

Rapid Podium Presentations

Presentation #: 1

Category: RESEARCH (QUALITATIVE OR QUANTITATIVE)

Title: Best Practice in Cardiac Rehabilitation Referral: Integration Across the Continuum of Care

Primary Author: Sherry Grace

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Other Authors: Kelly Russell; Terry Fair; Gilbert Wu; Paul Oh

PURPOSE: To compare cardiac rehabilitation (CR) referral and enrollment rates following four inpatient referral strategies: “Automatic” only via discharge order or electronic record, allied health liaison only, combined, and usual. **RELEVANCE:** Despite its known benefits, CR remains highly underutilized with only 15-20% use. Performance measures have been developed to promote inpatient CR referral, and some units have subsequently developed referral strategies, which had yet to be compared. **SUBJECTS/METHODS:** In this comparative effectiveness research, 2636 consenting cardiac in-patients (M age=65.41±10.40 years, 75% male) from 11 Ontario hospitals provided informed consent and completed a sociodemographic survey. One year later, participants completed a mailed follow-up survey that assessed self-reported CR utilization. **ANALYSIS:** Referral strategies were compared using logistic regression analysis. Generalized estimating equations were also computed to control for effect of hospital. **RESULTS/FINDINGS:** Referral strategy was significantly related to referral and enrollment ($p < .0001$), with odds ratios revealing a significantly greater likelihood of CR referral for all referral strategies compared with usual practice. Combined automatic and liaison referral produced the largest effect size (OR=12.82, 95%CI=8.95-18.36; 71.7% enrollment), followed by automatic only (OR=5.14, 95%CI=3.77-7.00; 58.7% enrollment), and liaison only (OR=3.09, 95%CI=2.27-4.21; 49.9% enrollment). **DISCUSSION/OBSERVATIONS:** Presenting results on institution-specific CR referral and enrollment rates when compared to clinical practice guidelines and to other institutions’ referral strategies has spurred buy-in by physicians and allied health professionals alike to further improve their practice. Also, initiatives such as ACS GAP and the AMI bundle of Safer Healthcare Now! promote adoption of CR referral in inpatient settings. **CONCLUSIONS:** Use of automatic referral combined with a patient discussion results in 70% CR use. While wider adoption of such strategies would reduce access disparities and potentially improve the health of many cardiac patients, an increase in capacity would be needed to mitigate effects on wait times.

Presentation #: 2

Category: RESEARCH (QUALITATIVE OR QUANTITATIVE)

Title: Beyond “Maintenance Therapy”: The Role and Impact of Physiotherapy on Patients in Complex Continuing Care

Primary Author: Steve Wong

Affiliation of Primary Author: Baycrest/University of Toronto

Other Authors: Anita Mendelson; Daniel Galessiere; Myrna Benderoff

PURPOSE: 1) To examine the impact of active physiotherapy on the functional mobility of patients in Complex Continuing Care (CCC) 2) To explore the role of physiotherapy in CCC in providing rehabilitative services. **RELEVANCE:** Evidence to support the provision of rehabilitative services and allocation of physiotherapy resources to patients in CCC. **METHODS/MATERIALS/PRINCIPLES:** Patients admitted into CCC were classified into four categories: 1) active physiotherapy 2) maintenance of functional mobility 3) management of complications 4) monitoring. Among 181 admissions, 38 patients received active physiotherapy. A retrospective chart review was conducted. **ANALYSIS:** Continuing Care Activity Measure (CCAM) scores were analyzed with respect to: 1) Change in CCAM scores between admission and 12 months post-admission 2) Quarterly change in ambulation and transfer scores 3) Percentages of patients with Maximum Change Score (MCS) greater than the Minimal Clinically Important Difference (MCID) of CCAM within 12 and 24 months 4) Time to attain MCS in ambulation and transfer. **RESULTS/FINDINGS:** Findings include: 1) Patients re-assessed at 12 months post-admission (n=13) showed significant improvement (p=0.009) in their functional mobility 2) Patients (n=15-26) made significant improvements (p<MCID; 63% of patients having a repeated CCAM within 24 months (n=24) attained a MCS>MCID 4) >80% of patients (n=32) attained their MCS in ambulation and transfer in 9 months or less, with about half of the patients attaining MCS in the first 3 months. **DISCUSSIONS/OBSERVATIONS:** Patients in CCC who received active physiotherapy made significant gains in their functional mobility within first 12 months post-admission. **CONCLUSIONS:** Physiotherapy in CCC plays a role in providing rehabilitation to make functional gains in patients, which can reduce the burden of nursing care and improve patients' quality of life.

Presentation #: 3

Category: BEST PRACTICES/INNOVATIONS

Title: Impact on Outcomes and Resource Utilization of a New Model of 7 Days Per Week Admissions and Inpatient Rehabilitation Therapy Among Patients Admitted To A Specialty Rehabilitation Hospital

Primary Author: Marie DiSotto-Monastero

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Other Authors: Xiaoyan Chen; Shelby Fisch; Siobhan Donaghy; Eleanor Leggat; Manuel Gomez

PURPOSE: To determine the outcomes of a 7 day per week admission and inpatient therapy (7DAT) among patients admitted to a rehabilitation hospital. Relevance: Admissions and inpatient rehabilitation therapy are limited to 5 days per week, increasing waiting time for rehab and rehab length of stay. **SUBJECTS/METHODS** Adult patients who participated in the 7DAT program and were admitted and discharged between February and September 2009 (STUDY). **ANALYSIS:** Patient outcomes (FIM™score), waiting time to rehab admission, and resource utilization (length of stay, workload) of STUDY patients were compared with those of similar patients who participated in a 5 day per week inpatient rehabilitation program and were admitted and discharged between February and September 2008 (CONTROL). Student's t-test and ÷2 analysis were performed with a p<0.05 considered significant. **RESULTS/FINDINGS:** There were 1921 patients (STUDY = 974. CONTROL = 947) admitted with a mean age of 72.3±13.0 years and male to female ratio of 1:2. There was a 2.9% increase in admissions, especially during the weekends (136 vs. 85, p<0.001), 2.4% increase in discharges (822 vs. 803), 4.8% increase in rehabilitation workload per patient (81.3 vs. 77.6 hours), and similar FIM™ score change at discharge (20.4% vs. 22.7%, p=0.07). After 7 months of the program, there was a decrease in waiting time for rehab admission (1.0 vs. 1.3 days), and length of stay (19.5 vs. 21.5 days), representing a savings of \$219,295.24 among STUDY versus CONTROL patients. **DISCUSSION/OBSERVATIONS:** Due to the sequential incorporation of the 7DAT program and the time to get resources to achieve change, the effect on admission waiting time and rehab length of stay were seen after 7 months of the 7DAT implementation. **CONCLUSIONS:** This pilot program results supports the 7DAT program.

Presentation #: 4

Category: BEST PRACTICES/INNOVATIONS

Title: Services Utilization and Costing Outcomes:
Comparing Two Community Services for Persons
with Acquired Brain Injury

Primary Author: Gary Gerber

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Other Authors: Kathryn Boschen; Judith Gargaro

PURPOSE: This study compared services provided for persons with acquired brain injury (ABI) living in two Ontario communities. In one location, a coordinated interdisciplinary ABI team provided services exclusively to ABI clients, and in the second, a case manager assigned contracted Generic service providers to ABI clients according to needs. **RELEVANCE:** Potentially significant differences in ABI service-provision are important to identify to ensure that policies are developed to ensure efficient and cost-effective services. **SUBJECTS/METHODS:** Community-residing participants received services from the Community Care Access Centre in their region. A detailed interview was completed with both programs to obtain a rating of fidelity to a proven team model of community service delivery. Demographic, service utilization and costing data were obtained. **ANALYSIS:** Data were described on a per year, per client, per service provider category basis. Costing was calculated to account for as many of the variables as possible (travel, overhead, equipment and supplies, and staffing). **RESULTS/FINDINGS:** The two models were confirmed to be different from each other. Outcomes show ABI team clients improved their health status and increased their community integration. Generic services maintained ABI clients in the community, but they became more disabled over time. A greater number of ABI Team clients received rehabilitation therapies, and a greater number of Generic services clients received nursing, dietary, and personal support services. ABI Team clients had more professional service contacts than Generic service clients. The cost per client for the ABI Team is about 50% of the cost per Generic service client. **DISCUSSION/OBSERVATIONS:** The service utilization and fidelity data are consistent with what one would expect from the model differences. The costing data were surprising. **CONCLUSIONS:** Services provided by the ABI Team approach produce more favourable outcomes at a lower cost per client than services provided by a Generic model.

Presentation #: **5**

Category: **KNOWLEDGE TRANSLATION/LITERATURE
REVIEW**

Title: **Spinal Cord Injury (SCI) Solutions Model – Making
a Difference in Ontario**

Primary Author: **Peter Athanasopoulos**

Affiliation of Primary Author: **Canadian Paraplegic Association**

Other Authors: **Mike Johnson**

The purpose of the SCI Solutions Model in Ontario is to: 1) ensure every person with SCI receives the appropriate service at the appropriate time (individual advocacy/customized solutions); 2) address and resolve systemic barriers (systemic advocacy); and 3) drive the implementation of evidence based services (best practice application). Under the leadership of the Canadian Paraplegic Association Ontario (CPA Ontario), the Ontario Neurotrauma Foundation (ONF), and the SCI Solutions Network (SCISN), a solutions model framework has been designed, which encompasses the combined efforts and collaboration of the three following initiatives: 1) peer leadership; 2) system navigation; and 3) provincial and regional solutions alliances. The SCI Solutions Model has been developed as a way to enhance rehabilitation and improve the quality of life for people with SCI across the continuum of care, from onset through to community reintegration and full participation. This presentation will explain the process undertaken to sustain regional alliances across the province and identify priority issues within each alliance as well as highlight the best practices in having system navigation and peer leadership supported by solutions alliances. This model system expects to improve efficiency and effectiveness in the integration and flow of treatment, care and support along the SCI continuum. The SCI Solutions Model has made significant gains in striving to enhance quality of life for Ontarians with SCI by addressing systemic barriers moving toward 'solutions' based on best practices.

Presentation #: 6

Category: RESEARCH (QUALITATIVE OR QUANTITATIVE)

Title: Using SBAR to Communicate Falls Risk and Management in Interprofessional Rehabilitation Teams

Primary Author: Angie Andreoli

Affiliation of Primary Author: Toronto Rehab

Other Authors Carol Fancott

PURPOSE: This study builds on previous research within our organization that adapted the SBAR (Situation-Background-Assessment-Recommendation) tool for use within rehabilitation and CCC. The aim of this research is to broaden our understanding of how SBAR may be used for the specific priority issue of falls prevention and management.

METHODS: The adapted SBAR was implemented and evaluated on our musculoskeletal (MSK) (n=29) and geriatric (GR) (n=45) rehab teams over a 6-month period. Process and outcome evaluations were conducted. Process evaluation included individual interviews and team discussions in which staff reported on their experiences using the SBAR process. Four outcome measures at pre-post intervention focused on staff perceptions of safety culture (as measured by the Hospital Survey on Patient Safety Culture); effective team processes using the Team Orientation Scale; attitudes and uptake of falls best practices; and safety reporting (including falls incidents, severity and near-misses).

RESULTS Both MSK and GR teams showed significant improvement in 3 of 12, and 6 of 12 dimensions respectively related to safety culture. The MSK team also significantly improved compared to the rest of the hospital in 5 of 12 safety dimensions. Team processes and fall best practices showed significant change in key areas related to communication both within study teams and compared to the rest of the hospital.

CONCLUSIONS: While SBAR was used to communicate falls prevention and management strategies, it was also utilized in a myriad of urgent and non-urgent patient care situations. Staff found the tool useful in communicating relevant and succinct information, and to 'close the loop' by providing recommendations and accountabilities for action. A DVD was developed, including video scenarios, for enhanced uptake in other rehab/CCC contexts.

