

HA Convention 2018 Speed Presentation (F-P1.37)

Restorative Rehabilitation on Weekends & Public Holidays for Stroke Patients

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7 May 2018



NTEC
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Quality Effective
Health Care



The New Service Model

365-day Physiotherapy and Occupational Therapy service for stroke patients in extended care setting

Objective: To strengthen inpatient stroke rehabilitation on weekends & public holidays

Implementation: Since 1 October 2017

Target: Patients with a principal diagnosis of stroke in Medical & Geriatric wards

Time	Rundown
8:15 - 10:30	<ul style="list-style-type: none">• New patients initial assessment and training• Seating & positioning and complications prevention
10:30 - 12:00	<ul style="list-style-type: none">• Ward based training• Carer training
13:30 - 15:00	<ul style="list-style-type: none">• Joint Physiotherapy & Occupational Therapy gymnasium session
15:00 - 17:00	<ul style="list-style-type: none">• Ward based training• Carer Empowerment Program• Documentation

Preliminary Data Analysis (Oct – Dec 2017)

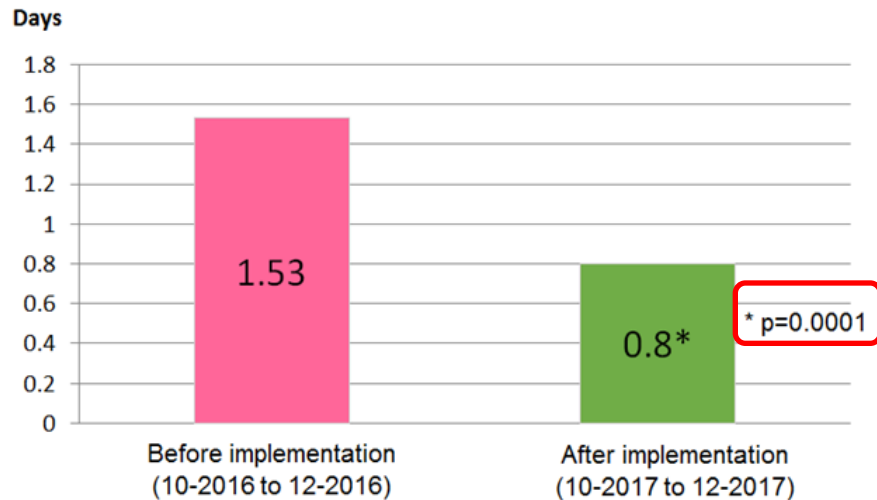
51 stroke patients (admitted on or after 1 Oct 2017 & discharged on or before 31 Dec 2017)

Male: 24 , Female: 27, Mean age: 74.9

Average length of stay: 23 days (v.s. 22.6 days in Oct – Dec 2016)

Timely Initial Assessment

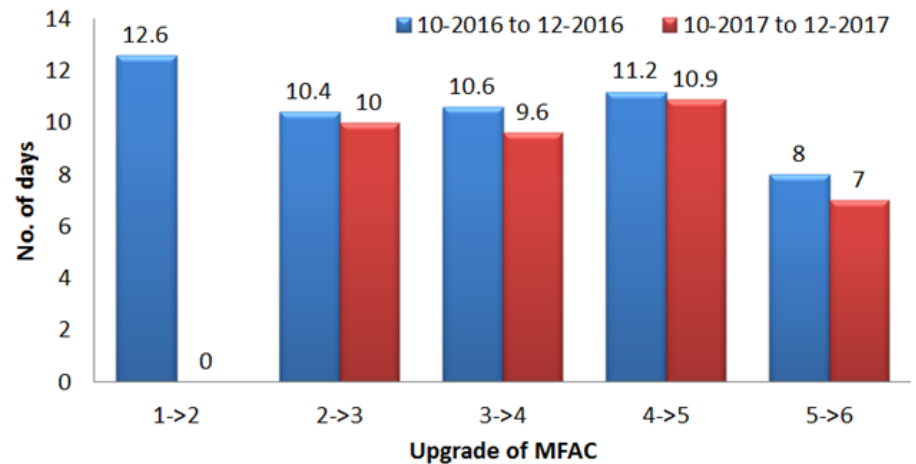
Initial Assessment Waiting Time



*p value <0.05 denotes reaching statistical significance

Quicker in Mobility Regain

Time to Upgrade Modified Functional Ambulatory Category (MFAC)



	Before implementation	After implementation
Mean time to upgrade one MFAC category (days)	11.65 ± 0.79	9.13 ± 0.55

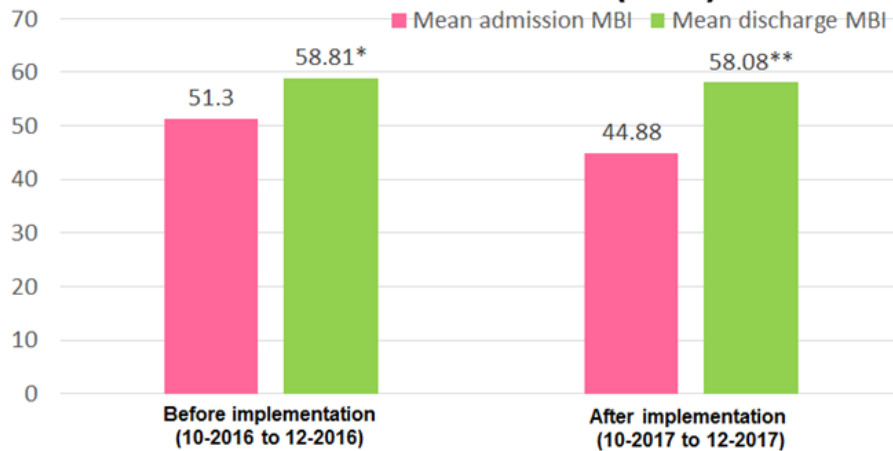
*p=0.043

*p value <0.05 denotes reaching statistical significance

Preliminary Data Analysis (Oct – Dec 2017)

Greater Progress in Functional Regain

Modified Barthel Index (MBI)

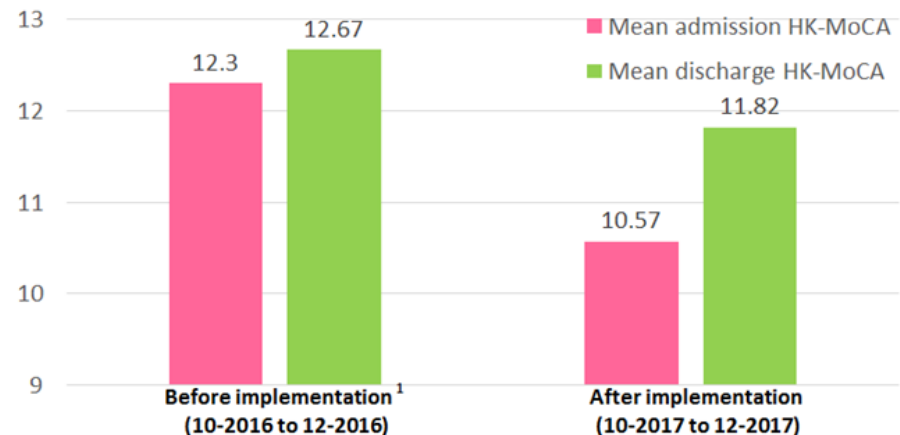


	Before implementation	After implementation
Improvement in MBI from admission to discharge	*p=0.0001	**p=0.0001
Magnitude of improvement		***p=0.012

* /** /*** p value <0.05 denotes reaching statistical significance

Greater Improvement in Cognitive Function

Montreal Cognitive Assessment Hong Kong Version (HK-MoCA)



	Before implementation	After implementation
Improvement in HK-MoCA from admission to discharge	p=0.066 (not significant)	*p=0.0001
Magnitude of improvement		**p=0.015

¹MMSE scores were being converted to HK-MoCA scores using a standard conversion table

* /** p value <0.05 denotes reaching statistical significance

Stroke Rehabilitation Satisfaction Survey

Q1 物理治療及職業治療現時為中風患者提供的治療足夠

Q2 物理治療及職業治療將中風復康服務拓展至星期六、日及公眾假期，會對病人有幫助

Q3 物理治療及職業治療將中風復康服務拓展至星期六、日及公眾假期，會方便照顧者參與治療活動

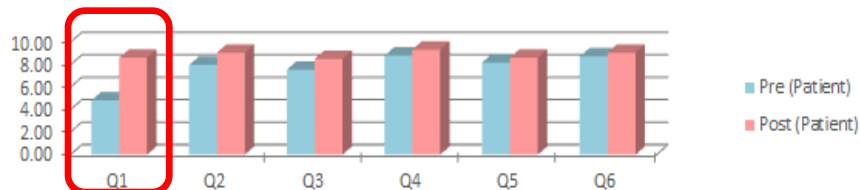
Q4 中風患者入院後應儘快得到物理治療及職業治療的服務

Q5 現時物理治療及職業治療的服務能夠增加中風患者的信心去應付出院後的生活

Q6 整體而言，您滿意現時物理治療及職業治療提供的中風復康服務
(物理治療及職業治療同事不需回答此題)

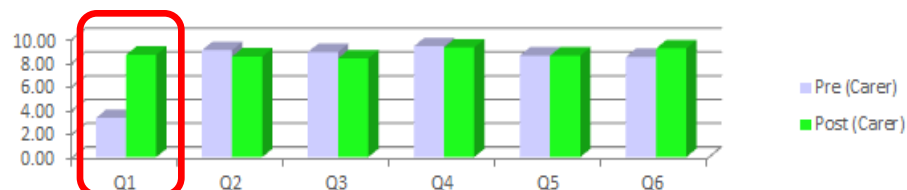
Survey Result (Patient)

Patient Satisfaction of PT & OT Stroke Rehab Service



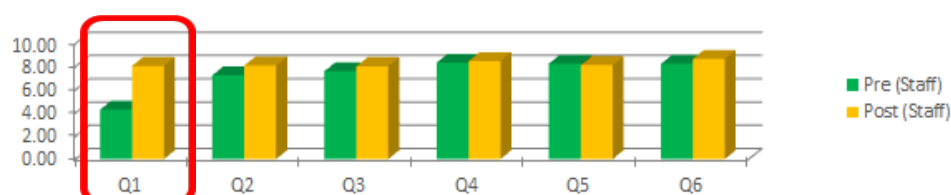
Survey Result (Carer)

Carer Satisfaction of PT & OT Stroke Rehab Service



Survey Result (Staff)

Staff Satisfaction of PT & OT Stroke Rehab Service



**Timely
initial
assessment**

THANK YOU

**Higher
satisfaction**



**Quicker
in mobility
regain**

**Greater
improvement
in cognitive
function**

**Greater
progress in
functional
regain**