VCoP Voice

Toronto Stroke Networks
Virtual Community of Practice

Photos from the "Enhancing Functional Recovery of the Upper Extremity Clients Post-Stroke" event at Providence Healthcare, June 2015. Led by Karen Brunton & Debbie Hebert.

A Message from the VCoP Administrators

Greetings to all VCoP Members! We welcome several new members and hope that you will participate and value the VCoP as a stroke resource you can count on to enable effective peer-to-peer support and best practice implementation!

In this Summer issue of the VCoP Voice, we provide an update from the Patient Experience Learning and Implementation team. This inspiring work is supporting hopeful care for stroke survivors.

We hope you will enjoy the article by Michelle Nelson which explores how patient complexity is defined and the impact of these challenges on clinicians. Also take this opportunity to learn about the Toronto Stroke Networks Patient with Complex Needs Working Group. Several priorities have been identified to improve access to inpatient rehabilitation for persons with stroke.

If your team is looking for a powerful way to learn from other health professionals across the care continuum, consider a stroke observership (pg. 4).

Finally, technology continues to make it easier for us to connect with one another and the VCoP is no exception! Following your suggestions, we have added a tag notification function to the site and on pg. 4, you can learn how to use it!

We wish you a safe and happy summer and look forward to our continued work together!

VCoP Memberships

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- Learning and Implementation Team Updates
- thehealthline.ca – a new Provincial Resource
- Stroke Patients with Complex Needs: How Can We Do Better?
- How to Use the New Tag Function!

VOICE YOUR OPINION

What are your greatest challenges related to return-to-work for your stroke patients?

I don't have the tools and/or knowledge to provide return-to-work rehabilitation (59%, 10 Votes)

There is a lack of protocol or process in place in my organization for facilitating successful return-to-work (59%, 10 Votes)

I need help with knowing how to assess job readiness (41%, 7 Votes)

External factors such as support from employers, adaptability of the stroke patient's workplace, or transportation (41%, 7 Votes)

Contact Us

Michelle Donald
Phone: (416) 480-6100 ext 7426
Email:
michelle.donald@sunnybrook.ca

Michelle Nelson, PhD

Principal Investigator, Bridgepoint Collaboratory for Research and Innovation

Lunenfeld-Tanenbaum Research Institute

Adjunct Professor, Daphne Cockwell School of Nursing, Ryerson University

Assistant Professor (Status), Dalla Lana School of Public Health, University of Toronto

416.461.8252 x2893
mnelson@bridgepointhealth.ca

Improving Transitions for the Patient with Complex Needs

Michelle Nelson

Article Summary

- **80% of stroke survivors have multimorbidity**
- **"Patient complexity" includes domains of:**
  - **Medical/functional issues**
  - **Socioeconomic factors**
  - **Health system factors**
  - **Personal characteristics**
  - **Family/social support**
- **Stroke clinicians view discharge complications as contributing factors to patient complexity**
- **Strong teamwork and support is key to successfully managing complex patients**

Stroke patients are admitted to rehabilitation programs with a number of medical, functional and psychosocial issues. Common psychosocial issues include marital and family stress, inability to return home, inability to return to work, decreased or limited social interaction, depression and issues in adjusting to having a disability. Approximately 80 percent of people who survive a stroke have (on average) five other chronic conditions, also known as multimorbidity. Multimorbidity can increase rates of complications, lead to longer hospital stays and negatively correlate with patients' functional outcome. This in turn increases costs and decreases the efficiency of rehabilitation.

Increasing attention to the range of bio-psychosocial issues people experience has led to the identification of "complex patients." Complex patients have been described as people who, in addition to having multiple comorbid conditions, experience other issues that impact their ability to self-manage their disease or to benefit from interventions by health care practitioners. However, to date, there is no single widely accepted and utilized definition of 'patient complexity'. A wide range of terms such as 'comorbidity', 'multimorbidity', 'co-occurring conditions' and 'complex chronic disease' are used to describe this patient population - often synonymously. Managing complex patients requires greater clinician effort, increased health care resources and substantial family and community supports. If a better understanding of the complex patient population was developed, health care systems and services could be redesigned to better meet the needs of these patients.

Without a unified definition applying to the term, 'patient complexity' can be challenging. In the absence of a single definition, applied health researchers try to understand the concept of 'patient complexity' in a specific clinical context or situation. At the Bridgepoint Collaboratory for Research and Innovation, I led an exploratory study seeking to understand how 'patient complexity' is defined and conceptualized by stroke rehabilitation clinicians and to position the findings within the conceptual literature on patient complexity. This study was a foundational component of a larger 'Complexity and Stroke Rehabilitation' research program focused on strategies to ensure that stroke patients receive high quality rehabilitation services and achieve optimal outcomes.

Through this research, five elements of patient complexity were identified: i) medical/functional issues, ii) socio-economic factors and iii) health system factors, iv) personal characteristics and v) family/social support. Due to the high degree of patient variability "*it's hard to say which of these factors are more (or less) significant, because something that is small for one patient may be huge for another patient*".

When asked what proportion of their patients would be considered 'complex' based on the identified factors, clinicians responded that "*everyone is*" and that "*complexity is now the norm*". When asked what differentiated the patients they initially identified as complex from other stroke rehabilitation patients, however, the clinicians responded that "*thinking of the patients we've had and what hung them up at discharge is always this (referring to the medical/social/system characteristics) stuff. It's always a combination. Very rarely do we get an easy discharge and that makes people more complex.*"

Therefore, patients discharged in concordance with length of stay targets were not considered to be as complex as those patients that could not be discharged in the timeframe dictated by evidence and best practice guidelines.

The experience of working with complex patients affects clinicians on three levels: as individuals, as professionals and as part of a team. Working with complex patients can be an emotionally draining experience. Clinicians report that they are *"getting used to it, but there is also a high degree of stress, and worry about being burnt out"*.

Having strong teams and teamwork were foundational in the successful management of patient complexity. Working with other clinicians with complementary skills, or more experience was a key strategy; being able to rely on teammates provided a sense of confidence and support in times of uncertainty.

Patients with Complex Needs: A System-Wide Strategy to Increase Timely Access to Inpatient Stroke Rehabilitation

Over the past few years, there have been a significant number of referrals for patients with complex medical needs that have difficulty accessing inpatient rehabilitation. These complex needs include enteral feeds, nasogastric (NG) tubes, dialysis, intravenous (IV) lines, mental health and cognitive issues.

To improve timely access to inpatient stroke rehabilitation for these patients, the Toronto Stroke Networks (TSNs) has formed the **Patients with Complex Needs Working Group,** with membership that comprises of administrative leads and clinical staff from acute care and rehab hospitals from within and beyond the TSNs. Community partners are also invited to these meetings.

The first set of meetings was held on June 23rd, 2015, with initial focus on enteral feed schedules and dialysis. These sessions were well attended with acute care and rehab representatives (41 members participated in the enteral feed session and 34 members participated in the dialysis session). The highlights and outcomes from these meetings will be shared at a later date. Future meetings in the fall will focus on issues related to NG tubes, IVs and other complex needs.

As we continue efforts to improve access to inpatient stroke rehabilitation for complex patients, we look forward to collaborating with the TSNs Cross-System Implementation Committee (CSIC), the Stroke Flow Task Groups, our stakeholders and persons with strokes and their caregivers.

Resource Update

TorontoCentralhealthline.ca

thehealthline.ca is an online resource that provides persons with stroke and service providers with up-to-date healthcare information within their regions. The website allows users to find geographical information using postal codes, or choose topics of interest that can be entered into the search field. Offered by the Community Care Access Centres (CCACs), the resource provides a way for people to navigate the system and access healthcare information within a single online site.

In collaboration with the Toronto Stroke Networks, stroke-related resources have been organized within the Toronto Central Healthline website so persons with stroke and their caregivers are better able to find the information they need. Stroke resources were specifically arranged in a format that supports re-engagement and self-management in meaningful activities. These areas include My Health, Where I Live, My Roles and Activities, Communication, Getting Around, Caregiver Support, Social Supports, Managing My Stroke, Understanding My stroke and My Child who had a stroke.

To access the stroke resources section of the Toronto Central Healthline visit:

www.torontocentralhealthline.ca. Look for the Stroke icon on the right hand navigation panel.

VCoP Site Updates: Tagging People and Topics

Did you know that you can tag other VCoP members and common discussion topics in your discussion forum posts? We've put together a short tutorial that will help you bring your colleagues in on discussions you are having in VCoP forums, and allow other VCoP members to view your post when they search for a common topic you have tagged it with. To view a full tutorial with step-by-step pictures, please follow this link to the Toronto Stroke Network VCoP: *http://www.strokecommunity.ca/resources/how-to-tag-people-and-conversations-in-the-vcop-discussion-forum/*

TAGGING PEOPLE

1. When posting a topic, you will see this page – there is a text box where you write your post.
2. To tag a person in your post, type the "@" symbol, and the first letter of the person's first OR last name that you wish to tag.
3. A list of names will pop up, and you can continue typing the person's name until you see their name in the list.
4. Click on their name in the list, and finish writing your post.
5. The person you tagged will be notified via email that they have been tagged in a post, and provided a link to your posting on the VCoP.

TAGGING TOPICS

1. When posting a topic, you will see this page – there is a text box where you write your post.
2. Using the "Tags" box (outlined in red), type the topics you wish to tag your post with (i.e. stroke rehab, physiotherapy, best practices) separated by a comma and a space.
3. Your post will appear whenever someone searches on the words that you used to tag your post.
4. To search the discussion forum for posts on specific topics, go to the "Discussion Forum" and type your search term in the text bar, as shown below

Using a Stroke Care Observership Approach to Build Understanding of the Cross-Continuum Experience for Persons with Stroke and Aphasia Among Stroke Teams

During the months of February to May 2015, the Aphasia Institute and St. John's Rehab, Sunnybrook Health Sciences Centre, participated in the Toronto Stroke Networks' *Transition Improvement for Continuity of Care* (TICC) Stroke Care Observership program exchange.

This involved the Aphasia Institute hosting a visit of the inpatient and outpatient stroke teams from St. John's Rehab to support knowledge exchange on best practices in communication screening, assessments and strategies. This program provided St. John's Rehab clinicians the opportunity to interact with persons with stroke and their families to learn more about their experiences post discharge. In addition, St. John's Rehab

Staff from St. John's Rehab and the Aphasia Institute during one of their Stroke Care Observership sessions.

hosted two visits for Aphasia Institute staff to observe and interact with persons with stroke in inpatient and outpatient rehab settings.

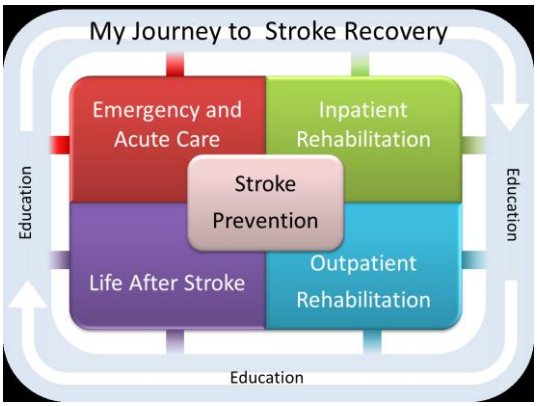
Overall, these Stroke Care Observerships provided opportunities for knowledge exchange, enriched learning of each other's care environments, enabled enhanced collaboration between sites, and fostered a new awareness and deeper understanding of the person with stroke's journey across the continuum and the potential for delivery of enhanced, seamless care.

For more information on Stroke Care Observerships, please contact the Toronto Stroke Networks at info@tostroke.com.

Patient Experience Learning and Implementation Update

My Guide for Stroke Recovery (MGSR), previously known as *My Stroke Passport*, was refined to:

- serve as a patient-mediated education tool
- empower persons with stroke and their family/caregivers to learn about stroke and what it means for them
- allow persons with stroke and caregivers to take an active role in their recovery.



By introducing and supporting the use of MGSR, health care providers are delivering patient-centred care while enabling persons with stroke to learn to manage their own care. The goal is for MGSR to become a standard resource used by all providers caring for individuals with stroke in Toronto.

What's in it? What's changed?

- Topics have been augmented to address the breadth of factors that can impact successful community reintegration.
- It has been reframed to support patient/family education and behavior change with the inclusion of:
  - ☐ A 'map' to support navigation of the resource and to know what to expect at each stage of recovery.
  - ☐ Reflective questions to prompt and encourage dialogue with health care providers regarding needs.
  - ☐ Worksheets to set goals and track progress.
  - ☐ Pill stickers to support compliance with medications.
  - ☐ Links to resources with an emphasis on Toronto based supports for each topic area. Aphasia friendly supports have also been included where they exist.

My Guide for Stroke Recovery has been created in a binder format and will be available in hardcopy and electronic pdf by November 2015 at www.tostroke.com. To obtain hardcopies, please contact us at info@tostroke.com. Development of an interactive electronic version will begin in Fall 2015. Click here to learn more and see a snapshot posted on the Toronto Stroke Network site.

Toronto Stroke Networks

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