

LEADING SYSTEM CHANGE

Annual Report 2010 – 2011



GTA REHAB
NETWORK

A MESSAGE FROM THE CHAIR AND EXECUTIVE DIRECTOR

Equitable and timely access. High quality services. An integrated system. The GTA Rehab Network has an ambitious vision for rehabilitation. But achieving this vision will require significant change—across the entire system. The Network is leading that change.

We challenge assumptions and identify issues. We successfully engage and collaborate with our member organizations and others across the care continuum. And, we implement realistic, evidence-based solutions.

It's a role that is recognized and valued by our members, the Local Health Integration Networks (LHINs) and the Ministry of Health and Long-Term Care—and one that is clearly reflected in our recent initiatives.

A recognized leader and resource

This past year, the Network launched major reviews of hip and knee arthroplasty and stroke resources in the Greater Toronto Area (GTA) to address ongoing Alternate Level of Care (ALC) pressures and advance evidence-based care. These initiatives, conducted on behalf of the Toronto Central and GTA LHINs, will help to shape the future configuration of inpatient and outpatient services in rehabilitation, acute and community care.

The Ministry of Health and Long-Term Care is also utilizing Network expertise on its new Rehabilitation/CCC Expert Panel. The Panel is focused on reducing ALC days and integrating evidence-based best practice across the province—two areas in which the Network has consistently demonstrated leadership.

And, over the past year, the Network made significant progress on its own initiative for hip fracture patients—working with senior-level administrators and clinical leaders across the system with a focus on improving access to high quality rehabilitation for this population.

A unique system view

These and other initiatives reflect our unique role as a cross-LHIN, cross-sector membership organization.

In the last year, the Network further enhanced its effectiveness with a renewed governance model that strengthens the strategic focus and accountability of our governing body.



Now composed of CEOs from across the Network's membership, our Coordinating Council reflects and reinforces the Network's leadership role within the health care system.

System change is never easy. However, together with our members and partners across the continuum of care, we have the influence, expertise and support to make change happen.

Working collaboratively, we will achieve our vision.

Mark Rochon, Chair

Charissa Levy, Executive Director



REALIGNING RESOURCES TO ENHANCE SYSTEM-WIDE PERFORMANCE

The Network is engaged in two major initiatives to enhance system-wide performance in the hip and knee arthroplasty and stroke populations.

Conducted on behalf of the Toronto Central and GTA LHINs, the initiatives capitalize on the Network's clinical and systems expertise and its proven success in working across sectors.

Improving flow for hip/knee replacement patients

Within most of the GTA LHINs, a high percentage of primary unilateral hip and knee replacement patients are discharged to inpatient rehabilitation. However, evidence indicates that most of these patients can be discharged home with community-based services and achieve comparable outcomes at considerably lower cost.

This past year, the Network worked with the Toronto Central LHIN's Joint Health and Disease Management Committee to complete a multi-faceted review of evidence and current practices for this population, including:

- a survey of orthopaedic surgeons regarding post-surgical referral practices;
- key informant interviews with Toronto-area acute care hospitals regarding their pre-admission and discharge processes and tools;

- key informant interviews with acute care and rehabilitation hospitals regarding volumes, admission criteria and wait times for their outpatient rehabilitation programs; and
- an analysis of data from the Canadian Institute for Health Information's Discharge Abstract Database (DAD) and the National Rehabilitation Reporting System (NRS).

The Network concluded that improvements in utilization could be achieved. Specifically, the Network indicated that rebalancing resources devoted to MSK rehabilitation across Toronto Central and GTA LHIN hospitals could enhance outpatient rehabilitation for hip and knee replacements and create additional inpatient capacity for hip fracture patients.

The Network will continue to provide support to the GTA LHINs as they move toward implementation.

Enhancing efficiency and access in stroke rehabilitation

Enhancing efficiency and access to stroke rehabilitation, particularly for severe stroke patients, is also a priority within the LHINs.

Working with the three Toronto-area Stroke Networks, the Network reviewed data from the DAD, NRS and Toronto-area E-stroke Rehab Referral databases to assess current patient flow. Current evidence and data on performance were also reviewed to determine best practice and optimal rehabilitation access for patients post mild, moderate and severe strokes.

The evidence was compelling: earlier admission to rehabilitation improves clinical outcomes and reduces ALC days. Furthermore, acute stroke units with specialized teams and units achieve earlier rehabilitation referral and reduced acute lengths of stay (LOS). The Networks concluded that targeting earlier admission to rehabilitation

The Network's strength is that it has CEO leadership and commitment *and* clinical leadership and commitment. As a result, the Network can challenge existing practice—to create best practice.

Camille Orridge
CEO, Toronto Central LHIN



for severe stroke patients could save significant acute care days each year through reduced LOS and ALC days.

Based on the evidence, GTA Rehab and Stroke Networks recommended reallocating resources in order to:

- enhance outpatient rehabilitation to accommodate more people with mild strokes, freeing up inpatient capacity for severe strokes; and
- convert some low tolerance, long duration stroke rehabilitation beds to high tolerance rehabilitation in order to improve outcomes and reduce LOS for patients post severe strokes.

In the coming months, the Network will work with providers and LHINs across the GTA to determine how to move these recommendations forward.

At a system level, the impact is going to be better patient flow and better patient outcomes. This is one of the few initiatives that is really crossing LHIN boundaries—and it's one of the earliest wins.

Malcolm Moffat
CEO, St. John's Rehab Hospital

INTEGRATING NEW KNOWLEDGE INTO CLINICAL PRACTICE

Evidence and best practice inform all Network activities—from leading system-level reviews and planning, to developing care pathways and referral processes.

The Network also continues to promote innovation and knowledge exchange across professions and sectors through its annual Best Practices Day, forums and other networking opportunities.

This past year, Best Practices Day had its highest attendance ever and reached a new record for abstract submissions. This one-day event—the only province-wide conference focused on rehabilitation—facilitates knowledge exchange and the dissemination of best practices among a broad base of researchers, clinicians and policy/management professionals from across the province.

FINANCIAL SUMMARY 2010 – 2011

Year ended March 31, 2011

OPERATING ACCOUNT

Revenue	
Member contributions	\$ 444,045
Interest income	5,492
Other	54,118
Total Revenue	503,655
Expenses	
Staffing and benefits	372,856
General operating expenses	56,904
Total Expenses	429,760
Revenue less expenses	73,895
2009/10 carry forward	473,801
Operating balance at March 31	547,696¹

ADDITIONAL FUNDS REMAINING IN PROJECT ACCOUNTS

Best Practices Day Balance 13,000

¹ Additional cash in investments of \$150,000 (contingency fund)

Accounting services are provided by Toronto Rehab.



IMPROVING TRANSITIONS AND ACCESS TO HIP FRACTURE REHABILITATION

Medically complex hip fracture patients often have extended waits for rehabilitation—contributing to poorer outcomes and significant ALC pressures within acute care.

Over the past year, the Network worked closely with eight rehabilitation/complex continuing care hospitals to enhance care and timely access for hip fracture patients.

Reducing wait times and improving care pathways

A forum and consultation with acute and rehabilitation providers identified strategies, policies and practices to reduce wait times for admission to rehabilitation.

As a first step, the Network began closely monitoring and regularly sharing organization-specific data on ALC days, wait times and discharge data with all providers. Early indications suggest this focus is paying off: 25 per cent of medically complex hip fracture patients are now accessing rehabilitation within the five-day benchmark—up from 10 per cent just five months ago.

The Network also worked with providers to review existing care pathways to determine what components of care were contributing to delays, and to ensure the pathways were aligned with best practice guidelines. A revised pathway will be disseminated and implemented in the near future.

Not only are we able to admit older people with hip fractures who have dementia, but we can rehabilitate them successfully. We've demonstrated a positive impact on the care and flow of patients in a very measurable way.

Karima Velji

*Vice-President, Clinical and Residential Programs
& Chief Nursing Executive, Baycrest*

MAINTAINING ACCESS TO OUTPATIENT REHABILITATION SERVICES

In the past decade, outpatient rehabilitation services have eroded across the system. Limited data on demand, supply and utilization have contributed to this demise.

This past year, the Network completed the first comprehensive survey and key informant interviews on access and utilization of publicly-funded, hospital-based outpatient rehabilitation services.

The survey and interviews confirmed that the lack of data has limited system-wide planning and advocacy for maintaining services. In the coming year, the Network will work with stakeholders to develop a common outpatient data set for stroke and MSK populations in preparation for the proposed enhancement of outpatient rehabilitation for these populations.

OUR VISION

An integrated health care system in which patients have equitable and timely access to the highest quality rehabilitation services.

GTA REHAB NETWORK MEMBER ORGANIZATIONS

As of June 2011

Rehabilitation/ CCC Hospitals

Baycrest
Bridgepoint Health
Holland Bloorview Kids
Rehabilitation Hospital
Providence Healthcare
Runnymede Healthcare Centre
St. John's Rehab Hospital
Toronto Grace Health Centre
Toronto Rehab
West Park Healthcare Centre

Community Hospitals

Credit Valley Hospital
Halton Healthcare Services
Humber River
Regional Hospital
Lakeridge Health
Markham Stouffville Hospital
Rouge Valley Health System
The Scarborough Hospital
Southlake Regional
Health Centre
St. Joseph's Health Centre
Toronto East General Hospital
Trillium Health Centre
William Osler Health System
York Central Hospital

Acute Teaching Hospitals

Mount Sinai Hospital
St. Michael's
Sunnybrook Health
Sciences Centre
University Health Network

Community Care Access Centres

Central CCAC
Central East CCAC
Central West CCAC
Mississauga Halton CCAC
Toronto Central CCAC

Ex Officio Members

Regional Geriatric
Program of Toronto
Toronto Acquired
Brain Injury Network
University of Toronto

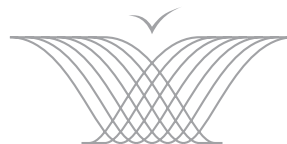
GTA REHAB NETWORK TASK GROUPS AND COMMITTEES

Coordinating Council	Chair, Mark Rochon, Toronto Rehab Vice Chair, Malcolm Moffat, St. John's Rehab Hospital
Acute Stroke Flow Task Group	Co-Chairs, Dr. Mark Bayley, Toronto Rehab and Dr. Rick Swartz, Sunnybrook Health Sciences Centre
Best Practices Day Task Group	Chair, Malcolm Moffat, St. John's Rehab Hospital
Burn Rehab Definitions Task Group	Chair, Dr. Joel Fish, St. John's Rehab Hospital/ Sunnybrook Health Sciences Centre
Cardiac Rehab Definitions Task Group	Chair, Dr. Paul Oh, Toronto Rehab
e-Stroke Rehab Referral Advisory Committee	Chair, Dr. Mark Bayley, Toronto Rehab
Hip Fracture Case Costing	Chair, Charissa Levy, GTA Rehab Network
Hip Fracture Clinical Care Maps Task Group – Acute	Chair, Charissa Levy, GTA Rehab Network
Hip Fracture Clinical Care Maps Task Group – Rehab/CCC	Chair, Charissa Levy, GTA Rehab Network
Hip Fracture Data Group	Chair, Charissa Levy, GTA Rehab Network
MSK Flow Task Group	Co-Chairs, Dr. Peter Nord, Providence Healthcare and Charissa Levy, GTA Rehab Network
MSK Rehab Definitions Task Group	Chair, Dr. Susan Jaglal, University of Toronto
Patient Access and Flow Committee	Chair, Derek Glazier, Toronto East General Hospital
Rehab/CCC VP Steering Committee	Chair, Josie Walsh, Providence Healthcare
Rehab Definitions Advisory Committee	Chair, Dr. Mark Bayley, Toronto Rehab
Rehab Stroke Flow Task Group	Co-Chairs, Dr. Mark Bayley, Toronto Rehab and Gaye Walsh, Volunteer
Total Joint Replacement Decision Support Task Group	Chair, Charissa Levy, GTA Rehab Network

GTA Rehab Network Staff

Charissa Levy*	Executive Director	Robert Jessop*	Communications/ Data Coordinator
Patty Aird*	Office Manager	Judy Moir*	Project Coordinator/Planner
Sue Balogh	Project Coordinator/Planner	Hannah Seo	Project Coordinator/Planner
Holly Burton*	Data Entry/Office Assistant		

* staff shared with Toronto ABI Network



GTA REHAB
NETWORK

520 Sutherland Drive Toronto Ontario M4G 3V9

Telephone: 416.597.3057 | Fax: 416.597.7021

Email: info@gtarehabnetwork.ca

www.gtarehabnetwork.ca