



## Alliance Priority: Standardized Definitions for Rehabilitative Care Definitions Framework for Bedded Levels of Rehabilitative Care

**December 10, 2014** – The Rehabilitative Care Alliance is pleased to release its *Definitions Framework for Bedded Levels of Rehabilitative Care* following recent validation by key provincial stakeholders (medical, clinical and administrative) and endorsement by all 14 LHIN CEOs.

This is the first Framework to provide a standardized provincial lens for reviewing rehabilitative care resources at the LHIN level by applying common definitions for all bedded levels of rehabilitative care. In response to LHIN and Health Service Provider (HSP) demand, the Alliance is releasing this Framework in advance of complementary Alliance deliverables (i.e., *Definitions Framework for Community-Based Levels of Rehabilitative Care, Capacity Planning and System Evaluation Frameworks*) to support planning for the local review of rehabilitative care resources. The remaining frameworks will be available in March 2015.

### How to Use the Framework

- Use it to establish a baseline assessment of current bedded levels of rehabilitative care available within the LHIN
- Review the common definitions for bedded levels of rehabilitative care against what you provide in your LHIN today
  - Do current program goals and/or target populations served need to be re-defined? Do the current allied health/nursing/medical resources meet the definitions? Do the staffing mixes/patient ratios need to be revamped?
  - Are resources provided in a location that optimizes value (e.g. activation/restoration provided in CCC vs. convalescent care bed)?

### Components of Framework

The *Definitions Framework for Bedded Levels of Rehabilitative Care* defines 1) the bedded levels of rehabilitative care, and 2) the recommended standard components and human resources within each of these levels of rehabilitative care. The framework is not population specific, but over the longer term, and in conjunction with other Alliance deliverables, it can be used as part of the capacity planning process to evaluate rehabilitative care resources within the context of specific patient and local/regional programming needs. It includes:

- Conceptual definitions framework for bedded levels of rehabilitative care.
- Definition of rehabilitative care
- Eligibility criteria for bedded levels of rehabilitative care, including a definition for restorative potential

## Qs and As

### 1. Why was the *Definitions Framework for Bedded Levels of Rehabilitative Care* developed?

The Framework was developed to support a common understanding of rehabilitative care by establishing provincial standards for rehabilitative levels of care provided in hospital-based designated inpatient rehab beds and complex continuing care beds, as well as convalescent care/restorative care beds within Long-Term Care homes.

Standardizing eligibility criteria for rehabilitative care, identifying and describing the bedded levels of rehabilitative care, what should be provided within each level of rehabilitative care, and the target population of patients who can be served within each level, all creates a shared understanding of rehabilitative care across the province. This also serves to provide clarity for patients, families and referring professionals on the focus and clinical components of rehabilitative care programs as well as providing a foundation to support system and local capacity planning.

### 2. How was the Framework developed? Who was involved?

The Definitions Framework for Bedded Levels of Rehabilitative Care was developed with input from medical, clinical and administrative stakeholders from across organizations and LHINs. Once drafted, it was also reviewed by Health Service Provider (HSP) organizations with bedded levels of rehabilitative care via a provincial validation exercise which was used to confirm the framework for bedded levels and determine how well existing rehabilitative care programs align with the proposed levels of care. Through the validation exercise, surveys were completed for 366 programs from Rehab, CCC and Convalescent Care within Long-Term Care. This feedback was used to help further refine the Framework.

### 3. How is the *Definitions Framework for Bedded Levels of Rehabilitative Care* organized?

The Framework describes four (4) levels of rehabilitative care that are organized from where rehabilitative care is the primary focus (i.e. Rehabilitation, Activation/Restoration) to where rehabilitative care is still prominent, but is provided within the context of more complex medical needs (i.e. Short Term and Long-Term Complex Medical Management). For each of these four levels there are definitions to describe 1) Patient Characteristics (i.e. target population; functional characteristics; estimated LOS; and discharge indicators), and 2) Medical/Allied Resources (i.e. Medical, Nursing and Therapy Care; intensity of therapy; and reporting tools).

### 4. Does the Framework apply to all beds in CCC?

No. The *Definitions Framework for Bedded Levels of Rehabilitative Care* is not intended to be inclusive of all beds within CCC or Acute Care where rehabilitative care is not the primary purposes/focus of care (i.e. Palliative Care, Respite, Behavioural programs, as well as programs where patients are waiting for an alternate level of care). However, there is recognition that patients within these programs may receive some rehabilitative care for maintenance during their admission.

**5. How should I use the Definitions Framework for Bedded Levels of Rehabilitative Care within my organization?**

The Framework can be used to determine if and how well the rehabilitative care programs offered in designated inpatient rehab beds, CCC beds or convalescent care beds within Long-Term Care homes align with the levels described in the Framework and where changes within a program may be needed.

i.e. Do current program goals and/or target populations served need to be re-defined? Do the current allied health/nursing/medical resources meet the definitions? Do the staffing mixes/patient ratios need to be revamped? Are resources provided in a location that optimizes value (e.g. activation/restoration provided in CCC vs. convalescent care bed)?

If your organization participated in the provincial validation exercise, you may have a sense of where your programs do or do not align. (Note: there have been some revisions to the Framework from the time when the validation exercise was completed).

**6. Do rehabilitative care programs need to re-name their programs to match the bedded levels of rehabilitative care?**

No. However, you should review the definitions within each level closely to understand the target population and resources that should be provided within each. You may find that a program that you have called “Activation or Reactivation” actually provides the resources that align with the lower intensity of rehabilitation within the Rehabilitation level rather than aligning with the Activation level of rehabilitative care. In such cases, a change in the name of the program would likely reduce confusion.

**7. Where can I get more support?**

There are several ways to seek further clarification on the *Definitions Framework for Bedded Levels of Rehabilitative Care*, if needed. This includes:

- Requesting a Q&A webinar for LHIN Leads/HSPs
- Raising questions at the LHIN Leads/HSP Advisory Group meetings
- Directing questions to Sue Balogh, Project Manager, Rehabilitative Care Alliance at 416-340-4800, ext. 8141, or by email at [sue.balogh@uhn.ca](mailto:sue.balogh@uhn.ca).