

St. JOHN'S Rehabilitation Hospital

Standing at the Crossroads

**Recommendations for Improving
Transitions in the GTA**

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What do "Transitions" mean to me?

**A change from one place, status, condition,
culture, thought, philosophy, etc. to another**

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Patient/Provider/Family Transitions

- Acute care to rehab and rehab to home
- Hi-tech environment of acute care to hi-touch environment of rehab
- “Safe” environment of acute care to “calculated risk” environment of rehab
- Acute care environment of having things done to you to rehab environment of goal-setting and being a member of the team

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What transition am I going to focus on?

Transition from 2nd class chimney to important player in the continuum of care

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Key Issues

- Education
- Policy Construct
- Organization of Bureaucracy
- Public Awareness
- Evidence

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Top 5 Recommendations:

1. Rehab providers need to work more closely with their acute care and community partners to develop a continuum of care model. This to include such things as cross-appointments, joint rounds, jointly developed admission policies, etc.

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Top 5 Recommendations (cont'd):

2. The rehab sector needs to invest more time and resource in research, to show evidence of the efficacy of rehab practice.

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Top 5 Recommendations (cont'd):

3. Ministry of Health needs to work with the rehab providers to develop a policy framework for rehab, within the broader framework of a continuum of care. Rehab providers need to continue to advocate for, and participate in, the development of such a policy framework.

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Top 5 Recommendations (cont'd):

4. Rehab providers need to be more involved in public education, to help increase awareness of the need for rehabilitation.

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Top 5 Recommendations (cont'd):

5. Rehab providers need to be nimble and ready to change focus, as new evidence points to different ways of providing rehabilitation e.g. homecare -vs- inpatient for hips and knees, new technologies to speed up the rate of recovery, new patient populations requiring Low Intensity Long Duration rehabilitation.