Rehabilitative Care Alliance

RCA System Evaluation Framework with Indicators
Revised Framework 2022

RCA Vision - ***Patient and system outcomes are optimized through the integration of rehabilitative care at all levels of health services policy, planning and delivery.***

The following strategic objectives are intended to reflect the vision for rehab in Ontario, broad in scope, and are not necessarily limited to the role of the RCA. The RCA is one body that contributes to the achievement of these objectives but is not the only one that does.

Population Health: **Improving the health of populations by enhancing equitable access to rehabilitative care that is integrated with other services and support**

- Improve health outcomes, supporting people in Ontario to live independently and enabling participation in meaningful activities
- Ensure timely and equitable access to specialized rehab services for those people who need them

Patient Experience: **Improving the patient and caregiver experience by providing rehabilitative care that is patient-centred and flexible to individual needs**

- Ensure people are able to easily navigate across settings to get the rehab care they need
- Enhance availability of and equitable access to publicly funded rehab services that consistently deliver quality care
- Co-develop guidelines, programs and evaluation frameworks with patients/care partners to ensure services reflect their needs and preferences

Care Team Wellbeing: **Improving the work life of rehabilitative care providers**

- Strengthen processes among providers across settings to facilitate smoother care transitions
- Measure the degree to which providers report that they have the resources they need to provide high quality rehab care and can contribute to health care improvement

Value/Efficiency: **Services are delivered in a way that reflects value - better outcomes are achieved for our health care dollars**

- Illustrate the impact of the role of rehab on longer term clinical and financial outcomes
- Support delivery of coordinated, evidence-based rehab care. Build on innovative and proven models of practice
- Improve standardization and capability of reporting publicly-funded community-based rehabilitation services (outpatient/community clinics and in-home and primary care settings)

<u>Population Health</u>: **Improving the health of populations by enhancing equitable access to rehabilitative care that is integrated with other services and support**

Objective	**Indicator**
Improve health outcomes, supporting people in Ontario to live independently and enabling participation in meaningful activities	• Average total functional change (by RCG)
	• Number of patients admitted to rehabilitation, including inpatient (NRS and CCRS) and community rehabilitation (outpatient/community clinics, in-home and primary care settings)
	• Average admission FIM™ for patients admitted to an NRS bed
	• Number of falls-related ED visits per 100,000 people aged 65 and older
	• Fall-related admission to hospitals from ED per 100,000 for seniors aged 65 years and older
	• *Repeat ED visits for falls in the past 12 months at the beginning of the rolling 12 month period per 100,00 people aged 65 years and older**
	• *Percent of older adults (65 and older) with improvement in ADL function from admission to in-home rehab to discharge from in-home rehab as measured by a validated tool**
	• *Percentage of primary care practices that include at least one rehab professional, regardless of the FTE**
Ensure timely and equitable access to specialized rehab services for those people who need them	• Wait time for specialized rehab programs by region

*Data source not available at this time

Patient Experience: **Improving the patient and caregiver experience by providing rehabilitative care that is patient-centred and flexible to individual needs**

Objective	Indicator
People are able to easily navigate across settings to get the rehab care they need	• Time from referral to admission to a bedded level of rehabilitative care (by referral source i.e., acute, community)
	• Wait time for in-home rehabilitative care services - patient availability date to date of first service (by referral source i.e. acute, community)
	• *Wait time for outpatient publicly funded rehab (hospital based)**
	• *Percent of clients reporting positive experiences of the care provided by their health care provider or team on a rehabilitative care cross continuum patient experience measure** ○ *Percent of patients and caregivers reporting the health care provider/team involved them as much as they wanted to be in discussion about their care and treatment*
Guidelines, programs and evaluation frameworks are co-developed with patients/care partners to ensure services reflect their needs and preferences	• *% of rehabilitation initiatives that demonstrate patient and caregiver engagement**

Care Team Well-being: **Improving the work life of rehabilitative care providers**

Objective	Indicator
Strengthen processes among providers across settings to facilitate smoother care transitions	• *% patients with evidence of discharge documentation available to primary care provider, care partner(s), and/or next rehabilitative care provider**
Measure the degree to which providers report that they have the resources they need to provide high quality rehab care and can contribute to health care improvement	• *Rehabilitation provider experience survey (not yet developed)**

*Data source not available at this time

Value/Efficiency: **Services are delivered in a way that reflects value - better outcomes are achieved for our health care dollars**

Objective	Indicator
Support delivery of coordinated, evidence-based rehab care. Build on innovative and proven models of practice	• ALC rate in acute care to rehab
	• ALC rate in rehabilitative care, by level of care
	• % of Acute ALC designations to CCC & in-patient rehab within two days of admission
	• Rehab (NRS and CCRS) length of stay
	• Active length of stay efficiency by RPG
	• Direct inpatient rehabilitative care cost per case
	• *Economic evaluation through the calculation of quality adjusted life years (QALYs) via EQ-5D-5L**
Illustrate the impact of the role of rehab on longer term clinical and financial outcomes	• *Proportion of patients discharged from hospital before estimated date of discharge through provision of more intensive community rehab**
Improve standardization & capability of reporting publicly-funded community-based rehabilitation services (outpatient/community clinics and in-home and primary care settings)	• *Indicator not yet developed**

© 2022, Rehabilitative Care Alliance.

Permission granted to use without editing and with appropriate attribution.
For permission to adapt, please contact the RCA.

*Data source not available at this time