informatics to create an online version of the TJN Case Paths. Such complete integration immediately moved the implementation of best practice to the bedside. Nursing and Allied staff document against a prescribed set of best practice interventions.

Observation/Discussion:

In this presentation, the authors will discuss the numerous challenges faced during the development and implementation phase. It was evident that full integration required a common vision and significant commitment from all stakeholders to standardize best practice.

Conclusion:

The implementation of an E-path has resulted in a significant change in the philosophy of care – something not anticipated. The online documentation system shifted from a task oriented system to a patient focused and outcome oriented system that can be used as a template for other patient populations.

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PODIUM PRESENTATION

**OPTIMIZING OUTCOMES: THE HUMAN FACTOR IN TRANSITIONING TO
INPATIENT REHABILITATION**

Covey, R.*; Robertson, J.*; Roque, M.*; Shaw, J.; Wheable, E.; Andrews, E.; Paul, S. Trillium Health Centre

PURPOSE: To support a person's access to the right inpatient rehab unit from acute care, in a timely way using a patient-centred approach. **RELEVANCE:** The process and tools for a referral to rehab, including the interaction between the patient, the acute care team and the other rehab clinical leaders facilitate a positive transition to rehab and successful outcome. **DESCRIPTION:** In addition to the use of a Rehab Readiness Assessment Tool (RRAT) and a newly developed rehab admission order set, the Rehab clinical leaders have developed a process for reviewing referrals, making decisions and coordinating care for each rehab patient. The human factor is a key component in the transition to rehab. Rehab clinical leaders meet and assess each patient, discuss his/her goals and explain the rehab program. The outcome can include acceptance to rehab, recommendation to an alternate rehab unit, or recommendations to enable to patient to become ready for rehab. **OBSERVATION/DISCUSSION:** The use of the RRAT ensures that most referrals to rehab are appropriate and supports the efficient use of the clinical leaders' time. A face-to-face meeting enhances the clinical leaders' ability to make decisions incorporating personal and family needs and preferences, and to be flexible between rehab units to support earlier access to rehab. It also improves the patient's experience of this transition. The referral process supports patients receiving the appropriate intensity of rehab, and likely helps them to reach their goals more quickly and enhances outcomes, as evidenced by the CIHI-NRS results. **CONCLUSIONS:** The combination of the RRAT and the clinical leader's interaction with the patient and the team enables the person to get to the right rehab program and maximizes his/her potential. Suggestions for future work include advocacy to balance patient-centred care with the system capacity pressures, and mentoring other rehab staff to be assessors.

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PODIUM PRESENTATION

MENTORSHIP: MAXIMIZING NEW GRADUATES' POTENTIAL IN COMMUNITY PRACTICE

Greenspoon, I.* COTA Health; Lucki, C. *COTA Health; Yu, B. *COTA Health

PURPOSE: With the shift in the health care environment to increased community care, a growing number of new graduates are being recruited to work in the community. A mentoring program was developed at this organization to support new graduates' professional development in community practice. **RELEVANCE:** Community practice has unique requirements which include working independently, seeking out support and feedback (often informally), self-directed learning and organizing one's practice. This mentoring program presentation will provide information to other rehabilitation professionals and community organizations about the needs of the new graduate, aspects of mentoring and benefits and challenges of such a program. **DESCRIPTION:** The mentoring program began with the recognition of the need to provide more support to new graduates. A formal mentoring matching program was developed which included mentor orientation and training. Information packages were provided to both mentors and mentees. Both completed evaluation forms at the end of the formal mentoring period. In addition, other mentoring opportunities were identified and offered including individual and/or group sessions with clinical training and development specialists. **OBSERVATION/DISCUSSION:** Using qualitative evaluation, 93% of respondents indicated an 80% or greater satisfaction rating of this program. Benefits to mentees included improved knowledge, skills and attitudes. Both mentors and mentees demonstrated increased confidence. Group and individual mentoring sessions had both benefits and challenges. **CONCLUSIONS:** This program has had a positive impact on recruitment and retention at this rehabilitation community organization. New graduates have reported that the mentoring program has been influential in their decision to remain in community practice.

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PODIUM PRESENTATION

**SUCCESSFUL APPLICATION OF A CARDIAC REHABILITATION MODEL IN
DIABETES MELLITUS**

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PURPOSE/RELEVANCE: Individuals with Type 2 diabetes mellitus (T2DM) have low fitness and elevated risk for cardiovascular disease. Endurance and resistance training improve fitness and glycemic control but physical activity is adopted only sporadically. We felt that development of a formal exercise program patterned after a cardiac rehab model could address this gap. **DESCRIPTION:** 385 men and women (mean age 56, 56% women) were included in this analysis. After an initial cardiopulmonary exercise assessment, subjects were prescribed walking 3-5 days/week at 50-85% heart rate reserve for 20-60 minutes per session plus resistance training. Fasting blood glucose (FBG), hemoglobin A1C, LDL HDL, VO₂peak and body composition (BMI, % body fat (BF), waist circumference) were measured pre- and post-six months training. Changes were examined with Student's paired t-tests and ANOVA. Data are presented as means ± s.d. **OBSERVATION:** Average walking increased from 1.1 miles/22 mins at baseline to 2.2 miles/39 mins at 6 mos. Following training, fitness improved (pre: 18.1 ± 0.4 ml·kg⁻¹·min⁻¹; post: 20.5 ± 0.6 ml·kg⁻¹·min⁻¹; p < 0.001). BMI, %BF, and waist improved (BMI: pre: 32.0 ± 6 kg/m²; post: 31.6 ± 6; p < 0.001; %BF: 35.6 ± 9.7; post: 34.4 ± 0.9; p < 0.001; Waist: pre: 103 ± 1.3 cm; post: 101 ± 1.3 cm; p < 0.001). LDL fell (pre: 2.84 ± 1.04; 3 mos: 2.57 ± 0.79; 6 mos: 2.47 ± 0.78; p=0.03), whereas HDL remained high (pre: 1.20 ± 0.35; post: 1.31 ± 0.39; p=N.S.). FBG and A1C improved (FBG: pre: 8.1 mmol/l ± 3.0; 3 mos: 7.4 ± 2.0; post: 7.0 ± 1.8; p=0.02; A1C: pre: 7.3 ± 1.5; 3 mos: 6.8 ± 1.3, post: 6.6 ± 0.8 ; p = 0.002). Changes were consistent with literature reports. **CONCLUSION:** A structured exercise program patterned after a cardiac rehab model is effective in DM.

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PODIUM PRESENTATION

**QUALITY IMPROVEMENT USING RESIDENT ASSESSMENT INSTRUMENT:
PHASE I: PROCESS STANDARDIZATION**

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PURPOSE: To standardize interdisciplinary data entry process for Resident Assessment Instrument (RAI) in complex continuing care (CCC). To standardize reporting and dissemination of quality indicators to the care team. To utilize RAI, an evidence based instrument for quality improvement. **RELEVANCE:** RAI is an assessment mandated by the Government for CCC clients. Accurate data is critical to produce valid and reliable reports which support the care team in decision making. Clear identification of accountability and a standardized process ensure consistency and accuracy of data entry. A standardized process to prepare/review quality indicator reports enables planning of quality improvement. **DESCRIPTION:** Existing client assessment processes which included the generation of assessment schedules, data entry, documentation practices, reporting and dissemination of quality indicators were reviewed. A survey of interdisciplinary assessors was conducted and a quality improvement process was initiated based on the results of the review and the survey. Three areas of improvement were identified: technology, practice and process. The outcomes included standardization of assessment process, automated generation of assessment schedules, designation of quality indicators performance leaders, standardized quality reporting and dissemination processes and changes in documentation practice. **OBSERVATION/DISCUSSION:** Principles of program evaluation and continuous quality improvement were used in the process review while involvement of stakeholders ensured positive outcomes and sustainability of implementation. Results of a pilot study showed improved consistency and accuracy of data entry with improved documentation. This led to an interdisciplinary care enhancement initiative which improved client and caregiver outcomes. **CONCLUSIONS:** Changes in the RAI process through standardization of assessment and dissemination of quality indicator reports, clarification of accountability of team members and enhanced documentation resulted in accurate measurement of client complexity and quality of care. Team decisions were enhanced by the availability of valid and reliable quality reports. Benchmarking is planned to provide additional information on care team performance.

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PODIUM PRESENTATION

**CARDIAC PATIENTS' PSYCHOSOCIAL NEEDS AND IMPLICATIONS FOR
CARDIAC REHAB PROGRAMS AND CACR GUIDELINES**

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RESEARCH QUESTION: There are no published studies on the profile of psychosocial difficulties among cardiac rehabilitation patients, and therefore no empirical basis to determine service provision priorities. **RELEVANCE:** The range and frequency of health, psychological and psychiatric conditions provide a basis for program managers to plan services. **SAMPLE:** Study sample were referred for psychological assessment by rehabilitation Supervisors when patients failed to meet rehabilitation prescriptions, or had significant distress: 118 patients were referred (87 men and 31 women). **DATA COLLECTION AND ANALYSIS:** Each file was reviewed for health diagnoses, chief complaints and psychiatric diagnosis. **FINDINGS:** Health diagnoses: 90% had a cardiac event as a primary diagnosis. Co-morbid chronic conditions included stroke (23%), diabetes (19%), and psychiatric history (15%); 15% with co-morbid acute angina. Psychological presentation: Anxiety, depression, interpersonal problems and sleep accounted for 86% of primary presentations. Combined primary and secondary presentations totals were: stress, anger and anxiety (43%), family and relationship problems (40%), depression (36%), chronic stress (25%), sleep problems (20%), behaviour and lifestyle concerns (9%), and smoking or substances (6%). Psychiatric diagnoses: Frequencies of psychiatric diagnoses: Depression (34%), Anxiety (33%), Sleep (19%), Adjustment disorder (14%); 4% no diagnosis. 22% referred for psychiatric co-management. 50% reported persistent psychosocial stressors (dysfunctional marriages, problems with adult children, conflictual family relationships, work stress). **DISCUSSION:** Implications for Best Practices: 1) Routinely screen for chronic co-morbid illnesses, depression, anxiety, and sleep disorders 2) A third of patients, diagnosed with Adjustment or Sleep Disorder, can best be treated by targeting specific treatment needs in a group format, focusing on stress reduction and self-management of chronic health problems, 3) High prevalence of interpersonal conflicts suggests that psychosocial factors are pervasive and important to the broader task of helping patients rehabilitate from their medical condition. Limitations are reviewed, and implications for the Canadian Association of Cardiac Rehabilitation Guidelines will be discussed.

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PODIUM PRESENTATION

**RESULTS OF THE COMMUNITY BASED DEVELOPMENTAL TEAM (CBDT)
DEMONSTRATION PROJECT**

*Maheu, J., Bloorview Kids Rehab Collaboration involving Bloorview Kids Rehab, St. Joseph's Health Centre, Toronto East General Hospital and Toronto Preschool Speech and Language Services, under the direction of the Child Development Implementation Committee of the Child Health Network for the GTA. Funded by the Primary Health Care Transition Fund (PHCTF)

PURPOSE: To develop/evaluate two community based, family centred, interdisciplinary, developmental diagnostic teams for preschool children identified with complex developmental disorders; to enhance integration of services within existing community services; to implement a "best practices" service model based on the Regional Preschool Child Development Model; and to establish a network of community based developmental services for children in collaboration with Regional Children's Health Centres (RCHC). Teams funded by the PHCTF from January 2004 to September 2006. **RELEVANCE:** Project facilitated growth, coordination and integration of the child development system across the GTA and is assisting in the development and adoption of a comprehensive model of child development services. Based on the number of referrals received, there is a quantifiable sense of the demand for child development services within targeted communities. **DESCRIPTION:** Using a Logic Model, the CBDTs employed both process and outcome evaluation methods. A database was developed to collect information regarding workload, utilization, diagnosis, referral patterns and referral to community resources. Used standardized survey tools (MPOC-20 and Impact on Family Scale) to obtain family feedback prior to assessment and/or after follow up. Developed and used feedback questionnaires to obtain feedback from community providers and referral sources. **OBSERVATION / DISCUSSION:** Results support the need for CBDTs within targeted communities. Teams received 52% more referrals than the clinics' capacity. MPOC-20 results exceeded CanChild performance targets. Impact on Family Scale results suggest that families experience high levels of stress particularly in areas of financial and mastery domains. There was a statistically significant reduction in financial stress/burden post follow-up appointment. Community providers and referral sources commented that the CBDTs improved the continuum of care and agreed 9100%) that the clinics should be a permanent service. **CONCLUSION:** Partnership was an effective collaboration. Bloorview Kids Rehab received short term funding to operate teams as satellites of Bloorview.

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PODIUM PRESENTATION

**PATIENT PARTICIPATION IN REHABILITATION TREATMENTS: AN OVERVIEW
AND SYSTEMATIC REVIEW**

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RESEARCH QUESTION: What strategies have been developed to quantify patient participation in rehabilitation programs? Have clinical tools been created to measure these strategies and subsequently validated? **RELEVANCE:** Active patient participation is an integral value of rehabilitation interventions. Therefore, insufficient participation by patients could be an important factor influencing treatment outcomes in both clinical research and practice. In order to determine the effects of patient participation we need validated tools that quantify this construct. **SAMPLE:** Major electronic databases were reviewed using predetermined search headings related to patient participation and rehabilitation. Pertinent articles were identified by title and abstract review. Additional articles were identified by reviewing the bibliographies and citations of relevant articles. **DATA COLLECTION AND ANALYSES:** Articles describing trends in the quantification of patient participation in rehabilitation were summarized to provide an overview of the current state of the literature. Articles on original research of the validity of clinical tools underwent a structured review addressing the study's design, treatment setting, population, data collection procedures and analysis. **FINDINGS:** Three main strategies have been used to quantify patient participation: attendance at scheduled appointments, participation during treatment and home exercise completion. Within each one of these strategies, standardized clinical measures have been created and assessed for validity and reliability. In many cases, however, tool development occurred in a narrowly-defined population, limiting the generalizability of these findings. **DISCUSSION:** Tools to measure various components of patient participation in rehabilitation are available in the literature. The effective use of these tools could help researchers and clinicians to better understand factors determining patient participation and the effects of participation upon outcome. More research is needed to assess the applicability of these tools across patient populations and treatment settings.

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PODIUM PRESENTATION

HOPES AND EXPECTATIONS: THE FOUNDATION OF MUTUAL GOAL SETTING

*Maheu, J. Bloorview Kids Rehab; *Thompson, C. Bloorview Kids Rehab

PURPOSE: To enhance family centred care by providing families with a mechanism for identifying their "hopes/expectation" and actively participate in their child's care plan; to increase integration of Family Team Goal Plan (FTGP) with other care processes; to enhance interdisciplinary collaboration; to implement a goal planning process reflective of CCHSA standards. **RELEVANCE:** Collaborating / partnering with clients/families to set mutual treatment goals is an important way to demonstrate organizational commitment to family centred care and to ensure services meet the needs of clients/families. This initiative provided an opportunity to enhance interdisciplinary teamwork and collaboration and thus provide better coordinated care. **DESCRIPTION:** Established FTGP Committee to guide development, implementation and evaluation of FTGP; developed and ran FTGP Staff Education Workshops; developed an evaluation framework that included pre and post chart audits, family and staff surveys and staff focus groups. **OBSERVATIONS:** 93% of families reported satisfaction with FTGP process. 93% of audited charts had FTGP with documented "hopes/expectations" within 2 weeks of admission. Ongoing work required to ensure goals are SMART and interdisciplinary. Ongoing work required to ensure families receive copy of FTGP in timely manner. Staff reported that time constraints both during Rounds and throughout the work day affected ability to collaborate with colleagues to develop interdisciplinary goals. **CONCLUSION:** Families and staff agreed that the FTGP process provided a structured mechanism for engaging clients/families in mutual goal setting. Need to ensure that interdisciplinary goal setting is an integral component of the care process and that time is available for engaging in this activity. Initiative represented a practice shift from discipline specific to interdisciplinary goal setting. Mentoring/coaching and communication are essential elements to facilitate consistent implementation and sustainability of FTGP process. Leadership is key to ensuring consistent implementation of FTGP process.

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PODIUM PRESENTATION

**ORTHOTIC MANAGEMENT OF THUMB CARPOMETACARPAL
OSTEOARTHRITIS: LESS IS MORE**

McKee, P., University of Toronto; Eason Klatt, M., St. Joseph's Health Care; Hawes, V., University of Toronto; Tolomiczenko, G., St. Joseph's Health Care.

PURPOSE: To compare the efficacy of two custom-molded hand-based thermoplastic orthoses (splints) to relieve pain, improve strength and enable hand function of individuals with thumb carpometacarpal osteoarthritis (thumb CMC-OA).

RELEVANCE: Thumb CMC-OA affects approximately 1/3 of women between 40 and 75 years, causing joint laxity, subluxation, pain and functional impairment. Although occupational therapists frequently provide orthoses for clients with thumb CMC-OA, the most effective orthotic design is debatable. The challenge is to provide a comfortable fit and joint stabilization, without unnecessarily restricting mobility.

HYPOTHESIS: Individuals with thumb CMC-OA will have reduced pain and improved hand function with a custom-made orthosis that stabilizes the thumb CMC joint, without restricting the metacarpophalangeal (MCP) joint.

SUBJECTS: Twenty subjects between 30 and 75 years, with CMC-OA and MCP hyperextension less than 20°. Nine subjects were fitted with the orthosis that stabilized only the CMC; 11 subjects were fitted with the design that additionally immobilized the MCP.

METHODS AND MATERIALS: A multi-centre, pre- vs. post-test design compared two groups at baseline and follow-up at 4 weeks after provision of a custom orthosis. Outcome measures included Patient-Rated Wrist/Hand Evaluation, lateral pinch strength and grip strength. The data was analyzed using single-factor repeated measures analysis of variance.

RESULTS: A significant reduction in pain and a significant improvement in function were found for both orthoses. Lateral pinch strength improved significantly with both orthotic designs.

CONCLUSION: Both orthoses significantly reduced pain, and improved function and lateral pinch strength, with no evidence to show a significant difference between the two orthotic designs. When there is minimal pathology of the thumb MCP joint, it is unnecessary and undesirable to immobilize the MCP joint and the CMC-stabilizing orthosis is recommended. Additional case studies show that post-study modifications to the CMC-stabilizing orthotic design (utilizing neoprene combined with thermoplastic), achieved enhanced comfort and usability.

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PODIUM PRESENTATION

**ELECTRONIC STROKE REHABILITATION REFERRAL IMPLEMENTATION:
UNDERSTANDING THE HUMAN FACTORS TO MAXIMIZE STROKE RECOVERY**

Bayley, Mark, Univeristy of Toronto, Toronto Rehabilitation Institute Tahair, Nicola, GTA Rehab Network Sharp, Shelley, Toronto West Stroke Network, University Health Network Neary, Mary Ann, University Health Network Blidner, Ilsa, Toronto West Stroke Network
Acknowledgement: Funding from Ministry of Health of Ontario via the Toronto West Network of the Ontario Stroke System

PURPOSE: To evaluate the benefits and challenges of implementation of a Internet-based electronic Referral system for Stroke Rehabilitation compared to a traditional paper based system. **RELEVANCE:** Increasing evidence suggests that earlier onset stroke rehabilitation results in better ultimate recovery. It is therefore critical to understand the health system barriers to efficient access to rehabilitation. **DESCRIPTION:**The Stroke Coordinated Referral Initiative Pilot (SCRIPT) project developed a number of innovations to enhance the rehabilitation referral process including: Standardized outcome measures, a triage tool, a client transition information guide, and an electronic transmission process. The electronic database includes system indicators such as wait times, lengths of stay and response rates. **OBSERVATIONS:** There are number of human elements to implementation and system sustainability that must be considered including development of consensus as to referral outcome measures, common definitions of readiness for rehabilitation, sustaining trust in the quality of the information and ongoing training of staff in the evidence based measures. With the implementation of the Electronic Stroke(E-Stroke) Referral system, results include:increased numbers of referrals accepted on the first attempt, reductions in time to response to referrals to less than 24 hours and increased provider satisfaction. Using the database, every participating organization is provided with a report of their performance relative to all others in their category of hospital. This has allowed organizations to identify areas to enhance their processes. The system has also pointed to other discrepancies in performance such as the shorter length of stay and reduced time from stroke onset to rehab referral in the regional stroke centers. **CONCLUSION:** Human factors remain important in the sustainability of the E-Stroke Rehabilitation Referral System. The implementation of the system has resulted in decreased time to responses from intake teams, increased acceptance rate on first referral and decrease in non-responses. This system promotes best practices in referral.