

A message from Dr. Peter Nord, Co-Chair, Rehabilitative Care Alliance Steering Committee

Alliance Priority: Planning Considerations for Reclassification (PCRC) of Rehab/CCC Beds
Release of PCRC Toolkit to Support Consistent Decision-Making

January 26, 2015 – The Rehabilitative Care Alliance is pleased to release its *Planning Considerations for Reclassification Toolkit* to support LHINs and Health Service Providers (HSPs) with the decision-making process if the potential need to reclassify complex continuing care (CCC) to inpatient rehabilitation beds is identified. The toolkit:

- ✓ provides key insights into potential considerations that will help system planners determine the need for, and/or help complete the process of, reclassifying CCC/Rehab beds as part of a comprehensive rehabilitative care system capacity planning exercise; and
- ✓ describes the process for preparing a business case for the reclassification of CCC/Rehab beds.

The toolkit content is in alignment with the Ministry “Guidelines for Hospital Beds Reclassification” and offers a standardized provincial process to support consistent decision-making across the province when reclassification is being considered.

What the Toolkit includes:

- A recommended standardized process to assess the need for reclassification of CCC/Rehab beds
- Education modules
 - Financial and Clinical Considerations
 - Implications of the RCA Definitions Framework and Proposed Directions
- Stakeholder risk/benefit considerations
- PCRC case studies/scenarios
- National Rehab System (NRS) Grouper
- HBAM Calculator
- Potential system-level data analysis requirements to support reclassification considerations
- Reclassification evaluation criteria

How to Use the Toolkit

While some components of the toolkit only apply to HBAM-funded hospitals, the vast number of resources within the toolkit will be of value to all LHINs and HSPs.

- ✓ Leverage the toolkit as part of a broader rehabilitative care system capacity planning exercise that includes use of the RCA Definitions Framework*, RCA Capacity Planning Framework* and the RCA System Evaluation Framework*.
- ✓ Review the PCRC case studies, particularly those that most closely align with the experience within your LHIN/region to help determine the most effective approach for your LHIN/HSP.

The release of this toolkit follows extensive provincial engagement with key stakeholders and we thank all those who participated for helping to inform the development of this vital resource.

*The [RCA Definitions Framework for Bedded Levels of Rehabilitative Care](#) was released in December 2014. The remaining Frameworks will be available in March 2015.

Qs and As

Q. *Why was the PCRC Toolkit developed?*

A. Rehabilitative care system stakeholders had asked for guidance to fully understand the implications of Health System Funding Reform (HSFR) on patient flow and resource allocation within rehab and CCC beds. Within rehab beds, funding is now being tied to RPG-derived LOS targets, whereas in CCC beds, funding is based on complexity/resource intensity without a LOS target. In order to be successful under HSFR, HSPs will need to be clear about what type of patient is in what type of bed, and consider reclassification if it supports quality clinical outcomes. As a system, there is a need to get ahead of the issue in order to mitigate any potential risks within the context of HSFR.

Q. *Is this about reclassifying all CCC beds to inpatient rehabilitation beds across the province?*

A. No. The work of the PCRC is about providing a standardized provincial approach to support due diligence if a need for reclassification is identified. Understanding the clinical, financial and policy implications of the reclassification as well as the impact on the system will be critical before any changes are made.

Q. *Does the Ministry of Health and Long-Term Care make the final decision on reclassifying CCC beds to inpatient rehabilitation beds?*

A. Accountability for reclassification rests with each LHIN.

Q. *What are the fundamental requirements for reclassification that were considered?*

A. Re-classification must support:

- Patients getting the right care, in the right bed, at the right time
- Improved patient outcomes and/or more efficient use of system resources.

Q. *How were the financial benefits and risks associated with HSFR initiatives incorporated?*

A. The Alliance worked with the HSFR CCC/Rehab Working Group and the Ontario Hospital Association (OHA) to develop a comprehensive description of the considerations and potential unintended consequences within the evolving funding environment that should be considered when make decisions regarding reclassification. Additionally, as a key stakeholder, the Ministry of Health and Long Term Care was consulted regularly to ensure alignment with provincial directions. Any recommendations made related to reclassification were made in the context of HSFR and an analysis of system-wide implications.

Q. *What are the funding implications of CCC/Rehab bed reclassifications?**

- A.** The system-wide impact of reclassification of Rehab/CCC beds on funding is relatively small.
- Rehab/CCC expenses are part of hospital total expenses for all care types that are used for the funding allocation. There are no separate funding envelopes for Rehab/CCC beds.
 - Most implicated hospitals provide both Rehab and CCC services, minimizing impact within a hospital.
 - According to the Alliance's Definitions Framework, slow stream rehabilitation (LTLT), which is currently largely provided in CCC beds (with activities reported to CCRS, using RUG as the case mix group), will be provided in Rehab beds in the future (with activities reported to NRS using RPG as the case mix group).
 - The CCC services associated with LTLT are part of the Special Rehab group.

** Information from Personal Communication, December 12, 2014, Implementation Branch, MOHLTC*

Q. *What existing Alliance work helped to inform this initiative?*

- A.** The proposed Rehabilitative Care Definitions Framework is designed to standardize the levels of rehabilitative care across the province and will serve as a foundational step in developing a high quality provincial rehabilitative care system. This work was used to help inform the work of the PCRC Task Group.

Q. *Is palliative care being considered as part of this re-classification work?*

- A.** No. Generally, palliative care does not fit within the rehabilitative care umbrella. However, work completed by the Definitions Task Group will help to clarify how palliative care should be positioned relative to the Rehabilitative Care Definitions Framework. There is currently work taking place at the provincial and LHIN levels on how to approach palliative care beds in keeping with the Seniors Strategy.

Q. *How did the Alliance ensure broad consultation on this initiative?*

- A.** In addition to those on the PCRC Task and Executive Working Groups, the Alliance tapped into other Alliance Task and Advisory Groups, LHIN Lead and HSP Advisory Groups, the Alliance Steering Committee, the Ministry of Health and Long-Term Care, as well as provincial experts and stakeholders (i.e. HSPR CCC/Rehab Working Group, physician groups, etc.) to ensure recommendations were comprehensive and aligned with provincial directions.

Q. *Were the PCRC Task and Working Groups working on behalf of the Ministry of Health and Long-Term Care?*

- A.** The PCRC is accountable to the Rehabilitative Care Alliance Steering Committee which is a provincial, task-oriented, collaborative group with representation from all LHINs, the Ministry of Health & Long-Term Care (MOHTLC), health service providers (HSP's) from hospital and community sectors and other clinical experts. The Steering Committee reports to the 14 LHIN CEOs.