



Terms of Reference: Rehabilitative Care Alliance Rehab Definitions Task Group

Background

The Rehabilitative Care Alliance (RCA) was created by Ontario's Local Health Integration Networks (LHINs) in 2013 to bring about the system transformation that no single LHIN could achieve on its own. Through significant engagement of provincial stakeholders including health service providers, subject matter experts, patient and family representatives and others, the RCA has set in motion significant change across the province.

By standardizing many aspects of planning, evaluation and clinical care across the province, the RCA and its partners are ensuring that health care resources are used more effectively and that Ontarians receive high quality rehabilitative care no matter where they live.

The approval of the RCA's next work plan from 2019 – 2022 will allow the RCA to continue its successful efforts to strengthen and standardize rehabilitative care across the province. The benefits of rehabilitative care — better health outcomes, shortened hospital stays and reduced hospitalizations among older adults — are particularly relevant today, as stakeholders seek to improve flow, divert patients from emergency departments, maintain and enhance function in the community, and reduce hallway medicine.

Over the next three years, the RCA will build on the impact of its current work with a focus on the following:

- **Frail Seniors:** Continue to support efforts to reduce preventable emergency department visits and maintain and improve the functional status of community-based frail seniors who fall.
- **Capacity Planning:** Support regions in applying a standardized, needs-based approach to capacity planning for rehabilitative care so that resources are optimally allocated to address patient needs.
- **Bundled Care:** Continue to work with the MOHLTC and rehabilitative care providers to support expansion of bundled funding projects.
- **Hip Fracture/Total Joint Replacement (TJR) QBP Best Practices:** Increase alignment across province with TJR rehabilitative care best practices to support implementation and spread of the MOHLTC hip & knee bundled care initiative.
- **Community-Based Rehab Initiative:** Improve understanding of how community-based rehabilitative care models could be used to support enhanced patient outcomes, better flow and improved patient transitions.
- **System Evaluation:** Continue to standardize evaluation of rehabilitative care services at the regional and provincial level to support evidence-based practice and system-wide improvement.
- **Definitions:** Advance the understanding and optimization of rehabilitative care resources to the benefit of patients. Provide support as needed to further spread and integrate the Definitions Frameworks across the province.
- **Assess & Restore:** Analyze provincial outcomes of Assess & Restore funding to illustrate impact on clinical outcomes and system efficiencies.

From the beginning, the RCA's strength has been the tremendous engagement and support of stakeholders from across the province.



Objectives Mandate IV (April 1, 2019 – March 31, 2022)

Within a changing healthcare environment that is moving towards a bundled care approach, the objective of the Rehab Definitions Task Group is to define best practices to ensure that rehabilitative care is recognized and included as an integral part of achieving optimal health outcomes. This best practice guideline, by describing who can benefit from rehabilitative care and how it can support both patient and health system outcomes, will serve to guide the planning and delivery of rehabilitative care within a changing healthcare environment.

The work of the Rehab Definitions Task Group will be guided by evidence and data, informed by stakeholder engagement, and aligned with provincial initiatives with shared objectives and content.

Deliverables

The following is the anticipated deliverable for this initiative. It may be subject to change depending on the discussions of the task group and the potential influence of other provincial initiatives. Any significant change in deliverables will be discussed with the task group and Steering Committee.

An evidence- and/or consensus-based guideline* that:

- Describes the role and benefits of rehabilitative care in optimizing patient and health system outcomes
- Outlines best practices for determining:
 - Which patients would benefit from rehabilitative care (e.g., patient characteristics as defined by age, comorbidities, medical/nursing needs, psychosocial issues and other contextual factors etc.)
 - Location/setting to achieve best patient outcomes
- Explores minimum staffing requirements for provision of rehabilitative care as determined through development of the best practice guideline

*While the scope of this guideline is post-acute rehabilitative care, the RCA's Community-Based Rehab Advisory Group will profile the role of community-based rehab models (including ambulatory, in-home and primary care) in supporting people to return home and enhance or maintain functional status.

Roles and Responsibilities

- The task group will be supported by the Rehabilitative Care Alliance Secretariat.
- The Rehabilitative Care Alliance Steering Committee will act to support the Rehab Definitions Task Group and remove/eliminate barriers, as able, to facilitate the work of the group.
- If the Rehab Definitions Task Group members share documents pertaining to the work of the group with stakeholders outside of the committee, members will provide contextual information to the recipient to explain the purpose of the work as well as any other information that is required to provide clarity around the work and the information contained within the document(s).
- Members are expected to review distributed materials in advance of the meeting.
- If members are unable to attend a meeting, members may identify an alternate representative who will attend meetings on their behalf and provide the alternate attendee with information required to support



their participation. The alternate will communicate the proceedings, decisions and any actions required to the member.

Accountability

- The Rehab Definitions Task Group is accountable to the Rehabilitative Care Alliance Steering Committee for fulfilling its mandate and producing the deliverables (as described above) by agreed upon timelines.

Membership

The focus of this initiative is to develop a best practice guideline that describes the role and benefits of rehabilitative care in optimizing patient outcomes, how to determine who would benefit from that care and how to determine the most appropriate setting. Given this focus, membership of the Task Group will draw on key subject matter experts spanning clinical, financial and performance management areas of expertise in rehabilitative care.

Task Group Co-Chairs:

Co-chair: Andrea Lee, St. Joseph's Health Care – London, Director, Rehabilitation

Co-chair: Jan Walker, West Park Healthcare Centre, Vice President, Strategy, Innovation and CIO

Term

The term of this Task Group is through March 2022.

Decision Making

The Rehab Definitions Task Group will strive for consensus and will use voting when there is no clear agreement.

Meetings

The Rehab Definitions Task Group will meet every 1-2 months or as required to achieve the deliverables, throughout the course of the mandate. Additional meetings may be required to complete work according to project timelines. Webinars, teleconference and other formats will be used to facilitate meeting attendance.

Minutes

Minutes shall be recorded for all meetings and circulated to committee members for dissemination/distribution to relevant stakeholders within each organization.

Communication

The RCA secretariat will distribute meeting materials, via email, in advance of each meeting. Any documents that solicit feedback from committee members will be distributed via email. All documents approved for broad distribution will be posted on the Rehabilitative Care Alliance website.