Regional Review of Rehabilitation Services in the Champlain Local Health Integration Network

Final Report Submitted to the Project Steering Committee

July 2007

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Executive Summary

The purpose of this review is to improve access and utilization of existing regional resources for rehabilitation services and to develop best practices and continuity of care to meet the rehabilitation needs for patient groups in the Champlain region. Fundamentally, the report is intended to provide a better understanding of the needs for rehabilitation services within the boundaries of the Champlain LHIN. The report and recommendations are a first step towards providing a regional rehabilitation service and a roadmap for the remaining work.

Definition of Rehabilitation: "Rehabilitation is a goal-oriented and often time-limited process, which enables individuals with impairments, activity limitations and participation restrictions to identify and reach their optimal physical, mental and/or social functional level through a client-focused partnership with family, providers and the community. Rehabilitation focuses on abilities and aims to facilitate optimal independence and social integration."

Background

In Ontario, health reform initiatives have been expedited by the Health Services Restructuring Commission (HSRC), an independent arms-length entity established by the Ontario Government in March 1996. The impact of HSRC’s four-year mandate on the delivery and financing of rehabilitation services has been drastic. In 1998, a number of recommendations were made including a revision of the planning guide to determine capacity of the inpatient rehabilitation sector while recognizing numerous system, delivery and policy issues. As a result of these reforms and recommendations, funding for rehabilitation services has increased. Recognizing the potential for disruptions to patients and service providers, a decline in capacity and potential loss of clinical coherence, the Provincial Rehabilitation Reference Group advocated for coordination and a provincial focus. During the past 5 years, total (local and regional) rehabilitation beds in the Champlain LHIN increased by 4.7%/year; however, ambulatory and community rehabilitation services are generally not recognized as adequate to meet needs. In summary, this review was initiated in response to regionalization, a recognized lack of data and an acute insufficiency of contemporary evidence.

Approach

A community-based participatory methodological approach was adopted employing both qualitative and quantitative methods as listed below.

Systematic review and synthesis of documentation

We conducted a systematic review of organizational and health reform initiatives at the MOHLTC, LHIN, RNOC, institutional and program levels. A request for and review of documents allowed us to synthesize the progress of health reform and to carefully
describe the governance, programs, beds and services available in the Champlain district. This review helped to identify important timelines and recommendations for change arising from past reviews. A CD inventory has been created to facilitate future, in-depth evaluations.

**Focus group surveys**

Focus group surveys are small group interviews designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. Participants are chosen on the basis of their knowledge and experience with rehabilitation services in the Champlain LHIN. Critical incident technique (CIT) was used to elicit, specific, recent instances of strong and weak processes, structures and outcomes. Potential interviewees were selected by the steering committee and vetted by the consultants. Thirteen focus groups were held at various locations across the Champlain LHIN, together with ten additional individual interviews, for a total of 94 participants. We gathered a diversity of opinions regarding rehabilitation goals that were not being met and gaps in the current system were identified with the following questions:

1. In what situations do clients fall through the cracks?
2. What is the most challenging issue/difficulty/barrier that you deal with on a regular basis?
3. What does the system look like when it works?
4. If you could make one major change to the system, what would it be?

**Key informant interviews**

Key informants are those with knowledge, expertise and those who play a leadership role in the provision of rehabilitation services in the Champlain LHIN. A total of 14 potential interviewees were selected by the steering committee and interviewed by the consultants. Key informants played an important role in this review by validating needs identified by the focus group survey and suggesting potential solutions. The following questions served as a guide for the interviews:

1. Do the focus group findings resonate with your experience and what you hear from your staff?
2. Do you agree with the focus group findings?
3. Are you aware of additional issues that have not been identified by the focus group participants?
4. Which strategies could serve to advance rehabilitation in your own organization?
5. Which strategies could serve to advance rehabilitation in the Champlain LHIN?

**Provider survey**

The goals of the provider survey were to: evaluate staff satisfaction with rehabilitation services in the Champlain LHIN; identify areas of concern; and determine the relative importance placed on identified concerns by staff involved in providing rehabilitation services. To reach these goals, a survey questionnaire was developed, which contained 42 statements, subdivided into six subscales (provision of information for rehab clients, effectiveness of rehab services, coordination, continuity and transition, availability and admission/discharge practices).
Utilization analysis

Literature reviews, evaluation of existing measures and data sources, and interviews with key informants and several advisory panels resulted in the following key principles used to identify utilization indicators:

- To develop scientifically sound measures by using the best standard of evidence available;
- To identify relevant measures so that most hospitals can use them for quality improvement and accountability; and
- To select indicators for which data collection is feasible and does not impose a burden on providers.

Financial analysis

Financial data was requested and provided by the Champlain LHIN. In Ontario, financial data are generated using the Ontario Cost Distribution Methodology. The OCDM method allocates hospital costs across discrete patient activity categories or “buckets” at the facility level and at the departmental level in order to facilitate comparisons. Financial data at the departmental level is differentiated into direct and indirect (or overhead) categories of cost. The resulting total costs by patient activity category are used to calculate per diem costs by category for each hospital. Financial data can be combined to construct financial performance measures to gain insight into the management of financial, human and supply resources from an organizational point of view.

Rehabilitation indicators have been developed to evaluate: efficiency, financial viability, liquidity, capital, and human resources. Descriptive financial indicators, staffing financial indicators and supply financial indicators are evaluated in this review.

Recommendations and Key Findings

The following 11 recommendations were derived after combining the qualitative and quantitative data resulting from this review. Optimal use of resources, critical mass, clinical coherence, and reduction of disruptions to patients and service providers were all considerations in this process. All recommendations were presented to and approved by the Steering Committee members.

Throughout the report, 50 significant findings are **bolded** and annotated with the symbol ✅. Two-three key findings are presented below each of the recommendations.

Finally, the 11 recommendations are categorized according to the following domains: data, organization of services and communication. The order of the recommendations is not meant to imply a temporal sequence of adoption.

**Acknowledgement of Limitation:** These findings and recommendations serve as a starting point and help guide further action. Quantitative analysis in particular is hampered by the fact that it is not possible to simultaneously take into account all factors such as functional status at admission, client mix, comorbidities and age. As a result, utilization and financial indicators should be considered approximations.
Data

1. Both research and information technology initiatives are required to address the shortfall in information regarding the provision of rehabilitation services in non-designated acute care beds, complex continuing care, ambulatory and community settings.

2. Standardized assessment, development of uniform admission and discharge criteria (and processes) and communication of these to the public and health care providers is required.

3. Development of a performance measurement system including indicators to identify and facilitate focused and timely evaluations.

4. The systemic barriers facing young adults as they transition from children to adult services need to be identified and addressed.

☑️ There has been a notable absence of planning documents since 2002, especially with respect to the number and composition of rehabilitation beds.
☑️ Labelling of rehabilitation beds and services are referred to as ‘streams’ and are institution-specific. They are not aligned with databases such as the CIHI NRS.
☑️ RCGs do not necessarily reflect the classification and management of rehabilitation clients in the Champlain LHIN.
☑️ The absence of routinely collected data for rehabilitation services provided in the complex continuing care, ambulatory and community sectors is a major finding.
☑️ Appropriate definitions and a method to identify and track episodes of rehabilitation care are needed.
☑️ Significant discrepancies regarding the definition of ‘goals met’ exist and warrant further study.
☑️ Current administrative databases and coding do not identify rehabilitation needs of clients utilizing hospital services in non-designated beds.
☑️ A consensus on the definition of rehabilitation and associated treatments has not been identified through a review of the literature.
☑️ Referral, Admission and Discharge are disjointed and inconsistent, affecting the level of care and access to services and ultimately the well being of the client.
☑️ Coordination, Navigation and Communication are problematic for health and rehabilitation providers and for service users who transition across services and geographical areas. This results in the rehabilitation services being unable to prevent ongoing health problems and optimizing the client's quality of life. The transition from youth to adult services is a significant navigation difficulty.
☑️ Issues to do with a lack of coordination and definition, the need for a regional approach to services, gaps and inefficiencies in services and the need for greater system accountability were reiterated by key informants.
5. Acknowledge the leadership and role that RNOC played leading up to and during this review.

6. Establish formal relationships between the MOHLTC, LHIN and RNOC with respect to the funding and provision of rehabilitation services in the Champlain LHIN.

7. Consolidation of services by type of service and location of care.

8. Increase of ambulatory and outreach services. Potential savings associated with the more efficient operation of designated beds should be explored as a source of financial resources.

☑ RNOC provided leadership and set the stage for stakeholders to work together with a well articulated mandate.
☑ Champlain’s inpatient rehabilitation services provided in designated beds are fragmented.
☑ At the point of discharge from hospital, the outpatient rehabilitation needs of 48.8% of patients (1,176 rehabilitation patients per year in Champlain) could not be met by existing publicly funded rehabilitation services.
☑ Community agencies are can be characterized as under-resourced, having long waiting lists and an inability to offer the quantity/range of services that is appropriate to meet the patient’s rehabilitation needs. Variations are attributed to human and other resource allocations as well as, to some degree historical interpretation of mandate and eligibility criteria. Variance reductions are expected following the newly amalgamated Champlain CCAC office.
☑ Policies and Procedures, especially funding, need to be realigned with rehabilitation service provision (as opposed to provision of hospital beds) to best serve the client population.
☑ Potentially $1.5 million (equivalent to 6 beds) is saveable if institutions operated their rehabilitation beds at 90% occupancy.
☑ Potentially $1.7 million (equivalent to 7 beds) is saveable if selected institutions decreased average length of stay by 5%.
☑ Potentially $811,000 thousand is needed to meet the needs of rehabilitation patients discharged from designated beds in four hospitals: SCO Health Service, Monfort Hospital, The Ottawa Hospital - Civic Campus and the Queensway Carleton Hospital.
☑ If the potential savings were realized through the reduction of rehabilitation beds (n=13), then the current ratio of 23.3 beds / 100,000 population would fall to 22.2 beds / 100,000 population and establish a revised benchmark.
Communication

9. Acknowledge the professionalism and high standard of care provided by the clinical staff that provide services to rehabilitation clients.

10. Publicly acknowledge clients and their families for their patience and understanding leading up to and including this Review.

11. Conduct a priority setting workshop to identify individual recommendations for institutional and system improvements that could move forward at this time.

☑ Job Satisfaction. Rehabilitation providers and managers were eager, positive and committed to the provision of excellent service.
☑ Respondents essentially agreed with 80.9% of the positive statements about rehabilitation services within the organization where they worked. Their primary concerns revolved around timeliness of certain services, availability of specific services and some admission/discharge practices.