



Terms of Reference: Rehabilitative Care Alliance System Evaluation Indicator Development Task Group

(Note: Terms of Reference will be confirmed at the first Task/Advisory group meeting.)

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 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 Funding:** 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 hip fracture and TJR rehabilitative care best practices to support implementation and spread of quality initiatives and 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:** Continue to guide and support the spread and integration of the definitions frameworks to drive standardization 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 Work Plan 2019-2022 (April 1, 2019 – March 31, 2022)

Building on the previous work of the RCA's System Evaluation initiative, the current work plan will continue to support reporting on Rehabilitative Care System Performance and support regional planners in their quality improvement toward meeting RCA published benchmarks. The objectives of the System Evaluation initiative will be to enhance the provincial system evaluation report to include performance at the organization level, develop a unifying approach to quality improvement for the 3 priority indicators and integrate the reporting of outpatient rehab data within the RCA System Evaluation performance report. The focus of the Indicator Development Task Group will be on the incorporation of outpatient/ambulatory indicators into the performance report and undertake an indicator review and refresh.

Deliverables

The following are anticipated deliverables for this initiative. These 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.

- Produce a detailed report of the findings from the Phase II CRA Pilot of patient outcomes in outpatient rehab
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- Incorporate outpatient indicators on wait time and utilization into the system evaluation report card
 - Identify 2-3 indicators from the outpatient data to include in the report, develop technical specifications and undertake data quality review
- Undertake an overall indicator review and refresh

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 Indicator Development Task Group and remove/eliminate barriers, as able, to facilitate the work of the group.
- If 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 System Evaluation Indicator Development Task Group is accountable to the System Evaluation Advisory Group and the Rehabilitative Care Alliance Steering Committee for fulfilling its mandate and producing the deliverables (as described above) by agreed upon timelines.

Membership

Given that the focus of this initiative is on development and reporting on indicators from the outpatient rehab sector as well as undertaking an overall indicator review and refresh, this Task Group will be composed of individuals who play a role outpatient rehab and/or operational/health system performance.

Indicator Development Task Group Chair: Michael Gekas, Senior Director, Operational Performance, Sinai Health System

Term

The term of this Task Group is through March 2022.

Decision Making

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

Meetings

The Task Group will meet every 2-3 months 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.