



Rehabilitative
Care Alliance

Inspiring New Directions in Rehabilitative Care

Rehabilitative Care Alliance 2013-2015 Summary Report



Rehabilitative care is delivered in a wide variety of formal and informal settings across Ontario, but without the benefit of a consistent, province-wide approach to identify and evaluate the availability of resources, access to services or standards of care.

As Local Health Integration Networks (LHINs) and health service providers (HSPs) focus on improving system integration and ensuring the quality and sustainability of services, the clinical and system benefits of rehabilitative care are being recognized as key enablers to optimizing patient/client outcomes in support of health system objectives.

It is with this in mind that Ontario's 14 LHIN CEOs established the Rehabilitative Care Alliance (RCA) in April 2013, bringing a true provincial lens to improving patient experiences and clinical outcomes through collaborative solutions. Under the leadership of the RCA Secretariat (provided by the GTA Rehab Network), the group brought together representatives from all LHINs, the Ministry of Health and Long-Term Care (MOHLTC), HSPs from hospital and community sectors, and other clinical experts, as well as patients and caregivers. This summary report provides an overview of the recommendations developed for LHINs and HSPs based on the RCA's five priority areas of focus. For a copy of the full report, please visit www.rehabcarealliance.ca.

Mandate

The RCA had a two-year mandate (2013-2015) to effect positive changes in rehabilitative care. Leveraging existing rehabilitative care planning bodies, its work focused on supporting improved patient experiences and clinical outcomes while enhancing the adoption and effectiveness of clinical and fiscal priorities. Every effort was made to align priority activities with provincial initiatives and to respond to the rehabilitation recommendations outlined in the 2013 Annual Report of the Auditor General of Ontario.

Priority Areas of Focus

Definitions

Provide clarity for patients, families and referring professionals through the development of common terminology, clear definitions and standards of practice for all levels of rehabilitative care across the continuum.

Capacity Planning and System Evaluation

Support monitoring and evaluation of rehabilitative care services, programs and system performance through development of a standard rehabilitative care capacity planning and evaluation toolkit.

Frail Senior / Medically Complex

Develop a rehabilitative care approach for frail senior/medically complex populations to support operationalization of priority elements of the "Assess and Restore Framework to Support Aging in Place."

Outpatient / Ambulatory

Inform evaluation and planning at the provincial, regional, organizational and program levels through development of a comprehensive and standardized minimum dataset for outpatient/ambulatory rehabilitation.

Planning Considerations for Re-Classification of CCC/Rehab Beds

Identify current issues related to the re-classification of CCC to inpatient rehabilitation beds across the province and develop a re-classification toolkit that outlines considerations and provides an analysis of implications in a systemic and standardized manner.

Definitions

Bringing clarity to rehabilitative care

Issue

There is no consistency in the focus, clinical components, eligibility criteria, or even the names of similar rehabilitative care programs locally, regionally or provincially. This lack of standardization results in confusion for patients, families and referrers about what is available in rehabilitative care. It also limits the health system's ability to produce and use comparable data on rehabilitative care across organizations thereby compromising an understanding of resource utilization as well as system and patient level outcomes.

RCA Solution

1. Definitions Framework for Bedded Levels of Rehabilitative Care

Defines the bedded levels of rehabilitative care and the recommended standard components and human resources within each of these levels. Provides the structure to establish a baseline assessment of current services by using it to conduct a gap analysis of the current state relative to the bedded levels within the framework. The analysis can then be used in conjunction with the Capacity Planning and System Evaluation Frameworks (page 4) to inform the development of a future state of rehabilitative care.

2. Definitions Framework for Community Based Levels of Rehabilitative Care

Defines two levels of rehabilitative care and for each, describes the goal, target population, medical and healthcare professional resources, and the overall focus and underlying principles of therapy services provided in the community.

3. Referral Decision Tree for Rehabilitative Care

A tool to assist referrers and provide consistency in determining the kind of rehabilitative care that is needed (e.g., bedded vs. community-based) and which level of care is most appropriate for patients/clients.

4. Recommendations to Support the Implementation of the Definitions Framework for Rehabilitative Care

Outlines key considerations for LHINs as they move forward with implementation of the framework.

“In what now seems like an incredibly short two years, the RCA has drawn from the contributions of hundreds of committed professionals from all facets of Ontario’s complex rehab landscape to create an evidence-based, patient-focused and action-oriented blueprint toward a true integrated provincial system of rehabilitative care that will improve patient outcomes while reducing avoidable costs.”

Erik Hellsten, Senior Specialist – Quality-Based Funding, Health Quality Ontario

Capacity Planning & System Evaluation

Fostering coordinated system-level planning

Issue

The lack of coordinated, system-level planning at a provincial level has resulted in a rehabilitative care system in Ontario that is fragmented and faces challenges in meeting the needs of the populations it serves.¹ While several LHINs have taken steps to review and implement strategies for rehabilitative care within their respective regions, inconsistency in approaches to evaluating rehabilitative care services will continue to result in planning variations across the province.

RCA Solution

1. Rehabilitative Care Capacity Planning Framework

A framework that can be used by LHINs to identify the existing rehabilitative care services/programs across the rehabilitative care continuum and to support planning activities. It may be used, in whole or in part, to develop a capacity plan for either a broad or specific rehabilitative care population depending on availability of information and specific local needs. The levels of rehabilitative care included in the framework were developed to align with the levels described within the RCA Definitions Frameworks. Using the Capacity Planning Framework will support the development of a common language and foundational understanding of provincial rehabilitative care system resources and could potentially be used in the future to inform the development of a provincial rehabilitative care system capacity plan.

Completing regular rehabilitative care system capacity planning (i.e., every 3-5 years) will not only support the development of sufficient local rehabilitative care system capacity across the care continuum to optimize value and flow within the existing local system resources, but it will also proactively identify where system/service gaps exist and enable the opportunity to either develop the required services locally or develop cross-LHIN partnerships to ensure that high-quality rehabilitative care is accessible to all.

2. Rehabilitative Care System Evaluation Framework

A framework and a set of indicators that can be used by organizations to evaluate rehabilitative care system performance. It was developed to be a balanced reflection of rehabilitative care system performance. As such, population-specific indicators were only included when doing so supported achievement of this objective. Applying the framework will help:

- demonstrate the contribution of the rehabilitative care system to overall health care system objectives
- prioritize regional and provincial quality improvement opportunities
- standardize performance evaluation regionally and provincially.

“The approach used by the RCA has been very balanced, taking into account system considerations, operational processes and client-centred perspectives.”

Terrie Dean, Primary Care Lead
Waterloo Wellington CCAC

¹ 2013 Annual Report – Office of the Auditor General of Ontario.

Frail Senior / Medically Complex

Ensuring patients access the right care at the right time

Issue

The report, *Living Longer Living Well*², highlights key recommendations to inform Ontario's Seniors Strategy and includes a description of an 'Assess and Restore Framework to Support Aging in Place'. While the important role of an Assess and Restore philosophy was recognized by health service providers, the MOHLTC and LHINs, there was no clear direction as to how to operationalize this framework at the regional or clinical level. As such, the RCA mandate was to develop a provincial approach to support operationalization of priority elements of an Assess and Restore philosophy with a particular focus on the needs of high risk, frail senior/medically complex populations. This work was also conducted concurrent to and in collaboration with the Ministry's development of the Assess and Restore Guideline.³

RCA Solution

1. Standardized 'Provincial Process to Support Direct Admissions to Bedded Levels of Rehabilitative Care from the Community/ED'

A three-step 'Priority Process' that includes:

- i) Early Identification/Screening
- ii) Assessment to Determine Need for Bedded Rehabilitative Care
- iii) Streamlined Referral

Implementation will require local contextualization of the standard process in consideration of available community resources.

2. Priority Process Toolkit

Includes new tools to support operationalization of the provincial 'Priority Process' including a description of the target population, a definition of 'restorative potential', a checklist to rule out an acute cause of functional decline, referral map, proposed process timelines and a decision tree.

3. Assessment Urgency Algorithm as Standardized Provincial Screening Tool

Endorsement of the AUA as the standardized provincial screening tool to support early identification of at risk/high risk older and/or medically complex adults.

4. Process and Outcome Indicators

Identification of process and outcome indicators to support evaluation of the effectiveness of the 'Priority Process'.

5. Compendium of Rehabilitative Care Best Practices

A 'Compendium of Rehabilitative Care Best Practices to Support the Assessment and Treatment of the Geriatric Syndromes' that may contribute to functional decline/frailty with the objective of enhancing the competency of the rehabilitative care system to identify and manage geriatric syndromes.

"The work of the RCA has helped to bring providers together to work on some very challenging topics. The work impacts the whole health care system and dovetails nicely with other initiatives that focus on the needs of seniors."

Dr. Barbara Liu
Executive Director
Regional Geriatric Program of Toronto

² Sinha, S. *Living Longer, Living Well*. (December 2012).

³ Ministry of Health and Long-Term Care. *Assess and Restore Guideline* (2014).

Outpatient / Ambulatory

Tracking performance outcomes for outpatient rehab services

Issue

A standardized approach to data collection in outpatient/ambulatory settings is long overdue. Several reports and stakeholders have identified a need to clarify the role of outpatient/ambulatory-based rehabilitative care as well as a need for standardized data collection on outpatient rehabilitation services.⁴ The absence of such data has led to gaps in broader health system reporting at a provincial level.^{5,6} Its inclusion in standard data collection will help evaluate the efficiency and effectiveness of rehabilitative care services, while also ensuring timely access to these services. In Ontario, the need to track performance outcomes and funding across an episode of care is being further reinforced through Health System Funding Reform (HSFR). Reporting the RCA's Outpatient Rehabilitative Care Minimum Data Set (MDS) will inform the best setting for defined types of therapy for specific conditions by filling the data gap that currently exists within this part of the care continuum.

RCA Solution

1. Outpatient/Ambulatory Minimum Data Set Evaluative Framework

An evaluative framework to support comprehensive consideration of the critical questions to be answered by the Rehabilitative Care Minimum Data Set.

2. Rehabilitative Care Minimum Data Set

A Rehabilitative Care MDS to enable standardized data collection and the development of comparable performance metrics, evaluation and planning at the provincial, regional, local and organizational levels, and to inform LHINs and health service providers of the role of outpatient rehabilitative care in supporting other aspects of hospital and community-based services.

3. Comprehensive Review of Existing Functional Outcome Measures

A comprehensive review of existing functional outcome measures validated for use in the outpatient/ambulatory rehabilitative care setting at the activity/participation level.

4. Preliminary Measure of Patient Experience

A preliminary measure of patient experience for the outpatient/ambulatory rehabilitative care setting.

5. Outpatient/Ambulatory Minimum Data Set Toolkit

A 'toolkit' containing documents/tools to describe and support the development of the outpatient/ambulatory Minimum Data Set.

"The tools presented by the RCA have been developed with complete stakeholder input. They are clear, well laid out and easy to share; I feel I have what I need to move this forward in our community."

Susan Franchi, Director of Outpatient Rehabilitation and Chronic Disease
St. Joseph's Care Group, Thunder Bay

⁴ GTA Rehab Network. Outpatient Rehabilitation in the GTA: Understanding the Current State. Final Report (June 2011).

⁵ Quality-Based Procedures: Clinical Handbook for Hip Fracture, HQO & MOHLTC (May 2013).

⁶ Quality-Based Procedures: Clinical Handbook for Primary Hip and Knee Replacement HQO & MOHLTC (November 2013).

Planning Considerations

for Re-Classification of CCC/Rehab Beds

Issue

The Planning Considerations for Re-classification (PCRC) of Rehab/CCC Beds initiative was established in response to significant discussion amongst stakeholders regarding re-classification of Complex Continuing Care (CCC) to inpatient rehabilitation beds in the context of HSFR and the emerging RCA Definitions Framework. The goal of this initiative is to support LHINs and HSPs to complete due diligence and consistent decision-making across the province in situations where a potential need to re-classify CCC to inpatient rehabilitation beds is identified, and to ensure that patient and system implications are considered when contemplating re-classification.

RCA Solution

1. PCRC Toolkit

A toolkit that outlines considerations and supports the process of completing due diligence if a potential need to re-classify beds is identified. The toolkit includes:

- Process to Assess Need for Re-classification of Rehab/CCC Beds
- Education Modules:
 - > Financial and Clinical Considerations for Re-classification of Rehab/CCC Beds
 - > Implications of the RCA Definitions Framework & Proposed Directions
- Stakeholder Risk/Benefit Considerations
- PCRC Case Studies/Scenarios describing the experiences of organizations that:
 - > are considering re-classification
 - > have completed re-classification
 - > have collected dual-coded data
- National Rehabilitation Reporting System (NRS) Grouper-2014/15 Provincial RPG Cost Weights
- HBAM Calculator
- Potential System-Level Data Analysis to Support Re-classification Considerations
- Re-classification Evaluation Criteria.

The PCRC Toolkit provides rehabilitative care system stakeholders with guidance to more fully understand the implications of HSFR on patient flow and resource allocation for rehab and CCC beds. It affords the rehabilitative care system the opportunity to get ahead of the issue in order to mitigate any potential risks within the context of HSFR.

It is recommended that LHINs leverage the toolkit as part of a broader rehabilitative care system capacity planning exercise that includes use of the RCA Definitions Framework, the RCA Capacity Planning Framework and the RCA System Evaluation Framework.

“The quality and volume of work that has been completed has been stellar and has greatly supported me in my role as a Rehabilitation Network Lead in my own LHIN.”

Helen Johnson, Rehabilitation Network Lead
Erie St. Clair LHIN

Alignment with Provincial Initiatives

The 2013 Annual Report of the Office of the Auditor General of Ontario (AGO) included a Value-for-Money (VFM) Audit on Rehabilitation Services in Hospitals. Although the RCA was in the early stages of addressing its key priorities at the time of the report's release, it was able to identify several areas where work was already underway to address AGO recommendations for rehabilitation. An overview of the AGO recommendations relative to RCA deliverables can be found in the RCA's full report at www.rehabcarealliance.ca.

Throughout its first two-year mandate, the RCA reached out to several key stakeholders to ensure deliverables aligned with other key provincial initiatives including Assess and Restore, Physiotherapy Reform, Resource Matching and Referral, Health System Funding Reform and related directions for Quality-Based Procedures, among others.

Acknowledgements

The RCA would like to thank and acknowledge representatives from the many organizations who helped inform its work through participation on the Steering Committee, Task and Advisory Groups. A special thank you to the GTA Rehab Network and to the following for their leadership as chairs:

"I have been proud to be a part of a group that provides a voice for patients and caregivers. Under the RCA Secretariat's strong leadership, we have been able to highlight issues that are not always identified, and offer solutions. I am happy to hear the RCA's mandate has been extended and look forward to my continued participation."

Robert Craft, Champlain LHIN Representative
Patient/Caregiver Advisory Group

RCA Steering Committee	Donna Cripps, Hamilton Niagara Haldimand Brant LHIN Dr. Peter Nord, Providence Healthcare
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For more information

To learn more about the Rehabilitative Care Alliance and areas of priority for its second two-year mandate (2015-2017), and to review a copy of the full 2013-2015 report, please visit www.rehabcarealliance.ca.

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