

# 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 a 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

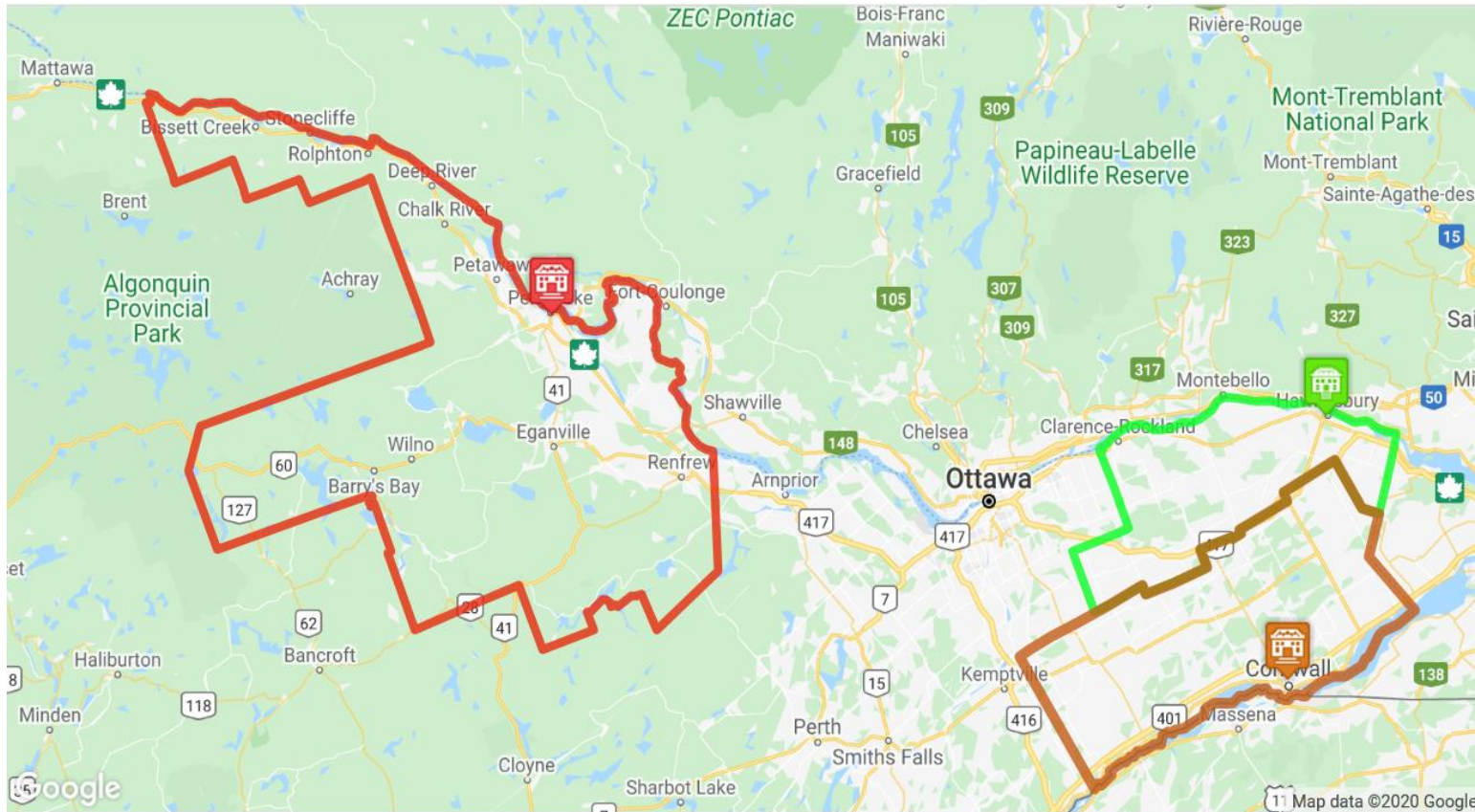
[https://www.champlainhealthline.ca/pdfs/CSRP\\_EligibilityCriteria\\_EN.pdf](https://www.champlainhealthline.ca/pdfs/CSRP_EligibilityCriteria_EN.pdf)

FR

[https://www.champlainhealthline.ca/pdfs/CSRP\\_EligibilityCriteria\\_FR.pdf](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](https://www.champlainhealthline.ca/pdfs/CSRP_InfoProfessionals_EN.pdf)

FR:

[https://www.champlainhealthline.ca/pdfs/CSRP\\_InfoProfessionals\\_FR.pdf](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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