Background on Outpatient/Ambulatory Minimum Data Set Initiative and Provincial Validation Survey FAQ
Mandate of the Outpatient/Ambulatory Task Group

Develop a comprehensive and standardized minimum dataset for Ministry/LHIN-funded outpatient and ambulatory rehabilitative care programs.

Note: This includes hospital-based and ambulatory clinics.
The MDS will address the identified need for data on outpatient rehabilitation:

- Clinical decision makers have long expressed interest in evaluating outpatient rehabilitation\(^2\), particularly given the reported erosion of outpatient rehab services over the last 10 years and observed access issues in the literature.

- The need for data is also linked to a renewed focus on understanding the role of outpatient rehabilitation within an integrated and efficient healthcare system\(^3\).


\(^3\)GTA Rehab Network. Developing a Performance Framework for Out-Patient Rehabilitation: Discussion Document (February 2013)
Impact & Implications - Outpatient/Ambulatory Initiative

The MDS will address the identified need for data on outpatient rehabilitation:

- Health Quality Ontario’s QBP Handbooks suggest that the “absence of standardized provincial reporting of outpatient rehabilitation clinic activity creates a void in understanding the pathway of hip fracture patients” and that since hospitals are not required to report on outpatient rehabilitation clinic activity, there is “a significant gap in provincial information systems”.

4Quality-Based Procedures: Clinical Handbook for Hip Fracture Health Quality Ontario & Ministry of Health and Long-Term Care (May 2013)

5Quality-Based Procedures: Clinical Handbook for Primary Hip and Knee Replacement Health Quality Ontario & Ministry of Health and Long-Term Care (November 2013)
Impact & Implications - Outpatient/Ambulatory Initiative

Auditor General of Ontario’s (AGO) 2013 report indicates that in order to ensure that patients have timely access to required outpatient services, hospitals should collect information regarding the efficiency and effectiveness of outpatient resources, such as “information on the number of appointment cancellations and patient no-shows, and on the change in patient functionality between when outpatients start and when they complete outpatient rehabilitation”. The AGO goes on to recommend that, “in order to have good information for current and future decision-making, the Ministry should establish, in conjunction with its shareholders, what information should be collected on restorative inpatient and outpatient services and how best to collect the data”.

62013 Annual Report – Office of the Auditor General of Ontario
Impact & Implications - Outpatient/Ambulatory Initiative

• The final report will include a summary of feedback that will be solicited from stakeholders during the MDS validation process regarding anticipated implementation enablers and challenges.
Guiding Principles

• Consideration will be given to the relative ease of collection and reporting of data elements.

• Recommended data elements will align with data elements currently collected within other sectors (e.g. Community Clinics, CCAC) to support cross continuum data collection and reporting (where possible).

• Elements included in the dataset will help to inform evidence of the benefits of outpatient/ambulatory rehabilitative care in achieving health system goals (e.g. patient outcomes, implementation of best practices, costs)
Process to Develop a Minimum Data Set for OP/AMB Rehabilitative Care

1. Identify Desired Outcomes (Jan-Feb 2014)
2. Identify Key Metrics / Indicators (Feb-May 2014)
3. Identify Data Elements Required to Inform the Metrics/Indicators (Spring-Fall 2014)
4. Finalize Minimum Data Set and Validate with Provincial Stakeholders (Fall 2014)
5. Develop toolkit/report including technical details of MDS and considerations for implementation of recommendations (Dec-Mar 2015)
Evaluative Questions within the ‘Framework for Performance Measurement in Outpatient Rehabilitative Care’

A. Overarching Questions
1. What is the primary reason for which the patient is seeking treatment in the outpatient/ambulatory program?
2. What is the primary diagnosis for which the patient is seeking treatment in the outpatient/ambulatory program?

<table>
<thead>
<tr>
<th>B. Patient/Caregiver Experience</th>
<th>C. Clinical Outcomes</th>
<th>D. Access and Transition</th>
<th>E. Financial Performance</th>
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</table>
| B1. What is the patient’s / caregiver’s reported experience of their outpatient rehabilitative care? | C1. How much functional change occurred in activity and/or participation while attending the outpatient/ambulatory program? | D1. How many days did the patient wait (once ready for rehab),
  • To be offered the first treatment appointment date (optional)?
  • For the first treatment appointment date? | E1. Was the treatment plan completed? If not, why? |
|                                 | C2. Did the outpatient/ambulatory program influence the caregivers’ level of stress/burden associated with caring for the patient? | D2. Which type of organization referred the patient to OP rehab? (acute care, home care, inpatient rehab etc.) | E2. What is the average total cost for an episode of care to treat each discharged patient by patient population? |
|                                 | C3. Of the patients requesting treatment, how many actually received treatment? | D3. Of the patients requesting treatment, how many actually received treatment? | a) How many discharged patients were treated by the program per period? |
|                                 | C4. How many patients were denied treatment? Reason for denial? | D4. How many patients were denied treatment? Reason for denial? | b) What types of services did the patients receive? |
|                                 | D5. How many patients were accepted to be treated by the OP program but the patient did not accept? | D5. How many patients were accepted to be treated by the OP program but the patient did not accept? | c) What was the average length of each episode of care? |
|                                 | E1. Was the treatment plan completed? If not, why? | | d) How many visits/attendances (average/median) per health profession functional centre and for all health profession functional centre did each patient receive in the episode of care? |
|                                 | E2. What is the average total cost for an episode of care to treat each discharged patient by patient population? | | e) How much time is the program providing to the patient per episode of care? |
Dissemination of the Validation Survey

• LHIN leads distributed the survey to all hospital based outpatient/ambulatory rehabilitative care providers in their region.

• The Rehabilitative Care Alliance distributed the survey to all MOHLTC funded Community Physiotherapy Clinic operators across the province.

• Completed surveys are to be returned to Mark Unwin via email by Friday November 21st (mark.unwin@uhn.ca).
Purpose Of The OP/AMB Validation Survey

• To generate a list of outpatient rehab (OPR) programs funded by the Ministry/LHINs and an estimate of service volumes (patients served, episodes of care, and visits) across programs

• To understand the type of data currently collected by the OPR programs

• To understand the potential implications of implementing the proposed minimum data set
Defining Outpatient/Ambulatory Rehabilitation For The Purpose Of This Survey

• Funded by the Ministry of Health and Long-term Care of Local Health Integration Networks (LHINs).
• Delivered by a single-provider or interdisciplinary program or service.
• Rehabilitation-focused with the presence of at least one regulated health professional (e.g., nurse, OT, PT, or SLP, etc). May include services that include assessment & treatment or assessment-based only, provided there is nursing or health discipline involvement.
Defining Outpatient/Ambulatory Rehabilitation
For The Purpose Of This Survey Continued

- Program of care is time-limited, and goal oriented – includes goal setting and review.
- Delivered either in hospital or community so long as the services are hospital funded and/or governed.
- Including Community Based Physiotherapy Clinics (CPCs - formerly known as Designated Physiotherapy Clinics).
Exclusion Criteria for the purpose of this survey

• Programs/Services which are not funded by the Ministry of Health and Long-term Care, Local Health Integration Networks (LHINs)

• Programs/Services that are provided through third party funding (e.g., WSIB, MVC, etc).

• Programs/Services that are primarily medical in nature: physician-driven, goals are medically oriented where physicians bill OHIP directly and do not consume hospital resources (e.g., Physician-led clinic with no nursing or allied health discipline involvement).
Exclusion Criteria For The Purpose Of This Survey

- Programs/Services that are primarily recreational/respite in nature (e.g., Adult Day Programs).
- Programs/Services funded or governed by CCACs
- Programs/Services provided through Community Health Centres
- Community based falls prevention & general exercise classes
Frequently Asked Questions

• Are programs/services offered in children’s treatment centers with a focus on rehabilitative care included within the scope of this survey?
  • If the programs/services are funded by the MOHLTC/LHINs than they are included within scope.
• Are Health Mental Health and Addictions services considered within scope?
  • Mental Health and Addictions services are considered out of scope for the purposes of this survey.
Frequently Asked Questions

• If a hospital outsources their outpatient rehab services to an independent service provider, are they still considered within scope?
  • Any outpatient rehabilitative care service/program that is funded and/or governed by a hospital is considered within scope.

• Do Community Health Centres offering “Episode of Care” based physiotherapy services complete a survey?
  • For the purposes of this survey, and for consistency we are not including CHC programs/services.
Frequently Asked Questions

• Our organization has 3 different sites offering a variety of outpatient/ambulatory rehabilitative care services, how many surveys do we will out?
  • Please fill out one survey representative of all hospital based outpatient/ambulatory rehabilitative care services offered at your organization. List the programs and service volumes for each program within question #5.
  • Are outreach services (i.e., delivered in the patients’ home) included in the survey?
  • If the outreach services are hospital funded/governed, they are included.
Frequently Asked Questions

• We share a space with a private clinic who is an MOHLTC funded Community Physiotherapy Clinic. Will they also be completing a survey?

• Correct, hospital based outpatient/ambulatory rehabilitative care services should be represented in a separate survey from CPC services. CPC owners were sent a copy of the validation survey.

• We have a multidisciplinary geriatric assessment team, are they included?

• Yes, multidisciplinary geriatric assessment teams and geriatric day hospitals are included.
Frequently Asked Questions

• Our hospital provides physiotherapy services with a focus on inpatient services, but we do provide some outpatient services for those who do not have private insurance or access to community physiotherapy services. Do we complete a survey?

• Yes, please complete the survey to represent the data you currently collect for the outpatient rehabilitative care services that you provide.
Frequently Asked Questions

• Are multidisciplinary outpatient clinics included (e.g., cardiorespiratory)?
  • Yes, multidisciplinary outpatient clinics with a focus on rehabilitative care are included.

• For question 6, does “Majority of Programs (>50%)” apply to non-Physiotherapy clinic functions in the hospital?
  • “Majority of Programs >50%” includes all programs and clinics within your organization that fall within the definition of outpatient rehabilitative care provided (including multidisciplinary and single service clinics).
Frequently Asked Questions

- What is the difference between attendances and visits at the provider level and at the patient level?
  - Attendances reported at the individual provider level capture the # of treatments a therapist completes, whereas attendances at the patient level capture the # of treatments an individual patient receives at the clinic.

- If a Community Physiotherapy Clinic began operating on April 1\(^{st}\) 2014, do we have to complete a survey?
  - Yes, Community Physiotherapy Clinics are not being asked to report on patient volumes for the last fiscal year.
Frequently Asked Questions

• How will the proposed MDS link with existing ministry data collection?

• There is no current standardized ministry mandated data collection for outpatient/rehabilitative care providers. The task group has been in consultation with various branches of the ministry to explore opportunities to align with existing data reporting systems (e.g., NACRS, NRS, etc.).

• Current MIS data collection is focused at the functional level (cost centres) whereas the proposed MDS will be at the patient specific level.
Frequently Asked Questions

• Are hospital based programs/clinics that are funded through the Ministry of Child and Youth Services included in the survey?
  • Clinics/programs funded through the Ministry of Child and Youth Services are out of scope.

• What is caregiver burden and patient/caregiver experience, and how do you measure them?
  • Due to the variety of tools currently in use, we have not provided a definition or criteria for these measures. We are interested in the provider’s perspective if they measure these elements and if so to identify the tool that is being used.
Frequently Asked Questions

• The definition of visits provided states that visits are for nursing care only. If we are providing physiotherapy services only, do we enter a value in this section?
  
• No, treatments completed by physiotherapists and other allied health professionals should be captured as “attendances” as per the definition provided.

• Are outpatient swallowing assessments completed by a Speech Language Pathologist considered in scope?
  
• Yes, SLP outpatient swallowing assessments are to be included in the survey.
Frequently Asked Questions

• What is meant by the data element “discharge destination”?
  
  • We are interested in knowing if you currently record the discharge destination of your patients once they have finished treatment at your program/clinic. (e.g., home with referral to community support services, home, inpatient rehab, long-term care)

• My organization also provides physiotherapy services in a long-term care home, are these services included?
  
  • Rehab services provided in long-term care homes are not included in the survey.
If a patient attends our program for one “appointment” but is treated by 4 registered health professionals (i.e., RN, PT, OT, & SLP). How are the visits and attendances to be reported.

The patient received 3 *attendances* from allied health professionals, and 1 *visit* from a registered nurse.
Frequently Asked Questions

• Are PT/OT services that are provided in the Emergency Department, Pre-Op Clinics, and Chemotherapy considered in scope?
  • Services provided in the ED are not included in the survey.
  • Pre-op and chemotherapy rehabilitative care services offered where the hospital also provides outpatient rehabilitation for these programs are included in the survey.
  • Pre-op rehabilitative care services that are provided by an acute care hospital that does not provide outpatient rehabilitation and where the patient is referred elsewhere for ambulatory rehabilitative care following surgery are excluded.
Frequently Asked Questions

• Compliance with our workload measurement system was weak; will estimates regarding the # of attendances be sufficient?
  • Estimates are sufficient if you are unable to report accurate numbers for attendances and visits. However, please indicate that an estimate was used in the comment section.

• Are LHIN-funded hospital based outpatient programs that started after April 1st, 2014 included?
  • Yes, but information on the number of patients/attendances/visits is not required. (i.e., question #5).
Questions?

Thank you in advance for the completion of the survey. We will use your feedback to refine the Minimum Data Set and inform its implementation.

The webinar slide deck and a summary of the questions received during the webinars will be posted on our website (www.rehabcarealliance.ca)