



Q. What outcomes does the *Community Rehab Assessment (CRA)* measure?

The CRA assesses patients on a wide variety of functional domains, including capacity to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs), gait speed, cognition, memory, communication, vision, attention and pain. Several domains of health and well-being are also assessed, including fatigue, sleep, mood and participation in social activities.

Q. How is the data gathered and submitted?

The tool is based on existing validated interRAI items and consists of an *In-Clinic Assessment* and a *Patient Self-Report Tool*. You will ask patients to complete the self-report questionnaire on admission to your outpatient/ambulatory clinic and also on their discharge. A therapist in your clinic will complete the *In-Clinic Assessment* questionnaire at the start of therapy and at discharge. The RCA will provide data entry services and centralized analysis and reporting.

Q. What kind of results can we expect?

Each site receives an analysis of its own data. But because the data is standardized and comparable, you will also be able to compare results across populations and with other outpatient/ambulatory programs across the province. The following are some of the overall findings from the initial proof of concept:

- 80% of patients demonstrated improved function in areas including ADLs, IADLs, movement and locomotion over the course of their episode of rehab care.
- The percentage of patients experiencing pain all or most of the time every day dropped from 67% at admission to 42% at discharge.
- Nearly one-third of patients reported at admission that fatigue prevented them from starting or finishing normal day-to-day activities. This percentage dropped to 9% at discharge.

Q. What are the objectives for this Phase II pilot?

The initial proof of concept was a focused on demonstrating the efficacy of the CRA. The Phase II pilot continues that work with the following objectives:

- To further demonstrate the efficacy of the CRA using more longitudinal data to test its sensitivity to change across patient groups with different rehab needs.
- To consider how to integrate the tool into processes to reduce duplication in documentation.

Q. Who can participate?

All MOHLTC-funded outpatient/ambulatory rehabilitative care clinics that can commit to collecting the data of at least 15 patients can participate, whether they are attached to a hospital or operate as an independent clinic in the community.

Q. Is there a requirement regarding patient numbers and population groups that we will need to meet?

Participating sites must capture data for a minimum of 15 patients admitted and discharged from your program during the nine-month period. The focus of this pilot will be patients who need outpatient rehab due to an acquired brain injury, total joint replacement (TJR), neurological issue, stroke, or an orthopedic need other than TJR or hip fracture.

Q. How much staff time will this take?

The time will vary depending on other processes you have in place. One of the objectives of the pilot is to look at how to integrate the assessment with other clinical processes to reduce duplication. The assessment form has been shortened and redesigned based on feedback from the proof of concept sites. Their experience was that there is a learning curve, but that completing the form gets faster the more you do.

Q. Will staff require training?

Yes. The RCA provides an initial 90-minute training webinar on the processes and tools. This takes place on **January 25th, 3:30 – 5:00 pm**. You may wish to train one or two staff who can then train others. Lead staff will also receive site-specific training (via teleconference or in person) on more detailed logistics and to answer any questions they may have.

Q. Who will do the data entry and analysis? What form does it take?

The RCA will do all data entry and analysis. Each site will receive a report on functional outcome data specific to each patient population at their site, and a comparison of these results to those of participating sites across the province. This pilot provides you with a unique opportunity to measure your performance across populations and against other programs using standardized, comparable data.

Q. What about ethics and privacy approvals?

The RCA will take the lead on obtaining centralized privacy and ethics approval for this Phase II pilot. Sites can use this centralized process to initiate conversations at their own site or, depending on their requirements, in place of site-specific privacy and ethics approvals.

Q. What are the benefits of participating?

Participating in the pilot will provide you with data to demonstrate the value of outpatient rehabilitation to senior leaders in your organization and in the health care system.

The minimum data set for outpatient rehabilitation addresses a long-standing gap in data needed to support funding and planning decisions and to demonstrate the value of outpatient rehabilitation in improving patient outcomes. You'll also have the opportunity to contribute to the RCA's efforts to develop an efficient, effective tool to measure the impact of outpatient rehabilitation.

Q. Is there funding for participating sites?

Participation in this pilot is voluntary. There is no funding to support participation.

For more information, or to participate, please contact: [Rebecca Ho, Project Manager](#).