

North Eastern Ontario Rehabilitation Network (NEORN) Update

Who we are...

NEORN is comprised of representation from the five NEO hospitals with designated rehabilitation beds, the North East Community Care Access Centre (NE CCAC), the Northeastern Ontario (NEO) Stroke and ABI Networks and also includes a representative from the North East Local Health Integration Network (NE LHIN). Our Network was formed in the fall of 2006 and we meet regularly by teleconference.

NEORN is focused on advancing the vision of an integrated system for all rehabilitation diagnostic groups throughout our region. The increase in overall burden of chronic disease, together with an aging population has heightened the need for and the complexity of rehabilitation services required. It is NEORN's desire to assist the current health care system in Northeastern Ontario to fully understand and utilize the role and expertise of rehabilitation as a resource in supporting the entire care continuum.

Recent Progress...

Planning Event

Earlier this year, NEORN secured one time funding from the NE LHIN's Integration Strategy to assist NEORN in the development of the Network and specifically to develop a strategic plan that will address some of the rehabilitation gaps in the region. In October, eleven members of NEORN attended a one and a half day event held in Sudbury to develop the plan.

Thank You to those who participated in the Teleconferences

Prior to the core NEORN group session in October we held two teleconferences in September where individuals from NEO community hospitals, chronic care facilities and long term care homes were invited to call into the teleconference and share their viewpoints on the challenges and successes of rehabilitation here in Northeastern Ontario. We had excellent participation – a total of 20 individuals from 12 organizations participated in these teleconferences. A third teleconference was also held with various branches of the NE CCAC where further valuable input was provided.

These teleconferences provided a way of bringing in various perspectives from varying NEO facilities to be on the table during the planning meeting. Besides reviewing the teleconference feedback, the Network also utilized existing documentation related to rehabilitation in NEO and data provided by the participating members in order to assist with the determination of priorities for action and the resultant work plans.

Priorities for Action

At the group session, participants determined the following to be the priorities for action for NEORN.

1. Rehabilitation System Referral and Access
 - a. Common Rehabilitation Referral Form
 - b. Regional Inpatient Flow
2. Web Development/branding
3. Advocacy
4. Telemedicine
5. Engaging the Community
6. Link to other Rehabilitation Networks in the Province

After selecting the priorities, work plans and timelines were developed. Throughout the entire process, the group took into account the resources available to achieve the plans and the reality that all of our NEORN resources are in-kind.

Moving Forward with Primary Initiatives...

The group developed work plans for 3 primary initiatives (from the first two priorities for action) that will directly impact the rehabilitation system and how it operates at a regional level. Although not discussed in this document, the other identified priorities for action such as advocacy and telemedicine are linked to the primary initiatives and also have specific established work plans.

Moving Forward with Primary Initiatives...

1. Rehabilitation System Referral and Access:

a. Common Rehabilitation Referral Form

A common external referral form for designated in-patient rehabilitation beds is essential to create consistency and equity and to streamline and improve communication as it relates to referrals. The goal is to develop a referral form that can be used across the region. The form will build on what is already in place within the region, including referral patterns and communication strategies and will also leverage the experience of other regions. Common definitions are also a part of this initiative. The hope is to have a draft referral form ready for circulation to stakeholders early in the new year with a final draft ready for implementation in late spring, 2010.

b. Regional Inpatient Flow

The goal of this initiative is to recommend and establish a consistent process for patient flow to designated in-patient beds across the system. The initiative will review current data, including ALC data, clarification of roles of regional rehabilitation facilities and community hospitals, examine current patterns of flow by patient grouping and types, criteria being used to determine flow, repatriation standards, expectation and processes already in place. The intent is to explore options and come to an agreement on a regional system wide process that enhances consistency and equity of access.

2. Web Development/Branding:

The one time funding from the NE LHIN's Integration Strategy included dollars for the development of a web site. The site is intended to be informative, simple, user friendly, interesting and comprehensive. The components of the web site will include information about rehabilitation services in the region for service providers as way of understanding and facilitating use of the system and for the public to find information about what rehabilitation is and where to go for rehabilitation. The goal is to launch the web by the fall of 2010.

Key Message and Future Collaboration...

NEORN supports the premise that rehabilitation is not just a destination or geographic location within a single organization. Early and effective rehabilitation is a philosophy of care that can and should occur at all points along the care continuum including acute care, long-term care and community based care. When effectively provided by an engaged interprofessional team, that includes family members, a rehabilitation focus will improve an individual's independence and function and can reduce ALC days, hospitalizations and demand for LTC beds. It should be supported by a system that endorses long-term follow-up and successful community re-engagement.

As part of its continuing work, NEORN is committed to engaging the broader rehabilitation community. The list of potential stakeholders in the region is vast - from the leaders and practitioners within the 5 centres with designated rehabilitation beds, the NE CCAC, NE LHIN, community hospitals, LTC and CCC facilities, community agencies and academic institutions. At this point NEORN's current mandate, scope and membership will be maintained however potential future development will be addressed at NEORN meetings.

For further information...

Should you require further information please feel free to contact one of us.

Andrea Lee
Chair, North Eastern Ontario Rehabilitation Network (NEORN)
Administrative Director, Continuing Care & Rehabilitation
Program
Hôpital régional de Sudbury Regional Hospital
Laurentian Site
41 Ramsey Lake Road, Sudbury, ON, P3E 5J1
Ph. (705) 523-7100 ext. 3169
Email: alee@hrsrh.on.ca

Jenn Fearn
Lead, North Eastern Ontario Rehabilitation Network (NEORN)
NEO Stroke Network Rehabilitation Coordinator
Hôpital régional de Sudbury Regional Hospital
St. Joseph's Health Centre
700 Paris St., Sudbury, ON P3E 3B5
Ph. (705) 523-7100 ext. 1718
Email: jfearn@hrsrh.on.ca