

IMPACT OF A NEW MODEL OF CARE TARGETING PATIENTS IN POST-ACUTE HIGH INTENSITY REHABILITATION UNIT



Mackenzie
Health

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Health

BACKGROUND

Inpatient rehabilitation settings face ongoing challenges in delivering consistent, high-quality care to patients with complex medical and functional needs. Fragmentation of services, limited therapy intensity, and inefficiencies in discharge planning often hinder optimal recovery and timely transitions to community care. In response, a new model of care was developed and implemented at Mackenzie Health with the aim of addressing these challenges through a structured, interdisciplinary, and patient-centered approach.

OBJECTIVE

To implement and evaluate a high-intensity, team-based rehabilitation model designed to:

- Improve therapy intensity and functional outcomes,
- Reduce hospital length of stay (LOS) and support timely and safe discharge to the community
- Enhance interprofessional collaboration

RESULTS

Indicator	Before May- Oct 2023	After Implementation Oct 2023- March 2024
Patient Discharged	90	130
Average Active Length of Stay	21.1 days	16.8 days
FIM Score Gains	20	19

MODEL OF CARE: KEY COMPONENTS

1. Interdisciplinary Assessment and Goal Setting

Initial assessments are conducted jointly by a physiotherapist (PT) and an occupational therapist (OT), enabling alignment of patient goals and a unified plan of care. Therapy assistants (TAs) subsequently support treatment delivery and ongoing progress monitoring.

2. High-Intensity Therapy Delivery

Patients receive 45-60 minutes of individualized therapy per day, six days per week. This intensity aligns with clinical guidelines and facilitates meaningful improvements within a condensed rehabilitation timeframe.

3. Daily Interdisciplinary Huddles

Structured 15-minute huddles occur daily with participation from PT, OT, TA, nursing staff, the patient care coordinator (PCC), social worker (SW), patient care manager (PCM), and resource utilization coordinator. The format allows for real-time review of 22 patients, promoting proactive discharge planning and timely resolution of barriers.

4. Circuit Rehabilitation Classes

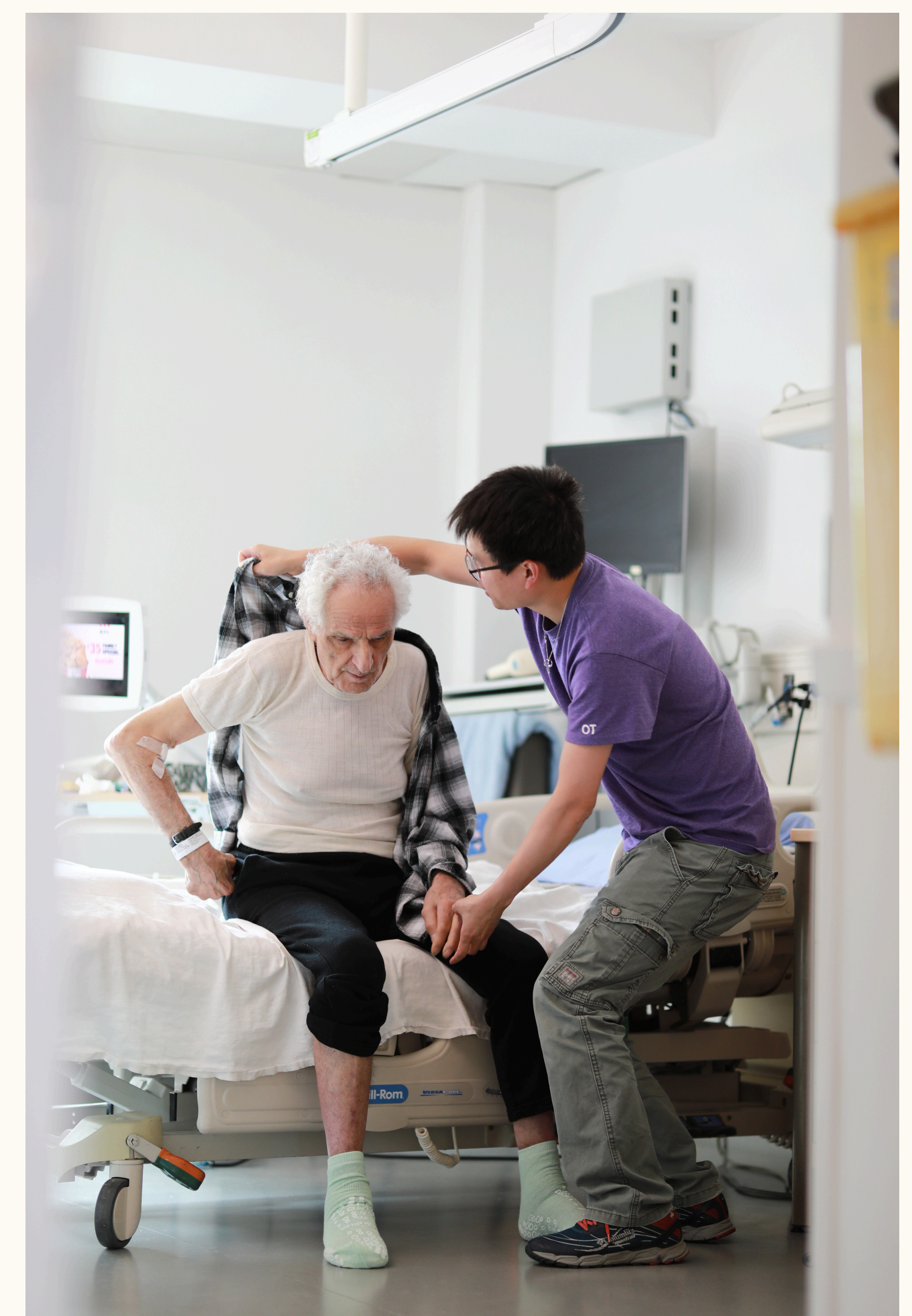
The rehabilitation gym is configured into six stations, each targeting different functional domains (e.g., strength, balance, gait). These classes encourage patient engagement, promote peer support, and improve therapy efficiency.

5. Early Morning ADL Programming

A therapy assistant-led self-care program begins at 7:00 AM. Select patients participate in morning routines to foster independence and prepare for the day's activities, including communal dining and therapy.

6. Snapboard Digital Scheduling

An electronic scheduling tool ("Snapboard") supports clear communication of therapy times among the care team and patients. It also enables coordination with nursing to ensure pre-medication, minimizing disruptions to therapy participation.



LESSONS LEARNED

- Early, structured interdisciplinary communication facilitates more efficient and coordinated discharge planning.
- Therapy intensity is both achievable and impactful in inpatient settings when supported by team-based workflows.
- Functional gains are optimized when therapy delivery is structured, goal-driven, and consistent.
- Incorporating patient routines (e.g., early AM ADLs) into rehab planning enhances readiness and independence.

NEXT STEPS

- Expand the model to additional units across the organization.
- Continue collecting and analyzing outcome data (clinical, operational, and patient-reported).
- Develop orientation and education tools for onboarding staff into the model.
- Evaluate the model's cost-effectiveness and explore scalability beyond the post-acute care setting.