Champlain Home and Community Care and Stroke Rehabilitation Program

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Regular services, Allied Health - pandemic

- OT, PT, SLP, SW and RD – same admitting criteria
- As per college and ministry guidelines:
  - Virtual if possible
  - If face to face needed, follow all possible precautions and do as much pre and post work outside the home as possible
  - Explore creative ways
  - Employ the help of caregivers paid and unpaid
Transition to virtual

- Previous capacity:
  - iPads with SLP apps and FaceTime – lent to patients
  - Virtual visit pilot project (OT and SLP)
  - Jintronix systems
- Rapid expansion and adoption of tele-rehab practice

**Therapists given time to:**

- Attend webinars
- Review tele practice guides
- Scheduled meetings to share/problem solve with each other
- Research, think and plan
Transition to virtual – continued

- Rapid assimilation and sharing of tele-rehab resources (i.e. professional associations, CRSN, best practice leads)
- Kept patients on caseload (not on-hold) to allow check-ins
- Collaboration with IT and privacy –
- Enhancing the soft handover conversations with referring therapists where possible
- Ensured all recent assessments and discharge reports received
- Development of a soft hand over report at one site
Senior Fitness Exercise Classes adapted to virtual classes

• Currently running virtual exercise classes

• Run in small sizes – most common 4, the largest has 6 participants.

• Manager calls participants, gets consent forms and based on their screening conversation, assigns them to a class. Instructors then call the participants to chat briefly and let them know how to sign-in to the class.

• Instructors that were employed in RHs are conducting classes in person. Small #s, no equipment and enough room to social distance.

• The Champlain Regional Stroke Network/Heart Wise Exercise has partnered to get a virtual stroke class up and running as well.
Core Elements of Community Stroke Program

- Specialized, bilingual, interdisciplinary community stroke rehabilitation service

- Time frame: 8-12 weeks (longer due to pandemic)

- Visit frequency: 1-2 visits per week per discipline (greater variation due to pandemic)

- Interdisciplinary stroke rehab team
  - **Core team**: internal OT, PT, SLP, SW, rehab assistants (all with additional stroke specific training)
  - **Supported by**: Care Coordinator, Rapid Response Nurse, Registered dietician
Current Post-Pandemic Services

• Tele-rehab options where possible and appropriate
  • Phone
  • Video conferencing
  • iPads can be lent in some cases

• Limited in home face to face visits when necessary
  • With appropriate screening and PPE
  • Necessity determined by clinician based on benefits versus risks
Eligibility

Same except for exceptions to catchment area

EN

https://www.champlainhealthline.ca/pdfs/CSRP_EligibilityCriteria_EN.pdf

FR

https://www.champlainhealthline.ca/pdfs/CSRP_EligibilityCriteria_FR.pdf
Regular Program Catchment Areas
Exceptions to geographical catchment during pandemic

- Priority referrals from Bruyere Continuing Care or Pembroke Regional Hospital who live in:
  - Orleans
  - Kanata and west to Arnprior
  - Arnprior

- Require prior stroke program manager approval
How to Refer? Web links

EN:

https://www.champlainhealthline.ca/pdfs/CSRP_InfoProfessionals_EN.pdf

FR:

https://www.champlainhealthline.ca/pdfs/CSRP_InfoProfessionals_FR.pdf

Specify “Community Stroke Rehab Program” on referral
Patient Outcomes*

- **Canadian Occupational Performance Measure- performance**: 4.1 (EC) and 4.2 (RC) point improvement on a 10 point scale (2 points considered clinically important).

- **Canadian Occupational Performance Measure-satisfaction**: 4.0 (EC) and 4.6 (RC) point improvement on a 10 point scale (2 points considered clinically important).

- **Reintegration to Normal Living Index**: 19 % (EC) and 49 % (RC) improvement on a 110 point scale (7 % is considered clinically important).

- **Depression Screening Tools**: 24 % reduction in depression (EC) and 14% reduction in depression in (RC).

- **Patient/caregiver experience survey results**: 93.5% rated overall satisfaction with care received as excellent or very good and 93.5% replied as a result of the program “I feel I can now manage my condition and recovery after stroke”

*Champlain LHIN Community Stroke Rehab Annual Report, 2018/19
Two catchment areas exist in CSRP:
EC = Eastern Counties
RC = Renfrew County
Assessment - adaptation

- Set up takes time
- Gather info from various sources to assess what it is safe to try (e.g. establish process for a warm hand over if possible)
- Use functional assessments: e.g. Timed sit-to-stand (use of hands), performance of daily household tasks
- Patient report assessments: e.g. COPM, RNLI, PHQ-9, SAD-Q
- Mail or email assessment materials – work through together, MoCA blind version
Treatment - adaptation

- Great reliance on session partner to reposition device for optics
- Use of holders for iPhones/tablets
- Practice and back up options
- Whiteboard, flip screen, screen share options can be helpful
- Using video demos can be helpful – e.g. FAME and GRASP programs from UBC
- Emergency plan (address and phone)
For more information:

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