The Importance of Clinical Champions in Quality Work: An Example of Improving Access to Outpatient Rehab Post-Stroke

Pamela Rahn, Speech Language Pathologist
Stacey Williams, Community Stroke Navigator
The Problem

• Service in Trillium Health Partners’ Outpatient Neuro Rehab Program was not meeting the Canadian Stroke Best Practice Recommendation of patients accessing outpatient rehabilitation services 48 hours post-discharge from acute care and 72 hours post-discharge from inpatient rehab. A baseline snapshot collected manually from March to May 2017 showed an average wait time of 100 days for OT, 49 days for PT, and 83 days for SLP.

• This had a negative impact on patient flow through the health system, stroke patients’ quality of life and the overall patient experience.

• It also negatively impacted outpatient staff morale due to an increase in administrative tasks required to manage the waitlist, and their perception of not providing optimal care for patients.
Quality Improvement Framework – IDEAS Advanced Learning Program

• IDEAS (Improving & Driving Excellence Across Sectors)
A *brainstorming* session and *process map activity* were utilized to engage the front line team in identifying areas of concern as well as opportunities for change/improvement.
**Aim and Big Dot**

By the beginning of December 2017 we will decrease wait time to OP Neuro Program for stroke patients by 50%.

**Primary Drivers**

- Increase clinical time to treat patients
- Decrease demand for service

**Secondary Drivers**

- Decrease time spent by therapist on admin tasks
- Narrow scope of practice
- Stricter intake criteria
- Reduce LOS
- Reduce dual program access; clarify which program is best

**Change Concepts/Ideas**

- Change how cancellations and no shows are handled
- Create and test process for waitlist management
- IP team and Stroke Navigator to contribute to patient readiness by helping patient to set up transport
- IP to complete Rehab Goals electronically for easier OP access (eliminate faxing)
- Enter OP referrals into Meditech (eliminate faxing)
- Eliminate drivers screening
- Do not accept complex non-neuro, SSR or out-of catchment patients
- Educating referral sources regarding patient readiness and appropriate referrals
- Create new target LOS of 8 weeks
The Goals

• Overall Project Aim: We hoped to decrease the amount of time stroke patients wait for the Outpatient Neuro Rehab program by 50% by December 2017

• IDEAS AIM 1: To reduce the maximum length of stay in the outpatient program from 12 weeks to 8 weeks by May 2017

• IDEAS AIM 2: To reduce the amount of time therapists spend on administrative tasks related to waitlist management by 30% (compared to baseline) by June 2017
Increase Supply

• Goal: less time spent on waitlist management and booking

Minutes per week spent on waitlist/booking

March week 1  March wk 2  March wk 3  June wk 1  June wk 2  June wk 3

team average  PTA (intake clinician)
Balancing Measures

• Team and clinicians were worried about possible negative effects, especially of shortened length of stay

→ Tracked ability of clinicians to set meaningful and achievable goals for an 8-week LOS (clinician rating and comments collected)

→ Tracked patient satisfaction with the program overall and with progress towards their goals
Wait Time per Month per Discipline

Average Wait Time in Days per Discipline

<table>
<thead>
<tr>
<th>Month</th>
<th>OT</th>
<th>PT</th>
<th>SLP</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>96.7</td>
<td>43.4</td>
<td>85.0</td>
</tr>
<tr>
<td>April</td>
<td>95.8</td>
<td>57.1</td>
<td>85.2</td>
</tr>
<tr>
<td>May</td>
<td>103.4</td>
<td>40.1</td>
<td>80.1</td>
</tr>
<tr>
<td>June</td>
<td>104.3</td>
<td>52.3</td>
<td>96.2</td>
</tr>
<tr>
<td>July</td>
<td>78.0</td>
<td>39.8</td>
<td>87.2</td>
</tr>
<tr>
<td>August</td>
<td>85.43</td>
<td>55.3</td>
<td>71.3</td>
</tr>
<tr>
<td>Sept</td>
<td>79.75</td>
<td>64.0</td>
<td>82.5</td>
</tr>
<tr>
<td>October</td>
<td>74.55</td>
<td>39.9</td>
<td>69.7</td>
</tr>
<tr>
<td>November</td>
<td>96.71</td>
<td>41.2</td>
<td>102.8</td>
</tr>
<tr>
<td>December</td>
<td>81.1</td>
<td>59.35</td>
<td>80.75</td>
</tr>
<tr>
<td>January</td>
<td>91.6</td>
<td>55.1</td>
<td>92.14</td>
</tr>
</tbody>
</table>

Month of uptake to service

- OT
- PT
- SLP
Lessons Learned and Take Away Messages

• Month-to-month variability was greater than we expected – will need to measure results over a long term

• Involve as much of the frontline team as you can in making the initial plan and ongoing feedback/updates

• Communicate frequently with all stakeholders

• Clinical Champions – Change ideas were frontline developed and supported by hospital leadership
The Core Project Team

– Janine Theben, West GTA Stroke Network – Regional Stroke Rehabilitation Coordinator

– Pamela Rahn, SLP, Outpatient Neuro Rehab Services, Trillium Health Partners

– Holly Sloan, SLP, Inpatient Stroke Unit, Trillium Health Partners

– Stacey Williams, West GTA Stroke Network – Community Stroke Navigator

Contact Information
Janine Theben
West GTA Stroke Network
Regional Stroke Rehabilitation Coordinator
905-848-7580 ext. 5683