



Rehabilitative
Care Alliance

Transforming Rehabilitative Care in Ontario

2015-2017 Summary Report

Rehabilitative care can improve health outcomes, shorten hospital stays and improve quality of life.¹ But we have yet to realize its full potential.

The reasons are many. Rehabilitative services in Ontario have evolved over the years, resulting in significant variation in the availability and types of services provided.² This has contributed to a lack of clarity and consistency in how rehabilitation programs are defined, and variations in care and access across organizations and Local Health Integration Networks (LHINs).

Planning is also a challenge. There is a lack of cross-continuum data that captures rehabilitation activity outside of designated rehabilitation beds. This absence of comparable, standardized data makes it impossible for health service providers (HSPs) and LHINs to evaluate and benchmark their performance. Nor is there an answer to the fundamental question of value for money: What rehabilitative care resources are needed to ensure people get the best outcomes in the most cost effective manner—now and in the future?

Transforming Rehabilitative Care

The Rehabilitative Care Alliance (RCA) was created by Ontario's 14 LHINs to provide the provincial leadership required to address these challenges.

With a goal of strengthening and standardizing rehabilitative care across the province, RCA initiatives address the need for better planning, improved performance management and evaluation, and increased integration of best practices across the care continuum. The RCA completed its second two-year mandate in March 2017. A third mandate is now underway.

Focusing on Implementation

The RCA's first mandate (2013–2015) focused on developing recommendations and creating the tools, guidelines and resources LHINs and HSPs would require to implement them. In its second mandate, the RCA shifted its emphasis to implementation through the following initiatives:

- **Definitions:** Implementing provincial standards for rehabilitative care programs
- **Capacity Planning:** Introducing standardized planning for future need
- **Outpatient/Ambulatory:** Tracking performance outcomes for outpatient rehabilitation services
- **System Evaluation:** Improving quality through standardized evaluation
- **Assess & Restore/Frail Senior/Medically Complex:** Supporting Assess & Restore initiatives
- **QBPs—Hip Fracture and Total Joint Replacement:** Establishing rehabilitative care best practices

¹World Health Organization, *World Report on Disability*, 2011.

²Office of the Auditor General of Ontario, *2013 Annual Report*.



Definitions

Implementing provincial standards for rehabilitative care programs

The RCA's *Definitions Frameworks* establish provincial standards for rehabilitative care and a common understanding of rehabilitative care for patients, caregivers and referrers.

➔ RCA Action

Tools and support to help LHINs implement the frameworks and identify and address barriers that arise

✓ Result

LHINs and health service providers begin to implement provincial standards for rehabilitative care programs across Ontario

★ Key Activities

- **Mapping existing programs to determine alignment**
The RCA created a mapping survey tool to help LHINs and HSPs assess how well their current rehabilitative care programs align with the definitions frameworks. More than 1,100 surveys were received and analyzed by the RCA. The RCA created a provincial summary and provided an analysis of LHIN-specific results for each LHIN to help them focus their alignment efforts.
- **Supporting implementation**
A *Definitions Frameworks Communication Toolkit* was developed to help LHINs engage health service providers in the implementation process. The RCA also hosted a regular meeting for HSPs to share information and troubleshoot issues.

- **Identifying and addressing necessary structural changes**

The RCA engaged with the Ministry of Health and Long-Term Care (MOHLTC) to highlight structural issues related to funding formulas and incentives that are creating challenges for HSPs as they implement the frameworks.

- **Supporting LHINs in identifying barriers**

The RCA developed a standardized reporting template for LHINs to use to report on the status of their implementation and to identify the barriers or challenges that require attention. Most LHINs have completed the necessary foundational work and are implementing the frameworks.

“With an aging population driving increasing demand for rehabilitative care, the implementation of standardized definitions for levels of inpatient (bedded) and community/outpatient rehabilitation has been vital. As the Patients First legislation moves forward with a focus on equity, access and care transitions, the definitions frameworks provide a solid foundation for standardization and regional planning of rehabilitative care services.”

Helen Johnson
Physiotherapy Clinical Specialist, Seniors Health
ESC LHIN Rehabilitative Care Lead

Capacity Planning

Introducing standardized planning for future need

The RCA's *Capacity Planning Framework* supports a standardized approach to planning and organizing rehabilitative care to reduce variability in access to services across the province and to address local need now and in the future.

➔ RCA Action

Support in defining, gathering and analyzing provincial and LHIN-level data

✓ Result

First time that rehabilitative care data to support capacity planning has been generated across all LHINs using a consistent, standardized method and format

★ Key Activities

- **Identifying most relevant/priority data for planning**
Working with the LHINs, the RCA identified 16 elements from the framework that are foundational to planning at the local, regional and provincial level. These elements address population demographics, current utilization, use of alternative level of care and wait times.
- **Establishing consistent data definitions and methodology**
To ensure consistency across LHINs, the data elements were defined to align with the RCA's definitions frameworks. A standardized methodology for extracting and analyzing data was established.

- **Gathering and analyzing data**

The RCA gathered three years of data for all LHINs from several provincial sources: Access to Care, Ontario Association of Community Care Access Centres (OACCAC), MOHLTC and IntelliHealth ONTARIO³. The data was analyzed for year-over-year trends and cross-LHIN comparisons and the data and analysis was provided to the LHINs to inform their capacity planning.

- **Determining unmet need**

The RCA developed a resource to assist LHINs in determining unmet need. The resource supports the use of a proxy—conditions typically requiring rehabilitative care—based on a review of available evidence and best practice guidelines.

“The Rehabilitative Care Alliance has developed a provincial framework to promote consistency in capacity planning across all 14 LHINs in Ontario. The framework will greatly assist LHINs, health service providers and others to improve the consistency and standardization in planning rehabilitative care capacity at the sub-region, LHIN and provincial level.”

Kim Young
Advisor, Access to Care
Hamilton Niagara Haldimand Brant LHIN

³Ontario Ministry of Health and Long-Term Care: IntelliHEALTH ONTARIO

Outpatient/Ambulatory

Tracking performance outcomes for outpatient rehabilitation services

The RCA's *Outpatient/Ambulatory Rehabilitative Care Minimum Data Set* addresses a long-standing gap in data collection that prevents evaluation of outpatient rehabilitation and makes it difficult to plan at the local, regional and system levels.

➔ RCA Action

A provincial proof of concept, conducted with the Canadian Institute for Health Information (CIHI) and the MOHTLC, to test a basic, generic and affordable data reporting system for outpatient and ambulatory clinics

✓ Result

First time that comparable, standardized data has been collected across outpatient/ambulatory rehabilitative care programs

★ Key Activities

- **Recruiting project sites**

Several tools were tested:

- > *NACRS Clinic Lite*, reported through CIHI, was used to collect data from the Access and Transition and Utilization quadrants of the minimum data set. Data captured included information on referral and access, service utilization and financial performance, and discharge destination.
- > *Community Rehab Assessment*, a tool developed by international InterRAI researchers, was used to collect data in the Functional Impact quadrant. Data captured included functional improvement in activities of daily living, return to work mobility and cognitive function.
- > *WatLX™*, a tool developed by researchers from the University of Waterloo and Wilfred Laurier University was used to collect data in the Patient Experience quadrant. Data captured measured patient experience of the care received.

- **Evaluating the proof of concept**

Feedback from the participating sites was collected throughout the project and through evaluative questions distributed at the beginning and end of the project. The learnings will inform the next steps in a broader implementation of the minimum data set.

“With the implementation of a minimum data set, clinical decision makers will finally be in a position to begin evaluating outpatient rehabilitation. This will help the system gain a better understanding of the important role outpatient rehabilitation plays within an integrated and efficient health care system. The Rehabilitative Care Alliance has been instrumental in putting this into place.”

Michael Gekas
Senior Director, Operational Performance
Sinai Health System

System Evaluation

Improving quality through standardized evaluation

The RCA's *Rehabilitative Care System Evaluation Framework* supports a standardized approach to evaluating system performance across the rehabilitative care continuum, allowing LHINs to compare their performance against each other and against provincial benchmarks.

➔ RCA Action

Development of provincial benchmarks for key rehabilitative care system indicators and a standardized process for data extraction, analysis and reporting

✓ Result

Establishment of the first provincial benchmarks for rehabilitative care and the first scorecard to measure LHIN performance against them

★ Key Activities

• **Identifying priority indicators**

The RCA gathered an expert panel of leaders in system evaluation to determine the best methodology for identifying benchmarks for indicators in the system evaluation framework. Based on their recommendation, the RCA narrowed the focus to five (and ultimately four) indicators, using a recommended decision-making tool. The prioritized indicators focus on addressing access to care and improving safety—two areas that can significantly enhance the quality of rehabilitative care.

• **Setting benchmarks**

The RCA provided the expert panel with best available evidence and data on current performance across the LHINs. The panel achieved consensus on three benchmarks using a methodology designed to create benchmarks that are attainable, agreeable to major stakeholders and reflective of top performance. The fourth indicator did not require a benchmark, as performance was already high with little variability across the province.

• **Developing a provincial performance scorecard**

Data was collected, analyzed and summarized in a beta version of a user-friendly scorecard. Data sources included CIHI's provincial data set, Access to Care, OACCAC, IntelliHEALTH ONTARIO⁴, MOHLTC Health Data Branch Portal and the Ministry of Finance Population Projections.

“Over the last year I have worked with the Rehabilitative Care Alliance on setting benchmarks for a core set of performance indicators. The RCA adopted a rigorous benchmarking process that engaged a broad group of stakeholders and used evidence, performance data and consensus to identify achievable benchmarks that were acceptable to providers, actionable through quality improvement and set an expectation for what high quality care would look like for the sector.”

Naushaba Degani
Manager Performance Measurement,
Health System Performance
Health Quality Ontario

⁴Ontario Ministry of Health and Long-Term Care: IntelliHEALTH ONTARIO

Assess & Restore/Frail Senior/Medically Complex

Supporting Assess & Restore initiatives

The RCA's *Direct Access Priority Process* and other Assess & Restore initiatives across the province are designed to improve care for frail seniors.

➔ RCA Action

Support for knowledge transfer and completion of a review and analysis of the impact of three years of provincial Assess & Restore funding

✓ Result

Identification of key components of models of care for frail older adults that demonstrate positive system and patient level outcomes

★ Key Activities

- **Facilitating pan-LHIN collaboration and knowledge exchange**

Working with the MOHLTC, the RCA organized Assess & Restore projects across the province into groups of similar initiatives that met regularly to facilitate collaboration and information sharing. Annual forums hosted by the RCA provided additional opportunities for knowledge exchange.

- **Evaluating the impact of A&R initiatives**

The RCA developed a *Pan-LHIN A&R Logic Model* to identify the key components of best practice models of care that demonstrated positive system and patient level outcomes. Over three years of A&R funding, more than 40 projects served 28,000 older adults.

- **Evaluating the Direct Access Priority Process**

The RCA provided project support to the five LHINs that were piloting and evaluating the *Direct Access Priority Process (DAPP)* and related tools and indicators developed by the RCA. The DAPP supports direct admission to inpatient rehabilitative care from the community for individuals with restorative potential.

“Thank you to the RCA for continuing to provide a provincial platform that addresses the specialized care needs of the older adult population. This work capitalizes on inter-sectoral collaboration, proactive identification, and comprehensive clinical assessment to help ensure that patient care is coordinated around individual need.”

Dana Corsi
Regional Project Coordinator,
Assess and Restore Collaborative
North East Specialized Geriatric Centre

QBPs – Hip Fracture and Total Joint Replacement

Establishing rehabilitative care best practices

The RCA's best practice frameworks for rehabilitative care for patients following hip fracture and primary hip and knee replacement establish standards for care and support implementation of quality-based procedures.

➔ RCA Action

Creation of best practice frameworks and performance indicators based on a review of the literature and existing frameworks, best practices and indicators

✓ Result

Rehabilitative care best practices and care pathways across the continuum for patients following hip fracture and total joint replacement that support implementation of quality-based procedures.

★ Key Activities

- **Identifying existing care pathways and best practices**
The RCA conducted a literature review and a provincial and national scan for existing hip fracture and TJR rehabilitative care pathways in order to identify rehabilitative care best practices and potential best practice frameworks.
- **Creating best practice frameworks**
Using these frameworks as a guide and drawing on the literature, the RCA created frameworks that include standardized best practice recommendations specific to each process of care and each level of care. The frameworks were reviewed by stakeholders across the province, including health professional associations, organizations representing health service providers, rehabilitative programs and clinicians, regional rehabilitative care committees and the RCA's Patient/Caregiver Advisory Group.

- **Establishing performance indicators**

Indicators were established for each of the frameworks to support performance monitoring of outcomes related to quality-based procedures and system performance. The indicators for the hip fracture framework were drawn from the draft HQO hip fracture quality standard to ensure alignment with those standards.

“The RCA Hip Fracture Task Group engaged clinicians across the province to provide evidence-based care for this critical, heterogeneous, often frail population of patients and their families. The work complements the practices set forward in the QBP handbook and pushes the boundaries of patient-centered excellence in rehabilitative care.”

Patricia Dickson
Advanced Practice Occupational Therapist,
Holland Musculoskeletal Program
Sunnybrook Health Sciences Centre

Recommendations

The RCA's work has highlighted issues that will require attention as the RCA, LHINs and HSPs continue to advance these priorities. The following recommendations will guide the RCA as it begins its next mandate:

Definitions

- **Recommendation 1:** That the RCA make the necessary changes to the Provincial Referral Standards terminology (as mandated by the LHIN CEOs) to align with the RCA's *Definitions Framework for Bedded Levels of Rehabilitative Care*.
- **Recommendation 2:** That within the scope of its mandate, the HSFR Inpatient Rehabilitation Care Technical Task Group consider changes to the funding formula and reporting that would better reflect the complexity of patients within the *Rehabilitation* level of care who need to progress in their ability to tolerate greater rehabilitation intensity.
- **Recommendation 3:** That the RCA continue to engage and support provincial stakeholders in the uptake and implementation of the RCA's definitions frameworks.

Capacity Planning

- **Recommendation 4:** That consideration be given to how to strengthen the connections between rehabilitative care planners/policy-makers and researchers to address gaps in evidence that limit effective capacity planning for rehabilitative care.
- **Recommendation 5:** That the RCA (in collaboration with the provincial ALC Advisory Committee) undertake further data analysis to better understand the patient population designated alternate level of care (ALC) for rehabilitative care within 48 hours of acute care admission and the factors contributing to this designation.
- **Recommendation 6:** That the RCA work closely with clinical and decision support representatives to undertake analysis across

data sets in order to better understand the reasons for the high number of short stays in Continuing Care Reporting System (CCRS)-reporting beds.

Outpatient/Ambulatory

- **Recommendation 7:** That the RCA liaise with provincial stakeholders and their vendors to address the need for customized solutions to support reporting of outpatient/ambulatory data.
- **Recommendation 8:** That the RCA work with CIHI and provincial stakeholders to implement recommended changes to NACRS Clinic Lite in order to reduce data entry time for outpatient/ambulatory data.
- **Recommendation 9:** That the RCA review the feedback on the Community Rehab Assessment measure with proof-of-concept pilot sites and provincial stakeholders to determine how to move toward implementation of a provincial measure of patient outcomes in the outpatient rehabilitation setting.

System Evaluation

- **Recommendation 10:** That all LHINs monitor performance against the three identified priority rehabilitative care indicators in accordance with the benchmarks set for each and implement a plan for local and regional quality improvement where it is needed.
- **Recommendation 11:** That the RCA continue to address the gaps in rehabilitative care data through its work to implement the standardized minimum data set for outpatient rehabilitative care programs and its work to support implementation of the definitions frameworks.

Assess & Restore/Frail Senior/ Medically Complex

- **Recommendation 12:** That the RCA revise the proposed Direct Access Priority Process (DAPP) timeline for admission from emergency department to bedded rehabilitative care.
- **Recommendation 13:** Recognizing that geriatric syndromes are primary determinants of disability and functional decline, that the province and the LHINs, in collaboration with the RCA, the RGPs of Ontario and other experts in geriatric care, work to build capacity across sectors to provide best practice in geriatric care. This includes increased education and competency in comprehensive geriatric assessments and treatment, and increased access to specialized geriatric services and treatment across all sectors.
- **Recommendation 14:** That as LHINs engage in sub-region planning, consideration be given to the role of primary care in managing the complex needs of frail older adults in the community.
- **Recommendation 15:** That within the context of capacity planning, LHINs review the results of A&R initiatives to consider how community-based ambulatory services can help to facilitate improved patient outcomes and optimal use of health care resources.

QBP – Hip Fracture and Total Joint Replacement

- **Recommendation 16:** That LHINs and their health service providers take steps to implement the *Rehabilitative Care Best Practices Framework for Patients with Hip Fractures* and *Rehabilitative Care Best Practices Framework for Patients with Primary Hip and Knee Replacement*.

“With the leadership and support of the LHINs, the Rehabilitative Care Alliance is actively improving rehabilitative care in Ontario. The RCA’s work on standardized levels of rehabilitative care, improved performance evaluation and consistent province-wide capacity planning will help to ensure that Ontarians have better access to quality rehabilitative care when and where they need it. This work is making a difference.”

Nancy Naylor
Associate Deputy Minister
Delivery and Implementation
Ministry of Health and Long-Term Care



Transformation requires big picture thinking. The work of the RCA aligns with changes taking place across the health care system.

RCA initiatives are informed by and consistent with Ontario's policy context and support current health system objectives set out by the Ministry of Health and Long-Term Care.

To ensure RCA work aligns with these policy directions, the RCA regularly engages the LHINs, the MOHLTC, provincial organizations and stakeholders across the province. This outreach creates important linkages that benefit the RCA's work and other efforts to improve rehabilitative care.

How the RCA Works

Funded by the 14 LHINs, the RCA collaborates with stakeholders and rehabilitative care providers

from across the continuum and reports to the LHIN CEOs through the 30-member RCA Steering Committee.

Twenty task and advisory groups carry out the work on the RCA's various initiatives and a Patient/Caregiver Advisory Group provides input and insights from the patient/caregiver perspective. The work of the RCA is supported by a small secretariat staff.

The RCA is grateful to the more than 450 individuals who participated in the steering committee and task and advisory groups throughout the second mandate. In particular, we wish to thank those who served as chairs.

Committee/Advisory/Task Group Chairs

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|--|---|
| RCA Steering Committee | Donna Cripps, Hamilton Niagara Haldimand Brant LHIN Dr. Peter Nord, Providence Healthcare |
| LHIN Lead & Health Service Provider Advisory Group | Mark Edmonds, Central West LHIN Andrea Lee, St. St. Joseph's Health Care - London |
| Assess & Restore Direct Access Priority Process Project Cluster | Charissa Levy, Rehabilitative Care Alliance |
| Assess & Restore Implementation Leads Working Group | Mark Edmonds, Central West LHIN |
| Assess & Restore/Frail Senior/Medically Complex Advisory and Task Groups | Dr. Jo-Anne Clarke, North East Specialized Geriatric Services |
| Definitions/Capacity Planning Task Group | Dale Clement, Waterloo Wellington CCAC Mark Edmonds, Central West LHIN |
| Health Service Provider Definitions Implementation Group | Charissa Levy, Rehabilitative Care Alliance |
| Hip Fracture QBP Advisory and Task Groups | Roy Butler, St. Joseph's Health Care - London |
| Outpatient/Ambulatory Advisory and Task Groups | Michael Gekas, Sinai Health System Marie Disotto-Monastero, Sunnybrook Health Sciences Centre |
| Patient/Caregiver Advisory Group | Charissa Levy, Rehabilitative Care Alliance |
| System Evaluation Advisory and Task Groups | Imtiaz Daniel, Ontario Hospital Association |
| Total Joint Replacement QBP Advisory and Task Groups | Debra Carson, Trillium Health Partners |



Ontario

Local Health Integration
Network



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To learn more about the Rehabilitative Care Alliance and to read a copy of the full 2015–2017 report, please visit rehabcarealliance.ca.

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