



**Patients Awaiting Rehabilitation in Alternative Level of Care
and
Inpatient Rehabilitation Capacity**
Analysis of Snapshots

Best Practices Day
February 2004

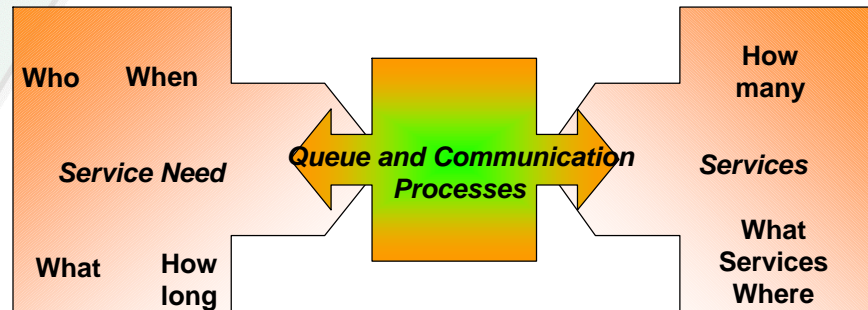


Background

- ✓ Snapshots consisted of two surveys:
 - Patients awaiting rehab in ALC
 - Inpatient Rehab Capacity
 - ✓ Conducted five snapshots:
 - April 25, 2003*
 - May 14, 2003
 - June 10, 2003*
 - July 24, 2003
 - September 24, 2003 (Post Summer & SARS)
- *SARS I & II



Conceptual Framework



*Adapted from: GTA Rehab Network - The Waiting List Information Management Task Group



Analysis Methodology

Analysis Perspective	Analysis Details
a. Patients awaiting rehab in ALC	Review: prevalent rehab groups, referral patterns, number of days in ALC, LILD needs, coexisting conditions
b. Rehab Capacity	Review inpatient capacity and discharges, patients awaiting placement, and admissions from acute care.
c. Combined Analysis (a) and (b)	Review number of patients awaiting rehab with respect to number of designated rehab beds available at time of snapshot; referral patterns
d. Analysis of Regional Variations	Identify regional variations and characteristics
e. Analysis of Hospital Groups	Identify variations between acute teaching, community, and rehab hospitals

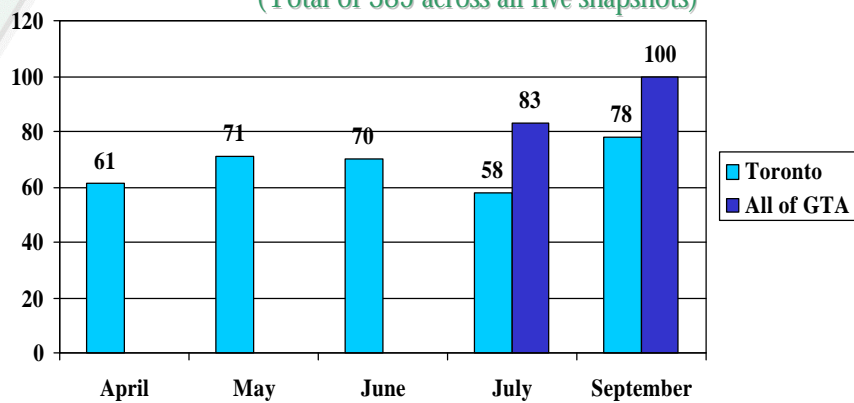


Findings:

Patients Awaiting Rehab in ALC

Number of Patients Awaiting Rehab in ALC per Snapshot

(Total of 385 across all five snapshots)



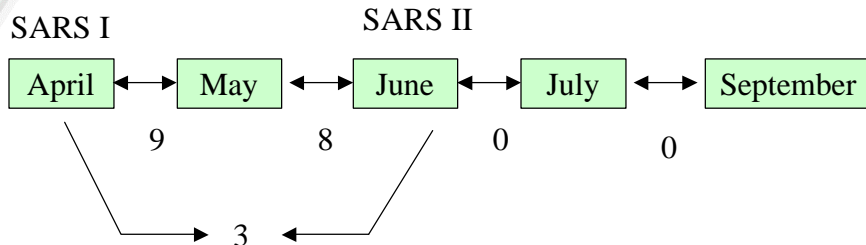
*April, May, and June included Toronto Region Hospitals, while the July and September Snapshots included all GTA Rehab Network Hospitals.



Findings:

Patients Awaiting Rehab in ALC

Repeat Patients Across Snapshots



✓ Most patients wait for rehab in ALC for no more than one month.



Findings: Patients Awaiting Rehab in ALC Overall vs. Regional Analysis

- ✓ There are a greater number of patients awaiting rehab in ALC in the Toronto region than in York, Durham, and Halton/Peel Regions combined:
 - ✓ Toronto 338 /385 =88%
 - ✓ Halton/Peel 30 /385 = 8%
 - ✓ Durham 9 /385 = 2%
 - ✓ York 8 /385 = 2%
- ✓ Thus, the Toronto Region data is more reflective of the average of the overall aggregate data.
- ✓ However, data from York, Durham, and Halton/Peel Regions vary significantly, but due to relatively smaller numbers, is not apparent in the aggregate average.



Findings: Patients Awaiting Rehab in ALC

- ✓ Most Prominent Rehab Groups:
 - Musculoskeletal
 - Stroke/Neurology
 - Geriatric
 - ABI
- ✓ Most Prominent Rehab Groups per Region:

– Toronto:	MSK	95/338	28%
– Halton/Peel:	MSK	10/30	33%
– York:	Geriatric	3/8	38%
– Durham:	MSK	3/9	33%



Findings: Patients Awaiting Rehab in ALC

Most Prominent Rehab Groups by Organization Type:

<p>Acute Teaching Hospitals*: 204 / 385 or 53% of all patients awaiting rehab in ALC</p>	<ul style="list-style-type: none"> • MSK (55/204 or 27%) • ABI ** (44/204 or 17%) • Stroke/Neurology (33/204 or 16%) • Geriatric (30/204 or 15%)
<p>Community Hospitals: 181 / 385 or 47% of all patients awaiting rehab in ALC</p>	<ul style="list-style-type: none"> • MSK (52/181 or 29%) • Stroke/Neurology (52/181 or 29%) • Geriatric (47/181 or 26%) • ABI** (5 /181 or 3%)

Notes:

*There are four acute teaching hospitals and 14 community hospitals

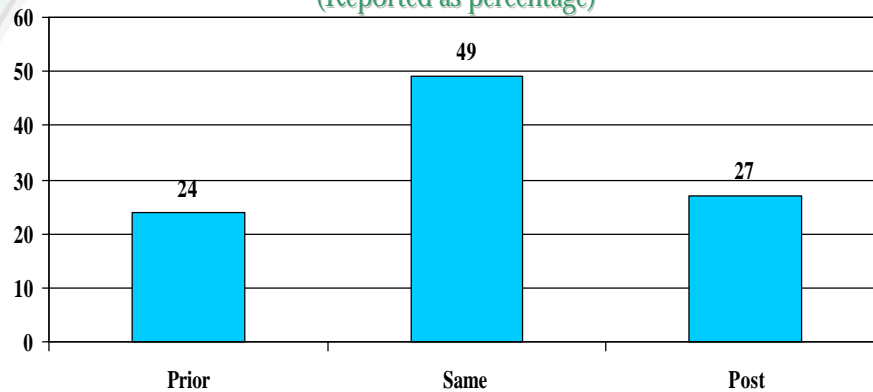
** A much smaller percentage of patients are awaiting ABI rehab in community facilities than in acute teaching facilities.



Findings: Patients Awaiting Rehab in ALC

Timing of referral relative to ALC Designation

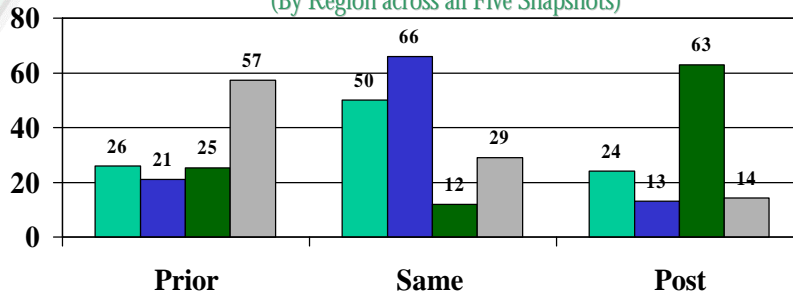
(Reported as percentage)





Findings: Patients Awaiting Rehab in ALC

Percentage of Referrals Relative to Timing of ALC Designation
(By Region across all Five Snapshots)



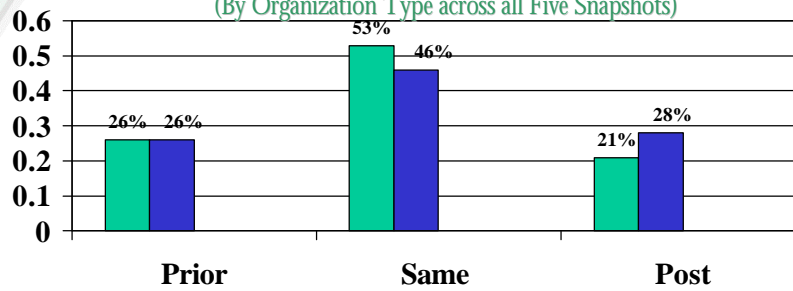
Time of referral relative to ALC Designation

	Prior	Same	Post
Toronto	76/295	147/295	72/295
Halton/Peel	6/29	19/29	4/29
York	2/8	1/8	5/8
Durham	4/7	2/7	1/7



Findings: Patients Awaiting Rehab in ALC

Percentage of Referrals Relative to Timing of ALC Designation
(By Organization Type across all Five Snapshots)



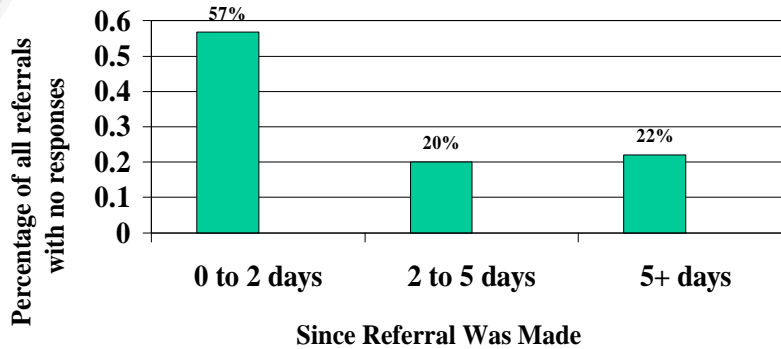
Time of referral relative to ALC Designation

	Prior	Same	Post
Acute Teaching	46 / 179	95 / 179	38 / 179
Community	42 / 160	74 / 160	44 / 160



Findings: Patients Awaiting Rehab in ALC

Number of days since a referral was made for those patients who had not yet received a response at the time of the snapshots



- A total of 701 referrals were made for all 385 patients awaiting rehab in ALC.
- A total of 311/701 or 44% had not received a response at the time of the snapshots.



Findings: Patients Awaiting Rehab in ALC

- ✓ Low Intensity, Long Duration Rehab
 - Of referrals for which program details were provided, 60% of patients awaiting rehab in ALC were in need of low intensity, long duration rehab
 - Most common patients:
 - Stroke (31%)
 - Geriatric (28%)
 - ABI (13%)
- ✓ Groups most commonly not accepted for rehab:
 - Stroke
 - ABI
 - MSK



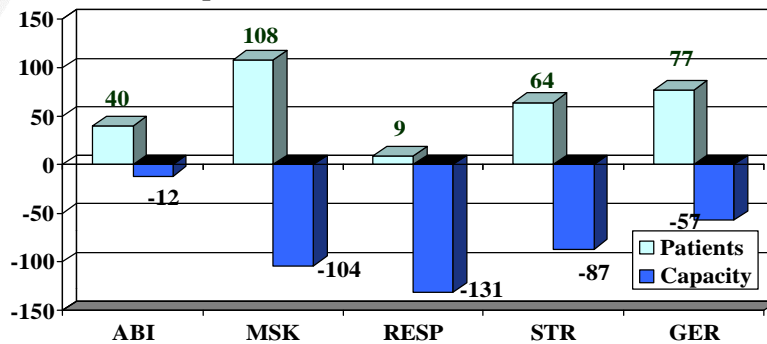
Findings: Rehab Capacity

- ✓ Of all the patients occupying designated rehab beds across all five snapshots (4841):
 - 5.1% were ready for discharge but awaiting placement
 - Of these, 51% were waiting specifically for long term care



Findings: Combined Analysis

**Number of Patients Relative to Capacity
(Populations with Greatest Shortfalls)**



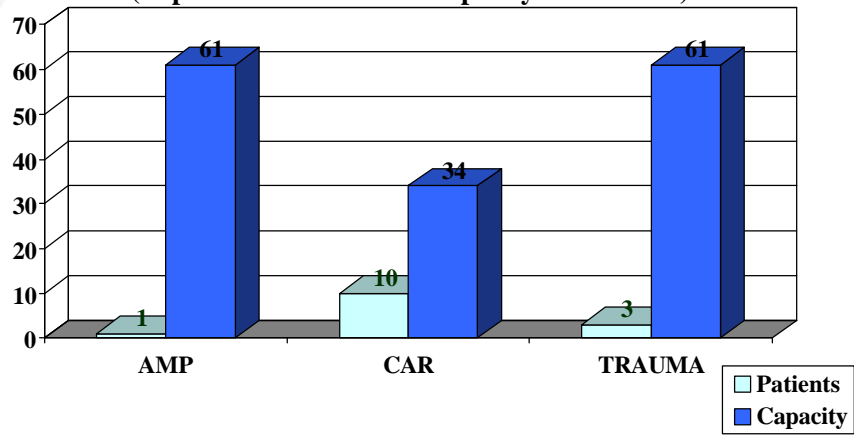
Note: Light boxes reflect the number of patients awaiting rehab in ALC for each population indicated.

Dark boxes reflect capacity available for each population indicated net all expected admissions, discharges, and patients waitlisted. Negative numbers indicate the shortage of beds if all patients waitlisted were to be admitted.



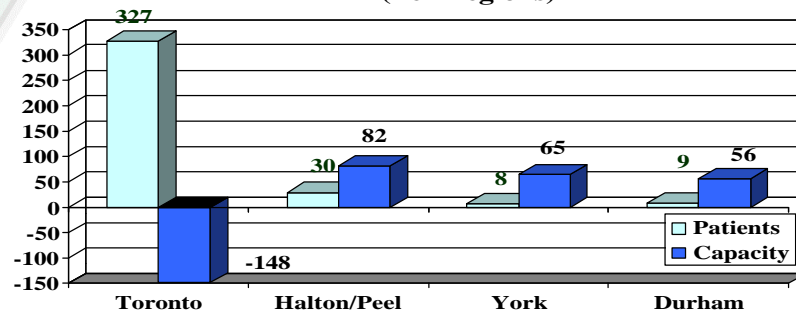
Findings: Combined Analysis

**Number of Patients Relative to Capacity
(Populations with excess capacity in the GTA)**



Findings: Combined Analysis: Regional

**Number of Patients in ALC Relative to Capacity
(Per Regions)**



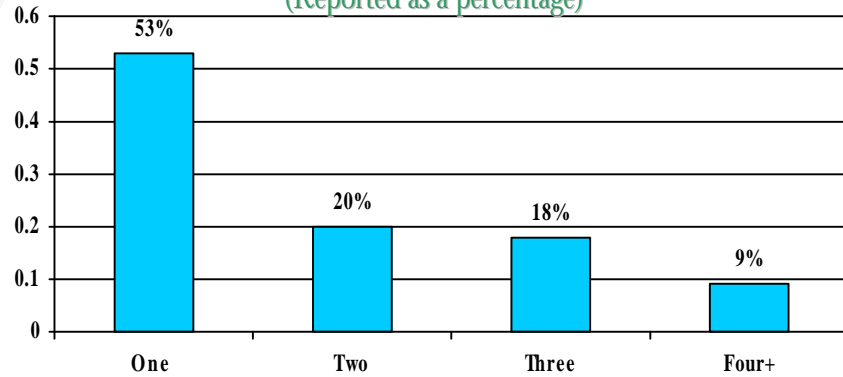
Note: Shortfall in capacity was only found in the Toronto Region. Negative numbers indicate a shortage of beds if all patients waitlisted were to be admitted.

Note: All of the rehab providers are located in the Toronto Region; yet, overall capacity is available in Halton/Peel, York, and Durham Regions.



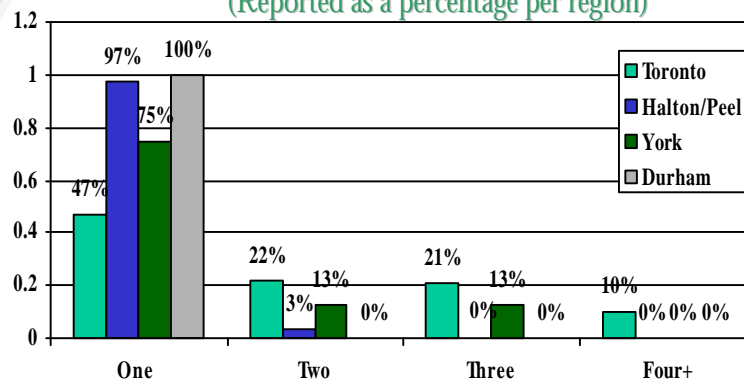
Findings: Combined Analysis

Number of Organizations Referred Per Patient in ALC
(Reported as a percentage)



Findings: Combined Analysis: Regional

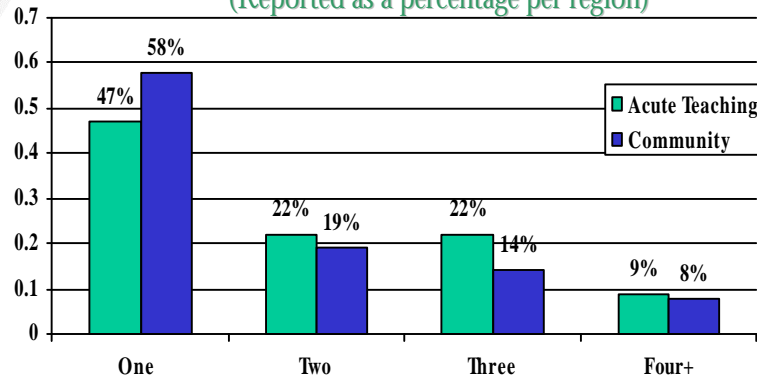
Number of Organizations Referred Per Patient in ALC
(Reported as a percentage per region)





Findings: Combined Analysis: Regional

Number of Organizations Referred Per Patient in ALC
(Reported as a percentage per region)



Summary of Key Findings

1. Referral patterns across some organizations are well established, regardless of bed availability.
2. Patients awaiting discharge to long-term care and other placement occupy a significant number of rehab beds.
3. Needs accommodated by programs vary across organizations and populations.
4. More information is needed on why patients are being refused by rehab facilities.
5. A significant number of patients in ALC are awaiting lower intensity, longer duration rehabilitation.



Summary of Key Findings

6. More timely and descriptive communication related to referrals is needed.
7. Of the regions surveyed, (Halton, Peel, Durham, York, and Toronto) the Toronto Region has the greatest number of patients awaiting rehab in ALC (88%).
8. There seems to be a mismatch between the types, levels, and amount of services needed to the types, levels, and amount of services available.
9. There seems to be a significant variation in when patients are designated ALC and when referrals are sent across programs in different organizations.



Recommendations

COMMUNICATION

1. Providers should indicate specific reasons as to why patients are not accepted or waitlisted. (Waiting List Initiative)
2. Response times should be standardized even if it means providing a response of “review of application is still in process.” (Waiting List Initiative)
3. A system to increase transparency around resource availability and special needs should be developed and accommodated across organizations. (Admissions Information Website)
4. A standard referral form should be developed for specific populations that requires information on specific resource needs. (Waiting List Initiative)



Recommendations

REHAB READY, ALC DESIGNATION AND REFERRAL PROCESS

5. A common checklist/guideline should be developed to determine when patients are ready for rehab and should be designated ALC.
6. Organizations should strive to submit referrals within 2 days before ALC designation.
7. Organizations should strive for a minimum number of days that patients are awaiting rehab in ALC.



Recommendations

REHAB READY, ALC DESIGNATION AND REFERRAL PROCESS

Continued...

8. Organizations should send referrals to more than one appropriate program.
9. A centralized routing mechanism for rehab referrals should be reviewed for consideration to increase efficiency of the referral process, ensure referrals are sent to programs offering appropriate services to appropriately accommodate the needs of the patient, and to better manage the waitlist for multiple referrals.



Recommendations

CONTINUUM OF CARE

10. A review should be conducted to determine why and how long patients are waiting for placement in an inpatient rehabilitation bed.
11. A review should be conducted to determine reasons for all delays.
12. Organizations should increase flexibility as able/appropriate around the the use of available beds in the system for various needs.
13. A monitoring body should be established to ensure these recommendations will be enforced.



Questions

Greater Toronto Area Rehabilitation Network

550 University Avenue, Room 1114

Toronto, Ontario, M5G 2A2

Tel: (416) 597 – 3057

Fax: (416) 591 – 6812

info@gtarehabnetwork.ca

www.gtarehabnetwork.ca