



### Q. What is the Rehabilitative Care System Performance Report?

The RCA is working with the 14 LHINs to establish standardized evaluation of rehabilitative care services at the LHIN and provincial level. The report is an annual assessment of the current performance of rehabilitative care provided across the province.

### Q. Why is it significant?

Performance indicators for rehabilitative care in Ontario are now clearly defined so data can be collected and reported in a standardized way. That means that performance can be measured against benchmarks and across LHINs — an important step in supporting evidence-based practice and quality improvement across the system. This standardized approach also allows LHINs and health service providers to demonstrate how rehabilitative care contributes to the health care system.

### Q. What is being evaluated?

The RCA's [Rehabilitative Care System Evaluation Framework](#) includes 39 indicators to evaluate performance in eight quality dimensions, including accessibility, safety and patient-centred care. The RCA is currently reporting on three priority and eight supplementary indicators. These eleven indicators were selected because the data for them is both available and reliable.

### Q. Where is the data for the report coming from?

Performance data and expertise is provided by Access to Care and Health Shared Services Ontario (HSSO). The RCA also uses data from IntelliHEALTH ONTARIO. Technical definitions for the indicators ensure they are measured consistently to allow reliable comparison of data. Performance data is currently reported at a LHIN level.

### Q. How were the benchmarks established?

Setting benchmarks establishes an important standard of quality. Benchmarks were established for the three priority indicators by an expert panel based on evidence and current performance across the province. The benchmarks reflect top performance while being achievable and acceptable to stakeholders.

### Q. What are the priority indicators and what are their benchmarks?

The three priority indicators are: wait times for inpatient rehabilitative care, wait times for in-home rehabilitative care and repeat ED visits due to falls. They were selected from the 39 performance indicators by an expert panel based on strategic alignment, reliability, actionability, timeliness and

clarity. The benchmarks are reviewed each year and recalculated as needed to reflect current performance across the province.

| Indicator   | 2016/17 Recommended Benchmark                                  |
|---|--|
| Wait time for inpatient rehabilitative care: time from most recent discharge destination determined to discharge date                 | 3 days   |
| Wait time for in-home rehabilitative care services: time from date patient available to first visit by regulated health professional* | 5 days   |
| Repeat ED visits for falls in the last fiscal year per 100,000 people aged 65 years and older   | 646 repeat visits per 100,000 people aged 65 years and older** |

*\*Definition updated to align with MOHLTC*

*\*\*Benchmark updated to reflect current performance across province and to correct previous calculation error*

### Q. Are more benchmarks being developed?

Not at the moment and there are no immediate plans to develop more. These are early days for the implementation of the evaluation framework and the annual system performance reports. The immediate focus is on helping organizations and LHINs to achieve the three established benchmarks. The RCA is also working with stakeholders to continue to refine the process of collecting and reporting data.

### Q. What will the report look like?

The annual performance report will provide a user-friendly, interactive performance scorecard that is supported by source data, technical definitions and summary and analysis. In early summer, the RCA will be sharing the new scorecard (using 2016/17 data) with the LHINs.

### Q. When will the report be released and how widely is it being shared?

The 2017/18 report will be released near the end of 2018. It will be available to RCA stakeholders only, including RCA committees, LHINs, the MOHLTC and other provincial organizations. LHINs are encouraged to share the report with their health service providers (whose data is reflected) and regional rehabilitation committees. The RCA is committed to transparency and continues to work with our stakeholders to improve the reporting process and annual report. In the future, we hope to post the reports on the RCA website and make them more widely available.

### Questions?

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