



## New Directions in Rehabilitative Care

A progress report - June 2016

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The Rehabilitative Care Alliance (RCA) works with LHINs and health service providers across the province to strengthen and standardize rehabilitative care.

Working with its partners, the RCA has achieved significant results in the following priority areas:

### Definitions and Capacity Planning

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*We've established standards for how rehabilitative care programs are categorized and the components of care that are provided. These standards will provide clarity for patients, families and referring professionals and support LHINs and health services providers (HSPs) in planning and organizing services. We've also developed a standardized approach to planning rehabilitative care services.*

#### What we've done

- ✓ Developed two definitions frameworks (for bedded levels and community-based levels of rehabilitative care) to establish consistent provincial standards for levels of rehabilitative care
- ✓ Developed a capacity-planning framework to identify existing rehabilitative care services/programs and support planning activities at the LHIN level
- ✓ Mapped existing programs to frameworks for bedded and community-based levels of care. (Completed by LHINs and HSPs)
- ✓ Analyzed mapping surveys at provincial and LHIN levels

#### What we're doing by March 2017

- Supporting LHINs in implementing frameworks and/or identifying barriers to full implementation and developing a plan to address them
- Supporting LHINs in applying RCA Capacity framework (as they are able)

### System Evaluation

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*We've developed a standardized approach to evaluating rehabilitative care system performance. This evaluation framework will support regional and provincial quality improvement efforts and demonstrate the contribution of rehabilitative care to the health care system.*

#### What we've done

- ✓ Developed a framework and set of indicators to standardize evaluation of rehabilitative care system performance at the regional and provincial level

#### What we're doing by March 2017

- Defining data elements, analyzing data and identifying benchmarks so LHINs can begin implementing the framework

## Assess & Restore/Frail Senior/Medically Complex

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*We've developed a provincial approach to operationalizing key elements of the Assess and Restore guideline with a particular focus on the needs of high risk, frail senior/medically complex populations. This approach will help these populations receive timely access to rehabilitation.*

### What we've done

- ✓ Created a standardized process and tools that support early identification of individuals with restorative potential who require inpatient rehabilitative care and facilitates referrals directly from the community/Emergency Department (Direct Access Priority Process)
- ✓ Developed a compendium of best practices to help providers assess and treat geriatric syndromes that may contribute to functional decline and frailty

### What we're doing by March 2017

- Supporting LHINs as they implement the Direct Access Priority Process and evaluating its impact on the system
- Working with LHINs and HSPs to demonstrate the value for money of Assess & Restore projects and to support knowledge exchange for projects that can be scaled up across the province

## Outpatient/Ambulatory Reporting

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*We're addressing the long-standing gap in data collection for outpatient rehabilitation. Our work will help clinicians, planners and policy-makers evaluate the value of outpatient/ambulatory rehabilitative care within an integrated model of care, support planning and evaluation at the organizational, regional and system level and allow resources to be used optimally.*

### What we've done

- ✓ Developed a standardized rehabilitative care minimum data set (MDS) to support evaluation and planning
- ✓ Launched a provincial pilot of the MDS, to support analysis of utilization, access, functional change and patient experience

### What we're doing by March 2017

- Reporting on the pilot and recommending a data collection system and a plan for province-wide implementation

## Total Joint Replacement and Hip Fracture QBPs

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*We're identifying best and leading practices for rehabilitative care to support implementation of Health Quality Ontario's clinical handbooks for these populations.*

### What we're doing by March 2017

- Recommending standardized rehabilitative best practices for primary total joint replacement and hip fracture populations
- Recommending standardized rehabilitative models of care for these populations across settings) and providing an overview of transitions and processes of care to support the QBPs.

The RCA was created by Ontario's 14 LHINs in 2013. Its second two-year mandate ends in March 2017. With the support of the LHIN CEOs and the MOHLTC, the RCA is now considering its future role in the rehabilitative care landscape.