



# Rehabilitative Care Alliance

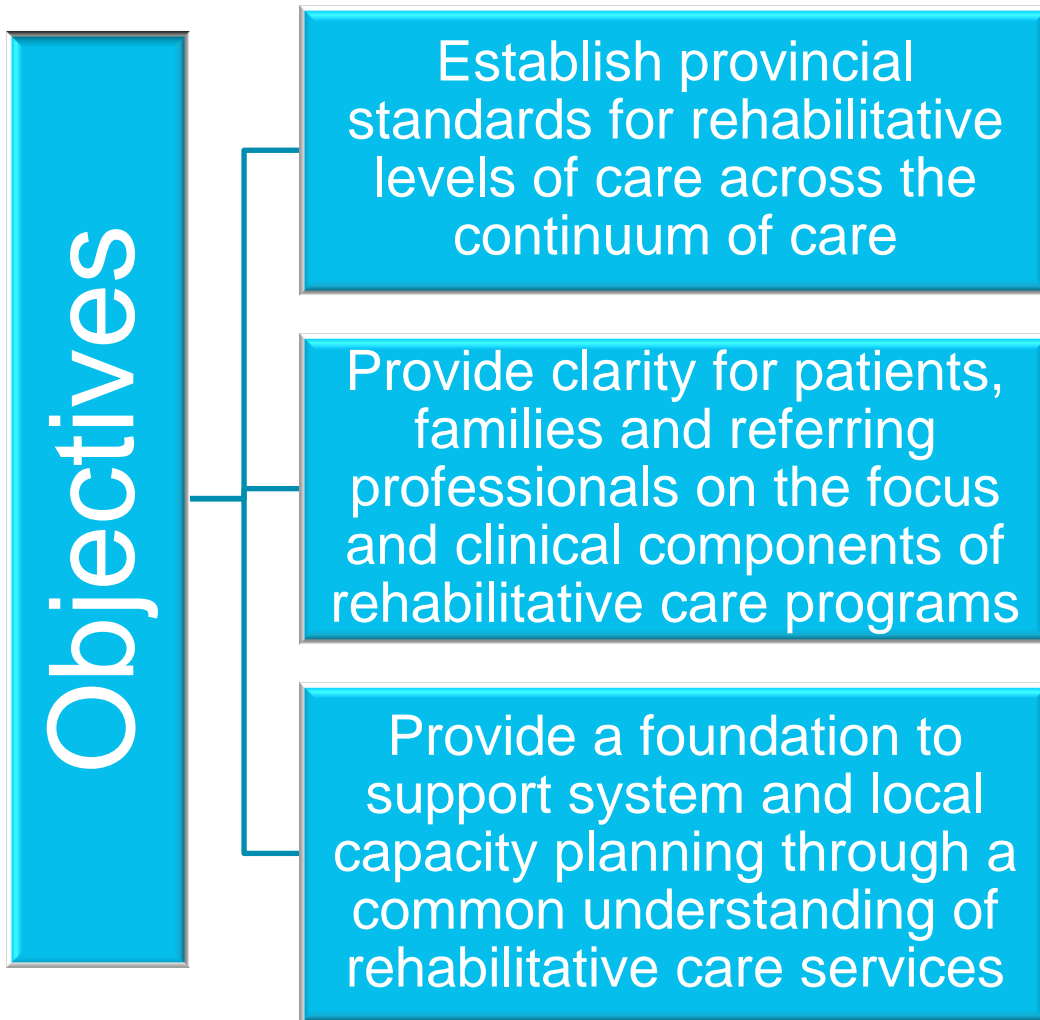
Implications of the RCA Definitions Framework for Bedded Levels  
of Rehabilitative Care and Proposed Directions to Move from  
Current to Future State

**January 2015**

# Definitions Framework for Bedded Levels of Rehabilitative Care

The Definitions Framework for Bedded Levels of Rehabilitative Care is a foundational document that defines (1) bedded levels of rehabilitative care; (2) restorative potential; (3) eligibility and discharge criteria; and (4) the recommended standard components and human resources within each level of rehabilitative care.

While there is recognition that the framework is not population-specific and that the specialized tertiary services provided by some Health Service Provider organizations are beyond the resource thresholds described within the framework, the framework can be used by LHINs as part of a capacity planning process to evaluate rehabilitative care resources within the context of specific patient and local/regional programming needs.



## Guiding Principles of Definitions Framework

Consideration of the patient / client perspective

Optimization of resource utilization

Standardization and streamlining of system processes (e.g. eligibility, data collection)

# Definitions Framework for Bedded Levels of Rehabilitative Care

Framework includes:

- Eligibility criteria and definition of restorative potential.  
These align with:
  - MOHLTC Assess & Restore Policy and the work of the Provincial Referral Standards
- 4 levels of rehabilitative care that are organized from levels where rehabilitative care is the primary focus (i.e. Rehabilitation; Activation/Restoration) to a focus where it is more of a secondary focus for patients with higher medical complexity (i.e. Short Term and Long Term Complex Medical Management levels)
- Statement of programs that are outside of the scope of the framework (i.e. Acute Care beds and some CCC programs)

## DEFINITIONS FRAMEWORK FOR BEDDED LEVELS OF REHABILITATIVE CARE (FINAL DRAFT)

The definitions for the bedded levels of rehabilitative care reflect the understanding that the focus of rehabilitative care across the 4 levels may vary from where it is a primary focus in some levels (e.g. Rehabilitation and Activation/Restoration) to a more secondary focus in others where the medical complexity of the patient is higher than in other levels (e.g. Short and Long Term Complex Medical Management).

**Note:** The framework is not intended to be inclusive of all beds within CCC or Acute Care where rehabilitative care is not the primary purpose/focus of care (i.e. Palliative Care, Respite, Behavioural programs as well as programs where patients are waiting for an alternate level of care). However, there is recognition that patients within these programs may receive some rehabilitative care for maintenance during their admission.

### Bedded Levels of Rehabilitative Care

(i.e. Hospital-based designated inpatient rehab beds and complex continuing care beds as well as convalescent care/restorative care beds within LTCH)

|  |                                   | <i>Rehabilitation<br/>(Low to high<br/>intensity)</i> | <i>Activation / Restoration</i> | <i>Short Term Complex<br/>Medical Management</i> | <i>Long Term Complex Medical<br/>Management</i> |
|--|-----------------------------------|---|---------------------------------|--|---|
| <b>Functional Trajectory</b>           |                                   | Progression   | Progression                     | Stabilization & Progression                      | Maintenance                                     |
| <b>Level of Care - Goal</b>            |                                   |   |                                 |  |   |
| <b>Patient Characteristics</b>         | <b>Target Population</b>          |   |                                 |  |   |
|  | <b>Functional Characteristics</b> |   |                                 |  |   |
|  | <b>Estimated Average LOS</b>      |   |                                 |  |   |
|  | <b>Discharge Indicator</b>        |   |                                 |  |   |
| <b>Medical/Allied Health Resources</b> | <b>Medical Care</b>               |   |                                 |  |   |
|  | <b>Nursing Care</b>               |   |                                 |  |   |
|  | <b>Therapy Care</b>               |   |                                 |  |   |
|  | <b>Intensity of Therapy</b>       |   |                                 |  |   |
| <b>Reporting Tools</b>                 |                                   |   |                                 |  |   |

# Definitions Framework for Bedded Levels of Care

## Process of Development:

- Framework has been prepared with input from committee members of the Definitions Task and Advisory Groups, the Frail Seniors/Medically Complex Task and Advisory Groups and the LHIN Leads/Health Service Providers Advisory Group, each of which include medical, clinical and administrative stakeholders from across organizations and LHINs.
- Framework builds on and aligns with functional groups identified by the Provincial Expert Panel's Definitions Working Group
- Consultations with rehabilitative care providers across Canada and an extensive review of the literature, including rehabilitation programs/centres in Canada and elsewhere, has also informed the work. See Definitions Task Group Backgrounder Document, October 2013.

[http://rehabcarealliance.ca/uploads/File/Toolbox/Definitions\\_Task\\_Group\\_BackgrounderFINAL.pdf](http://rehabcarealliance.ca/uploads/File/Toolbox/Definitions_Task_Group_BackgrounderFINAL.pdf)

# Definitions Framework for Bedded Levels of Care

## Process of Development:

- In February/March 2014, the Draft Definitions Framework for Bedded Levels of Rehabilitative Care was used in a validation exercise to determine how well existing rehabilitative care programs and convalescent care programs within Long Term Care Homes aligned with the proposed levels of rehabilitative care
  - High degree of alignment – 75% of 366 programs that completed a survey indicated alignment with a level of rehabilitative care
  - Findings were used to further refine the definitions framework and to identify considerations for moving from current state to future state
- The framework has received the endorsement of the RCA Steering Committee and LHIN CEOs (Fall 2014).

# Moving From Current State to Future State



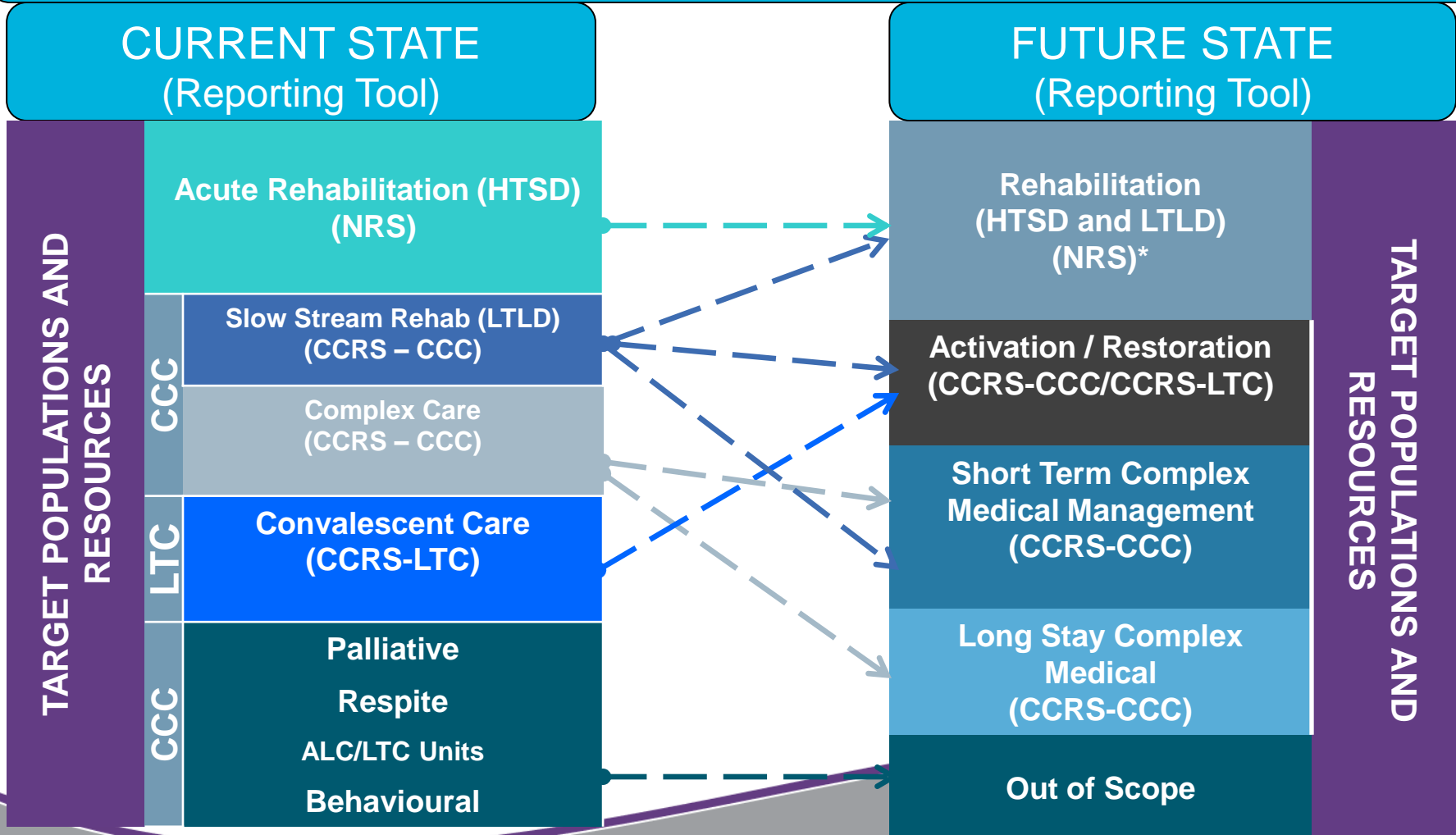
# Envisioning New Levels of Bedded Rehabilitative Care

- Most of the current rehabilitative care programs align directly with one of the 4 bedded levels of rehabilitative care.
- It is anticipated that the current LTLD/slow stream population will be most appropriately served within the Rehabilitation level of care as described within the RCA Definitions Framework.
- However, given the current diversity of patients within this cohort, there may be some who would be more appropriate for the Activation / Restoration level of care or the Short Term Complex Medical Management level.

# Current State to Future State: Proposed Direction

Consider implications re: implementation across province (i.e. both rural and urban settings)

- Target population & resources that would be provided
- Optimal reporting tool(s) & implications of the funding model associated with each bed type



\*A recommendation to the HSRF Working Group to consider inclusion of additional (i.e. new) groups to the existing NRS grouper for the slowstream/LTLD population has been supported.

# Challenges with Attaining Ideal Future State & Proposed Mitigating Strategy

- Given that development of additional (i.e. new) groups within the NRS grouper is expected to take 3-5 years, LTLD populations currently being served in the CCC setting can, in the interim, continue to be coded within the CCRS-CCC grouper, if appropriate to do so.
- Once the new groups for the LTLD population are developed within the NRS, the LTLD cohort under CCRS-CCC would be coded within the NRS grouper.