



**Rehabilitative
Care Alliance**

**Rehabilitative Care Alliance
System Evaluation Indicator
Technical Specifications**

**Developed by the System Evaluation Task and Advisory
Groups of the Rehabilitative Care Alliance**

March 31, 2017

BACKGROUND

In the RCA's first mandate, the RCA *Rehabilitative Care System Evaluation Framework* was developed to support a standardized approach to evaluating system performance across the rehabilitative care continuum. This standardized approach is intended to support evidence-based practice and system-wide improvement, including the prioritization of regional and provincial quality improvement opportunities. Furthermore, it will allow LHINs, HSPs and other stakeholders to demonstrate the contribution of rehabilitative care to overall health care system objectives.

APPROACH

The work of the System Evaluation Task and Advisory Groups focused on the implementation of the framework with the goal of developing a provincial performance report and preliminary scorecard using the indicators from the framework.

The development of the performance report and scorecard was conducted in several stages: 1) identify priority indicators from the system evaluation framework, 2) obtain required data and conduct analysis, 3) establish benchmarks, 4) identify a selection of supplementary indicators, 5) develop technical definitions for all indicators, and 6) build the report and preliminary scorecard. Provincial stakeholders were engaged in all aspects of this work.

PURPOSE OF THE TECHNICAL SPECIFICATIONS

The task and advisory groups reviewed provincial data sources to confirm data availability and reliability for the indicators in the system evaluation framework. Based on this review, it was decided to focus on defining, collecting data and reporting only those indicators for which data is available to feasibly calculate these indicators. The groups reviewed and adapted technical definitions for these indicators, which are included here.

The technical definitions provided in this report were used to collect the data provided in the [accompanying scorecard data spreadsheet](#) and are meant to support the understanding and standardized collection of performance data for rehabilitative care in Ontario.

Additional comments and suggested updates on this document are welcome for future iterations. Please send comments to info@rehabcarealliance.ca

LIST 1: PRIORITY INDICATORS

Quality Dimension	Ind. #	Rehab. Care System Indicator	Type	Where Indicator is Also Used
Accessible	A1	Wait time for inpatient rehabilitative care: time from most recent discharge destination determined from acute care to discharge date	Explanatory	H-SAA/M-SAA
Accessible	A3	Wait Time for CCAC In-Home Rehabilitative Care Services - Application from Community Setting to First CCAC Rehabilitative Care Service (excluding case management)	Explanatory	OHA, QIP
Safe	C3	Repeat ED visits for falls in the past 12 months at the beginning of the rolling 12-month period per 100,000 people aged 65 years and older	Explanatory	Integrated Falls Prevention Framework & Toolkit (July 2011) LHIN Collaborative

LIST 2: SUPPLEMENTARY INDICATORS

Quality Dimension	Ind. #	Rehab. Care System Indicator	Type	Where Indicator is Also Used
Accessible	A4	ALC Rate in Acute Care to Rehab (Closed Cases)	Explanatory	H-SAA
Accessible	A5	ALC Rate in rehabilitative care, by level of care	Explanatory	
Effective	B5	Average Total Functional Change (by RCG)	Explanatory	
Effective	B6	Average Admission FIM Scores (by RCG)	Explanatory	
Effective	B8	Active LOS Efficiency by RPG	Explanatory	
Safe	C1	Fall-related admission to hospitals from ED per 100,000 for seniors people aged 65 years and older	Explanatory	Integrated Falls Prevention Framework & Toolkit (July 2011) LHIN Collaborative
Safe	C2	Number of falls-related ED visits per 100,000 people aged 65 and older	Explanatory	Integrated Falls Prevention Framework & Toolkit (July 2011) LHIN Collaborative
Integrated	F3	% of Acute ALC Designations to CCC & In-Patient Rehab within 2 Days of Admission	Explanatory	
Appropriately Resourced	H4	Proportion of patients admitted to rehabilitation within each RCG?	Developmental	

NRS and CCRS Data Definition for Bedded Levels of Rehabilitative Care

- ▲ Rehabilitation
 - NRS
 - CCRS - All Special Rehab RUG categories
- ▲ Short Term Complex Medical Management
 - All non-special rehab RUG categories where LOS ≤ 90 days and patients are discharged home or to rehab, excluding:
 - ▲ Palliative bed, indicated by J5C and P1A0
 - ▲ All RUG Category: Reduced physical functions
 - ▲ All RUG Category: Behaviour Problems
- ▲ Long Term Complex Medical Management
 - All non-special rehab RUG categories where LOS > 90 days excluding:
 - ▲ Palliative bed, indicated by J5C and P1A0
 - ▲ All RUG Category: Reduced physical functions
 - ▲ All RUG Category: Behaviour Problems
- ▲ Activation/Restoration
 - Convalescent Care



PRIORITY INDICATORS



INDICATOR A1: Time from referral to admission to inpatient rehabilitative care

Indicator Description	Indicator Name	Time from referral to admission to inpatient rehabilitative care
	Indicator Description	Time from most recent discharge destination determined to discharge date, where the discharge destination is inpatient rehabilitative care
	Relevance	
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Facility based analysis (i.e. the location of the facility is used to report regional performance)
	Data Source(s)	Access to Care Wait Time Information System
Numerator	Calculation (define the numerator)	Discharge Date – Discharge Determination Date = days 10 th , 25 th , 50 th , 75 th , and 90 th percentile and mean
	Exclusion/Inclusion Criteria	Exclude: <ul style="list-style-type: none"> • Hospital transfers within a facility or between facilities within 24 hours • Missing discharge date • Missing discharge destination determination date
Denominator	Calculation (define the denominator)	All patients with a Discharge Destination Detail or Type with a value = inpatient rehabilitative care
	Exclusion/Inclusion Criteria	Inclusion <ul style="list-style-type: none"> • All patients ≥18 years with a discharge destination indicated as a either a rehab bed (NRS-reporting bed), CCRS-reporting bed, or Convalescent Care bed • Discharged from acute care during the fiscal year • Valid OHIP number Exclusion <ul style="list-style-type: none"> • Missing ALC Discharge Destination Detail • Missing ALC Discharge Destination Type
	Timing/frequency of release	Annual
Geography & Timing	Levels of comparability	Provincial LHIN Facility
	Trending (what year are data)	2013/14; 2014/15; 2015/16



	available)	
Additional Information	Limitations	<p>A waitlist entry/update and determination of a discharge destination does not reflect actual destination.</p> <p>The reported data is reflective of the intended rehab discharge destination from acute care and may be modified by the rehab program upon admission.</p>
	References	<ul style="list-style-type: none"> Guidance for Alternate Level of Care – To Be Determined (TBD), ATC, October 2012
	Comments/Interpretation	<p>This indicator should be interpreted as the time a patient in acute care waits for a rehabilitative care bed. A lower number is preferred.</p> <p>The ALC discharge destination determination date is used as a proxy for the referral date, as it is defined as “The date when the decision is made by the physician or delegate in collaboration with an interprofessional team (when available), as to where a patient is to be discharged or transferred.”</p> <p>Using this method, only time spent waiting specifically for the bedded rehabilitative care will be included in the wait time. If a patient has had his/her discharge destination changed multiple times, for various clinical reasons, this method may decrease the presented wait time in certain scenarios. While this approach helps to focus the calculated wait for a specific service, it may not be deemed the most reflective of the entire patient experience, i.e., it is not inclusive of the total ALC wait time.</p>
	Alignment	Access
	Improvement suggestions	<p>Ideally would move to a wait time definition that describes the full patient experienced wait time: time from date of rehab referral to date of admission to inpatient rehabilitative care.</p> <p>Ideally would move to where data can be captured and reported in alignment with the Rehab Care Alliance definitions framework – with discharge destinations aligned to the RCA definitions of bedded levels of rehabilitative care.</p>



INDICATOR A3: Wait Time for CCAC In-Home Rehabilitative Care Services

Indicator Description	Indicator Name	Wait Time for CCAC In-Home Rehabilitative Care Services
	Indicator Description	Time from first therapy date of service authorization to the date of first therapy visit
	Relevance	Timely access to in-home rehab services
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Population based analysis (i.e. the location of the patient’s residence is used to report regional performance)
	Data Source(s)	Ontario Association of Community Care Access Centres Client Health & Related Information System
Numerator	Calculation (define the numerator)	Time from service authorization to 1st visit reported by mean, 10th, 25th, 50th, 75th, and 90thpercentiles for patients referred to rehab services through the CCAC.
	Exclusion/Inclusion Criteria	Exclude: <ul style="list-style-type: none"> • Patients who were on hold for any reason between authorization and first visit • Referrals beginning before April 1 2010
Denominator	Calculation (define the denominator)	<ul style="list-style-type: none"> • All patients with a CCAC service authorization
	Exclusion/Inclusion Criteria	Include: <ul style="list-style-type: none"> • ≥18 years • Home care referrals active and admitted between April 1 and March 31st of the noted year • Patient received their first visit of Physiotherapy, Occupational Therapy, Speech Language Pathology, or social work during the time period noted. • Short or Long stay CCM population • Age 19 years or older at time of admission • Valid OHIP number
Geography & Timing	Timing/frequency of release	Annual
	Levels of comparability	Provincial LHIN New referrals (within 2 weeks of hospital discharge) vs. “on-service” clients
	Trending (what year are data	2013/14; 2014/15; 2015/16



Additional Information	available)	
	Limitations	If the patient is already on CCAC caseload for other services, the referral for service will not capture wait time for rehab services. A more accurate way to capture wait time for in-home rehab services is from the point of 'service authorization' (in response to a request for rehab services) by the Case Coordinator. However, in some situations, the service authorization of the request for in-home rehab services may be delayed by the Case Coordinator (i.e. when requests for service are being wait listed due to funding issues)
	References	None
	Comments/Interpretation	<p>This indicator should be interpreted as the time a patient at home, in the community, waits for CCAC services. A lower number is preferred.</p> <ul style="list-style-type: none"> • Need to recognize that referrals are often made preemptively from hospital to support efficient discharge planning • May need to reflect the time from "Patient Available" date to first in-home visit or compare the "Patient Available" date to "CCAC Ready" date
	Alignment	Accessibility
	Improvement suggestions	



INDICATOR C3: Repeat ED visits for falls in the past 12 months at the beginning of the rolling 12 month period per 100,000 people aged 65 years and older.

Indicator Description	Indicator Name	Repeat ED visits for falls in the past 12 months at the beginning of the rolling 12 month period per 100,000 people aged 65 years and older
	Indicator Description	Number of visits among patients with greater than one visit to the ED for falls per 100,000 people aged 65 years and older
	Relevance	Safety
	Level of analysis	<ul style="list-style-type: none"> • unique patient • Population based analysis (i.e. the location of the patient’s residence is used to report regional performance)
	Data Source(s)	Canadian Institute for Health Information National Ambulatory Care Reporting System
Numerator	Calculation (define the numerator)	Total number of repeat visits (above 1) to the ED for fall indicated as the most responsible diagnosis (MRDx)/main problem is “fall” = ICD-10 code WW00-WW19
	Exclusion/Inclusion Criteria	<p><u>Include</u></p> <ul style="list-style-type: none"> • All patients >=65 years • Valid OHIP number <p><u>Exclusions</u></p> <ul style="list-style-type: none"> • Scheduled ED visits are excluded. • Scheduled ED visit indicator = “Y” or ED visit indicator = “0” (as of 2011–2012).
Denominator	Calculation (define the denominator)	Total number of people aged 65 years and older that had a fall related ED visit in each Fiscal year / 100,000
	Data Source(s)	NACRS – ED Main Problem Diagnosis = WW00-WW19 Ontario Ministry of Health and Long-Term Care (MOHLTC): IntelliHEALTH ONTARIO (IntelliHEALTH)
	Exclusion/Inclusion Criteria	<p>Include:</p> <ul style="list-style-type: none"> • All patients >=65 years • Valid OHIP number
Geography & Timing	Timing/frequency of release	Annual



	Levels of comparability	Provincial LHIN Stratified by age cohort, 5 year increments, regrouped
	Trending (what year are data available)	2013/14, 2014/15, 2015/16
Additional Information	Limitations	
	References	
	Comments/Interpretation	
	Alignment	
	Improvement suggestions	



**Rehabilitative
Care Alliance**

*Rehabilitative Care Alliance System Evaluation Indicators:
Technical Specifications*

SUPPLEMENTARY INDICATORS

March 31, 2017



INDICATOR A4: ALC Rate in Acute Care to Rehab

Indicator Description	Indicator Name	ALC Rate in Acute Care among patients being discharged to a bedded level of Rehab care	
	Indicator Description	The total number of ALC days contributed over the total number of inpatient days, expressed as a percentage	
	Relevance	Access	
	Level of analysis	<ul style="list-style-type: none"> • Single discharge • Facility based analysis (i.e. the location of the facility is used to report regional performance) 	
	Numerator	Calculation (define the numerator)	The total number of days that patients spent designated ALC in an acute bed (non-surgical, surgical, and intensive/critical care beds) where the discharge destination is an NRS or CCRS-CCC reporting bed
		Data Source(s)	Access to Care, Wait Time Information System WTIS
		Exclusion/Inclusion Criteria	
Denominator	Calculation (define the denominator)	Acute Patient days = the total number of patient days contributed by inpatients in Medical (MED) + Surgical (SURG) + Combined Medical & Surgical (CMS) + Intensive Care and Coronary Care (ICU) + Obstetrics (OBS) + Paediatric (PAE) + Child/Adolescent Mental Health (Children MH) + Acute Addiction (Addiction) + Pediatrics in Nursery (Paed Days in Nursery) + Newborns (Level 1 - General + Level 2 - Intermediate + Level 3 - ICU Neonatal + Not in Regular)	
	Data Source(s)	Bed Census Summary (BCS), via ATC WTIS	
	Exclusion/Inclusion Criteria	<p>Inclusions: Patient days contributed by inpatients in the emergency department (Bed Type = Emergency (Emerg + PARR, Emergency + PARR)).</p> <p>Exclusions:</p> <ol style="list-style-type: none"> 1. ALC cases discontinued due to 'Data entry error' 2. ALC cases have inpatient service = discharge destination for post-acute care 3. ALC cases identified by the facility for exclusion 	
Geography & Timing	Timing/frequency of release		
	Levels of comparability	Province	



		LHIN Facility
	Trending (what year are data available)	2013/14, 2014/15, 2015/16; reported quarterly
Additional Information	Limitations	Please note that only those facilities (Acute & Post-Acute) submitting both ALC data (to the WTIS) and BCS data (through the HDB Web Portal) are included in ALC Rate calculation. Any master number that does not have inpatient days reported to the BCS for a given month/quarter will be excluded from reporting for that month/quarter. Please refer to Appendix A and the BCS DQ Notes tab for more details.
	References	ALC Rate Report Methodology document, Access to Care, Cancer Care Ontario, August 2013
	Comments/Interpretation	This indicator should be interpreted as the number of days that patients use those beds waiting for a NRS or CCC bed as a proportion of available days in an acute care bed, over the period of a fiscal year. A lower number is preferred. The data source used to calculate the total patient days in the ALC Rate Report is the Bed Census Summary (BCS) [previously the Daily Census Summary (DCS)]. Ontario hospitals make monthly data submissions to the ministry's Health Data Branch (HDB) Web Portal. ATC then takes a data cut from the Web Portal to use for the total patient days in the ALC Rate Report. Please refer to the BCS DQ Notes tab within the ALC Rate Report for more details about the data refresh timelines.
	Alignment	Accessible
	Improvement suggestions	Report open and closed cases separately



INDICATOR A5: ALC Rate in Rehab and CCC

Indicator Description	Indicator Name	ALC Rate in Rehab and CCC
Numerator	Indicator Description	The total number of ALC days in Rehab and CCC, contributed over the total number of inpatient days, expressed as a percentage
	Relevance	Access
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Facility based analysis (i.e. the location of the facility is used to report regional performance)
	Calculation (define the numerator)	The total number of days that patients spent designated ALC in a rehabilitation bed or complex continuing care bed (non-surgical, surgical, and intensive/critical care beds)
	Data Source(s)	Access to Care, Wait Time Information System
	Exclusion/Inclusion Criteria	Exclusions: <ul style="list-style-type: none"> • ALC cases discontinued due to 'Data entry error' • ALC cases have inpatient service = discharge destination for post-acute care • ALC cases identified by the facility for exclusion
	Denominator	Calculation (define the denominator)
Data Source(s)		Bed Census Summary (BCS), via ATC WTIS
Exclusion/Inclusion Criteria		1. Patient days contributed by inpatients in the emergency department (Bed Type = Emergency (Emerg + PARR, Emergency + PARR)).
Geography & Timing	Timing/frequency of release	Annually
	Levels of comparability	Province LHIN Facility
	Trending (what year are data available)	2013/14, 2014/15, 2015/16
Additional Information	Limitations	Please note that only those facilities (Acute & Post-Acute) submitting both ALC data (to the WTIS) and BCS data (through the HDB Web Portal) are included in ALC Rate calculation. Any master number that does not have inpatient days reported to the BCS for a given month/quarter will be excluded from



	<p>reporting for that month/quarter. Please refer to Appendix A and the BCS DQ Notes tab for more details.</p> <p>The data source used to calculate the total patient days in the ALC Rate Report is the Bed Census Summary (BCS) [previously the Daily Census Summary (DCS)]. Ontario hospitals make monthly data submissions to the ministry's Health Data Branch (HDB) Web Portal. ATC then takes a data cut from the Web Portal to use for the total patient days in the ALC Rate Report. Please refer to the BCS DQ Notes tab within the ALC Rate Report for more details about the data refresh timelines.</p>
References	ALC Rate Report Methodology document, Access to Care, Cancer Care Ontario, August 2013
Comments/Interpretation	This indicator should be interpreted as the number of days that patients use an NRS or CCC reporting beds to wait for another type of bed, as a proportion of the total available days in those NRS or CCC beds, over the period of a fiscal year. A lower number is preferred.
Alignment	Accessible
Improvement suggestions	Report open and closed cases separately



INDICATOR B5: Average Total Functional Change

Indicator Description	Indicator Name	Average total functional change
	Indicator Description	Mean and median change in functional score
	Relevance	
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Facility based analysis (i.e. the location of the facility is used to report regional performance)
	Data Source(s)	Canadian Institute for Health Information National Rehabilitation Reporting System
Numerator	Calculation (define the numerator)	Mean and median total functional change (FIM change = discharge total FIM-admission total FIM)
	Exclusion/Inclusion Criteria	
Denominator	Calculation (define the denominator)	All patients >=18 years admitted into inpatient rehabilitation
	Exclusion/Inclusion Criteria	<p>Include:</p> <ul style="list-style-type: none"> • Patients admitted to either an NRS reporting bed • Discharged alive • ≥18 years • Admitted into inpatient rehabilitation during the fiscal year • Valid OHIP number <p>Exclude:</p> <ul style="list-style-type: none"> • Hospital transfers within a facility or between facilities within 24 hours • Missing Admission FIM score
Geography & Timing	Timing/frequency of release	Annual
	Levels of comparability	Provincial LHIN Facility RCG
	Trending (what year are data available)	Annual
Additional	Limitations	Provincial



Information	LHIN Facility
References	2013/14, 2014/15, 2015/16
Comments/Interpretation	
Alignment	Effective
Improvement suggestions	

INDICATOR B6: Average Admission FIM Scores (by RCG)

Indicator Description	Indicator Name	Average admission FIM score, by RCG
	Indicator Description	Mean and Median admission FIM score, by RPG
	Relevance	
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Facility based analysis (i.e. the location of the facility is used to report regional performance)
Numerator	Calculation (define the numerator)	Mean and median admission FIM score
	Data Source(s)	CIHI NRS
	Exclusion/Inclusion Criteria	
Denominator	Calculation (define the denominator)	All patients >=18 years admitted into inpatient rehabilitation
	Data Source(s)	CIHI NRS
	Exclusion/Inclusion Criteria	Include: <ul style="list-style-type: none"> • Patients admitted to either an NRS or CCRS reporting bed≥18 years • Admitted into inpatient rehabilitation during the fiscal year • Valid OHIP number Exclude: <ul style="list-style-type: none"> • Hospital transfers within a facility or between facilities within 24 hours



		<ul style="list-style-type: none"> • Missing discharge date • Missing Admission FIM score • Missing discharge FIM score
Geography & Timing	Timing/frequency of release	Annual
	Levels of comparability	Provincial LHIN Facility RCG (including missing RPG as a separate category)
	Trending (what year are data available)	Annual
Additional Information	Limitations	
	References	2013/14, 2014/15, 2015/16
	Comments/Interpretation	
	Alignment	Effective
	Improvement suggestions	

INDICATOR B8: Active LOS Efficiency by RPG

Indicator Description	Indicator Name	Mean LOS efficiency for inpatient rehabilitation.
	Indicator Description	Client average daily change in Total Function Score in the inpatient rehabilitation program
	Relevance	Effective
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Facility based analysis (i.e. the location of the facility is used to report regional performance)
	Data Source(s)	Canadian Institute for Health Information National Rehabilitation Reporting System
Numerator	Calculation (define the numerator)	Mean LOS efficiency (FIM change (discharge total FIM – total admission FIM) /total LOS)
	Exclusion/Inclusion Criteria	Excludes clients with incomplete admission and discharge Function Scores
Denominator	Calculation (define the denominator)	All patients admitted to inpatient rehabilitation



Geography & Timing	Exclusion/Inclusion Criteria	<p>Include:</p> <ul style="list-style-type: none"> • All admissions to inpatient rehab (NRS reporting bed) • Discharged alive • ≥18 years • Admitted into inpatient rehabilitation by fiscal year • Valid OHIP number <p>Exclude:</p> <ul style="list-style-type: none"> • Hospital transfers within a facility or between facilities within 24 hours • Missing discharge date • Missing Admission FIM score • Missing discharge FIM score
	Timing/frequency of release	Annual
	Levels of comparability	Provincial LHIN Facility RPG
	Trending (what year are data available)	2013/14, 2014/15, 2015/16
Additional Information	Limitations	
	References	FIM efficiency is the change in total FIM score divided by total length of stay; it provides information on the average amount of functional recovery per day of inpatient rehabilitation.
	Comments/Interpretation	This indicator should be interpreted as the median FIM efficiency for patients
	Alignment	Effective
	Improvement suggestions	

INDICATOR C1: Number of fall-related ED visits that result in an admission to hospital per 100,000 people aged 65 years and older

Indicator Description	Indicator Name	Number of fall-related admissions to hospital from ED per 100,000 people aged 65 years and older
	Indicator Description	Number of visits to the ED due to fall that result in an admission to acute or bedded rehabilitative care, per



Numerator	Relevance	population people aged 65 years and older Safety
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Population based analysis (i.e. the location of the residence of the patient is used to report regional performance)
	Calculation (define the numerator)	<p>The total number of visits to ED in a calendar year, where any diagnostic field includes is = WW00-WW19, where the discharge disposition is indicated as:</p> <ul style="list-style-type: none"> • CLIENT ADMITTED AS INPATIENT TO CRITICAL CARE UNIT/OPERATING ROOM IN REPORTING FACILITY DIRECT FROM AMB. CARE VISIT FUNCTIONAL CENTRE AND • CLIENT ADMITTED AS INPATIENT TO OTHER UNITS IN REPORTING FACILITY DIRECT FROM AMB. CARE VISIT FUNCTIONAL CENTRE
	Data Source(s)	NACRS-ED
	Exclusion/Inclusion Criteria	Exclusion criteria: Delete Encrypted_HN="7863803113".Patients with this Encrypted_HN don't usually have health cards.
Denominator	Calculation (define the denominator)	<p>ED visits for falls (MP = WW00-WW19,) among patients 65 years of age and older.</p> <p>Total number of people in the region who are 65 years and older based on the calendar year / 100,000</p>
	Data Source(s)	<p>NACRS-ED and</p> <p>Statistics Canada Distributed by: Ontario Ministry of Health and Long-Term Care (MOHLTC): IntelliHEALTH ONTARIO (IntelliHEALTH)</p>
	Exclusion/Inclusion Criteria	<p>>= 65 years old</p> <p>No other exclusions</p>
Geography & Timing	Timing/frequency of release	Annual
	Levels of comparability	LHIN Province
	Trending (what year are data available)	2013/14, 2014/15, 2015/16



Additional Information	Limitations	Population predictions, not current census date Ideally, detecting an ICD-10 code for fall would be indicated as the most responsible diagnosis, though the practice seems to be discouraged at sites. ED visits due to falls might be misrepresented using the current coding system.
	References	Falls Prevention Toolkit Ministry of Finance population projections
	Comments/Interpretation	
	Alignment	Safe
	Improvement suggestions	

INDICATOR C2: Number of fall-related visits to the ED per 100,000 people aged 65 years and older

Indicator Description	Indicator Name	Number of fall-related visits to the ED per 100,000 people aged 65 years and older
	Indicator Description	Number of visits to the ED due to fall, per population people aged 65 years and older
	Relevance	Safety
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Population based analysis (i.e. the location of the patient's residence is used to report regional performance)
	Numerator	<p>Calculation (define the numerator)</p> <p>Total number of visits to the ED in the fiscal year where fall is indicated as either main or other problem , where:</p> <ul style="list-style-type: none"> • "fall" = ICD-10 code WW00-WW19
	Data Source(s)	CIHI Discharge Abstract Database, CIHI NACRS
	Exclusion/Inclusion Criteria	<p><u>Include</u></p> <ul style="list-style-type: none"> • All patients >=18 years • Valid OHIP number <p><u>Exclusions</u></p> <ul style="list-style-type: none"> • Visits from non-participating ED facilities are excluded. • Scheduled ED visits are excluded. • Scheduled ED visit indicator = "Y" or ED visit



		<p>indicator = "0" (as of 2011–2012).</p> <ul style="list-style-type: none"> Records with invalid length of stay are excluded from the median length of stay calculation. Visits from non-participating ED facilities are excluded.
Denominator	Calculation (define the denominator)	Total number of people in the region who are 65 years and older based on the calendar year / 100,000
	Data Source(s)	Statistics Canada Distributed by: Ontario Ministry of Health and Long-Term Care (MOHLTC): IntelliHEALTH ONTARIO (IntelliHEALTH)
	Exclusion/Inclusion Criteria	>= 65 years old No other exclusions
Geography & Timing	Timing/frequency of release	Annual
	Levels of comparability	LHIN Province
	Trending (what year are data available)	2013/14, 2014/15, 2015/16
Additional Information	Limitations	Population predictions are used, not current census date Ideally, detecting an ICD-10 code for fall would be indicated as the most responsible diagnosis, though the practice seems to be discouraged at sites. ED visits due to falls might be misrepresented using the current coding system.
	References	Falls Prevention Toolkit Ministry of Finance population projections
	Comments/Interpretation	
	Alignment	Safe
	Improvement suggestions	

INDICATOR F3: % of Acute ALC Designations to CCC & In-Patient Rehab within 2 Days of Admission to Acute Care

March 31, 2017



Indicator Description	Indicator Name	Rate of ALC designations to inpatient rehabilitative care within 2 days of admission to an acute care bed
	Indicator Description	Rate of ALC designations to inpatient rehabilitative care within 2 days of admission to an acute care bed
Numerator	Relevance	
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Facility based analysis (i.e. the location of the facility is used to report regional performance)
	Calculation (define the numerator)	<p>Rate per 100 admissions, numerator/denominator*100</p> <p>Number of acute care admissions who were designated as ALC to an NRS or CCRS reporting bed within 48 hours of admission to that acute care bed</p>
	Data Source(s)	Access to Care, Wait Time Information System
	Exclusion/Inclusion Criteria	<p>Include:</p> <ul style="list-style-type: none"> • All patients ≥18 years with a discharge destination indicated as a either a rehab bed (NRS-reporting bed), CCRS-reporting bed, or Convalescent Care bed • Discharged from acute care during the fiscal year • Valid OHIP number <p>Exclude:</p> <ul style="list-style-type: none"> • Hospital transfers within a facility or between facilities within 24 hours • Missing discharge destination determination
Denominator	Calculation (define the denominator)	Number of acute care admissions
	Data Source(s)	Discharge Abstract Database via Access to Care, Wait Time Information System and ATC WTIS
	Exclusion/Inclusion Criteria	<p>Include:</p> <ul style="list-style-type: none"> • All patients ≥18 years with a discharge destination indicated as a either a rehab bed (NRS-reporting bed), CCRS-reporting bed, or Convalescent Care bed • Discharged from acute care during the fiscal year • Valid OHIP number <p>Exclude:</p> <ul style="list-style-type: none"> • Hospital transfers within a facility or between facilities within 24 hours • Missing discharge destination determination



Geography & Timing	Timing/frequency of release	Annual
	Levels of comparability	Provincial LHIN Facility By Discharge Destination: Complex Continuing Care Bed - CCC - Low Tolerance Long Duration (LTLD) Complex Continuing Care Bed - CCC - Non Low Tolerance Long Duration Rehabilitation Bed - Cardiac Rehabilitation Bed - Geriatric Rehabilitation Bed - Low Tolerance Long Duration Rehabilitation (LTLD) Rehabilitation Bed - Musculoskeletal (MSK) Rehabilitation Bed - Neurological Rehabilitation Bed - Other Rehabilitation Convalescent Care Bed
	Trending (what year are data available)	2013/14; 2014/15; 2015/16
Additional Information	Limitations	<ul style="list-style-type: none"> • A waitlist entry/update and determination of a discharge destination do not indicate acceptance to that destination or approval by the receiving organization. • The reported data is reflective of the intended rehab discharge destination from acute care and may be modified by the rehab program upon admission.
	References	Guidance for Alternate Level of Care – To Be Determined (TBD), ATC, October 2012
	Comments/ Interpretation	
	Alignment	Integrated
	Improvement suggestions	

INDICATOR H4: Proportion of patients admitted to rehabilitation by Rehabilitation Group (RG)

Indicator Description	Indicator Name	Proportion of patients admitted to rehabilitation within each RG
	Indicator Description	Proportion of patients admitted to rehabilitation within each RG



	Relevance	
	Level of analysis	<ul style="list-style-type: none"> • Single admission/unique patient • Facility based analysis (i.e. the location of the facility is used to report regional performance)
	Data Source(s)	Canadian Institute for Health Information National Rehabilitation Reporting System
Numerator	Calculation (define the numerator)	Number of admissions into each of the RCG groupings (RCG-1 to RCG-17)
		Numerator/denominator *100%
	Exclusion/Inclusion Criteria	<ul style="list-style-type: none"> • ≥18 years • Admitted into inpatient rehabilitation between during the fiscal year • Valid OHIP number
Denominator	Calculation (define the denominator)	All admissions to an NRS reporting bed
	Exclusion/Inclusion Criteria	<ul style="list-style-type: none"> • ≥18 years • Admitted into inpatient rehabilitation between during the fiscal year • Valid OHIP number
Geography & Timing	Timing/frequency of release	Annual
	Levels of comparability	<ul style="list-style-type: none"> • Facility • LHIN • Province
	Trending (what year are data available)	2013/14; 2014/15; 2015/16
Additional Information	Limitations	
	References	
	Comments/ Interpretation	
	Alignment	Appropriately resourced
	Improvement suggestions	