

The Role of Rehabilitation in Supporting ER/ALC: Views from the Rehabilitation & CCC Expert Panel

Presentation to: GTA Rehab Best Practices Day

March 2011

Toronto, Ontario

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Evolution of Rehabilitation

- Rehabilitation has many formal and informal designations and services are delivered in multiple settings
- There is no province-wide consistency in availability of these resources, access to services or in standards of care
- To date, evolution of rehabilitation care has not been *managed* in any systemic way.

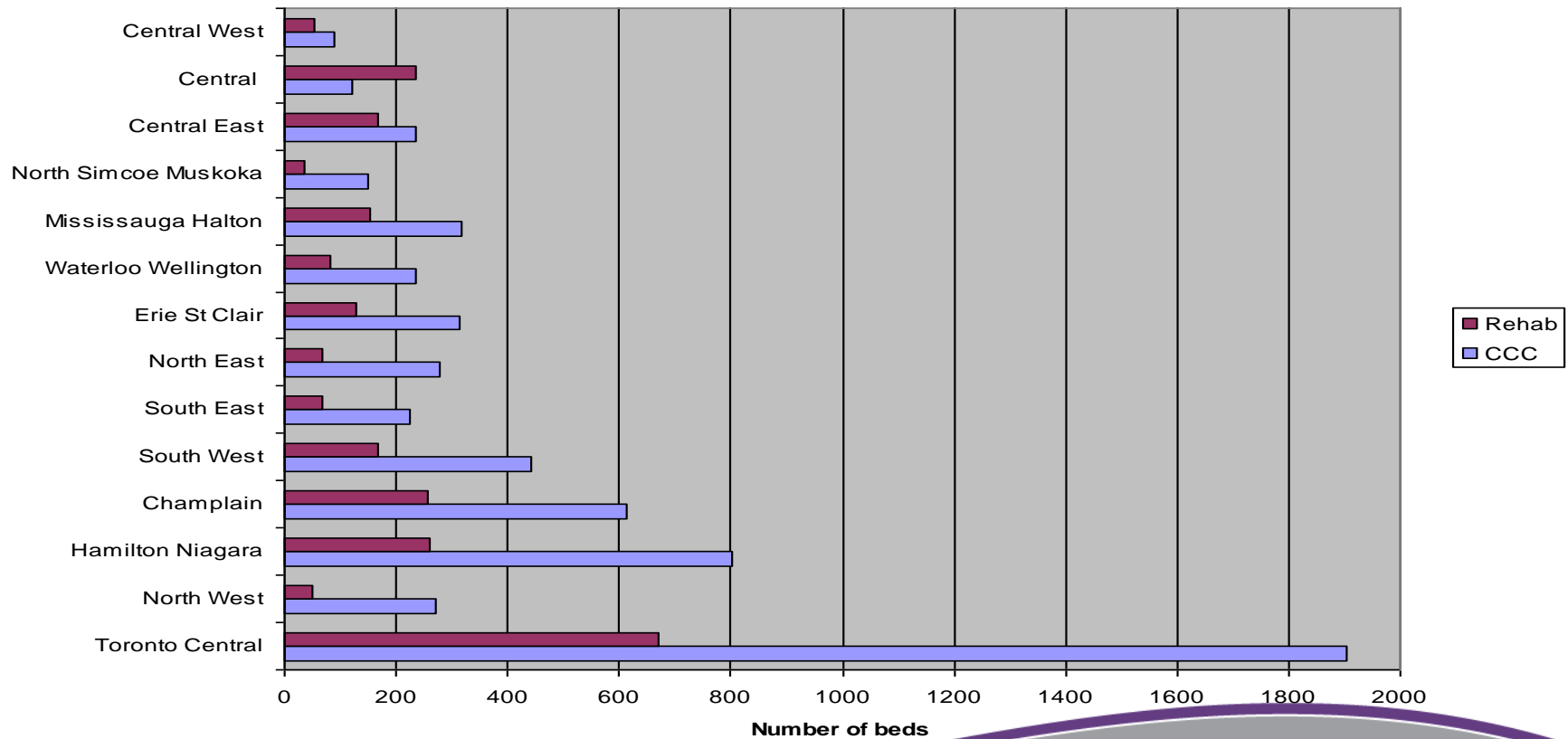
Current State

- There is a wide variation in the Case Mix (acuity), ALOS, and diagnostic groups cared for in Rehabilitation and CCC inpatient beds.
- Wide variation in the number and geographic distribution of Rehabilitation and CCC beds
- Waiting for, and waiting in, Rehabilitation and CCC beds contributes to the ALC challenges
- 36% of long stay ALC patients are in CCC beds

(Access to Care data reported at OHA CCC/Rehab Leadership Council)

Distribution of Rehab and CCC beds - 2008/09

Beds Staffed and in Operation by LHIN, 2008/09



Current State

- Four conditions: stroke, hip fracture, hip replacement and knee replacement, account for 55% of separations and 49% of rehabilitation inpatient days
- Recent reviews (e.g. ICES Stroke study, Bone and Joint Network data, etc.) suggest that use of evidence-based best practices is not wide spread

Current State

- There is excellent evidence on best practices for:
 - ❖ **Stroke** (*CMAJ 2008, Evidence-based Review of Stroke Rehabilitation, 13th Edition Sept 2010*)
 - ❖ **Hip Fracture** (*Orthopedic Expert Panel, Bone and Joint Health Network*)
 - ❖ **Hip and Knee Replacement** (*Orthopedic Expert Panel, Bone and Joint Health Network*)
 - ❖ **Acquired Brain Injury** (*Evidence-based Review of Moderate to Severe Acquired Brain Injury, V6:2010*)

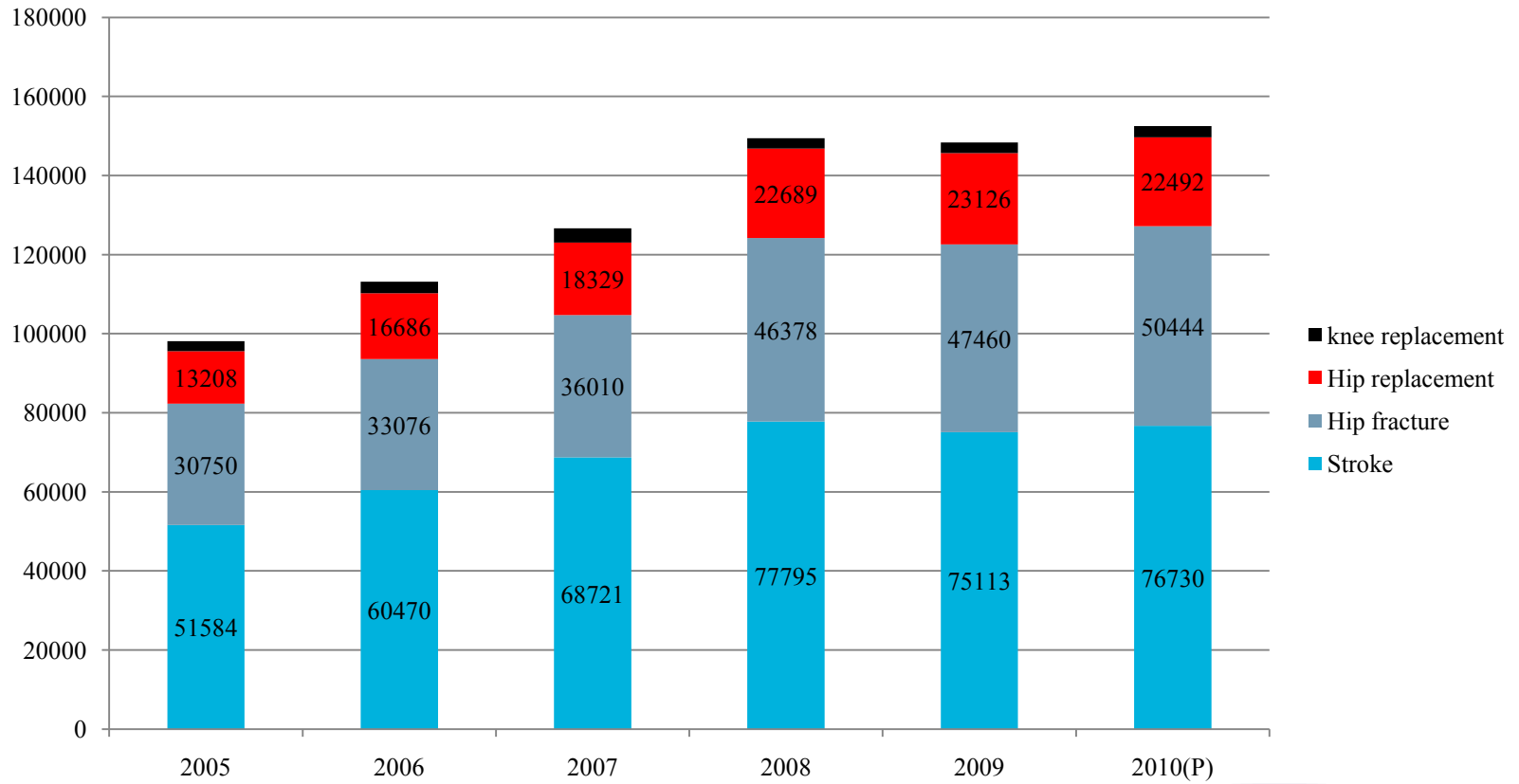
Current Challenges

- There is a lack of common assessments, definitions and eligibility criteria for each rehab care setting
- Patient function needs to be optimized with less reliance on designated beds and institutions. “What vs. where”
- The evolving role of rehabilitation needs to be managed to reflect a broader, system-wide view. Public health, primary care and community care need to be incorporated.

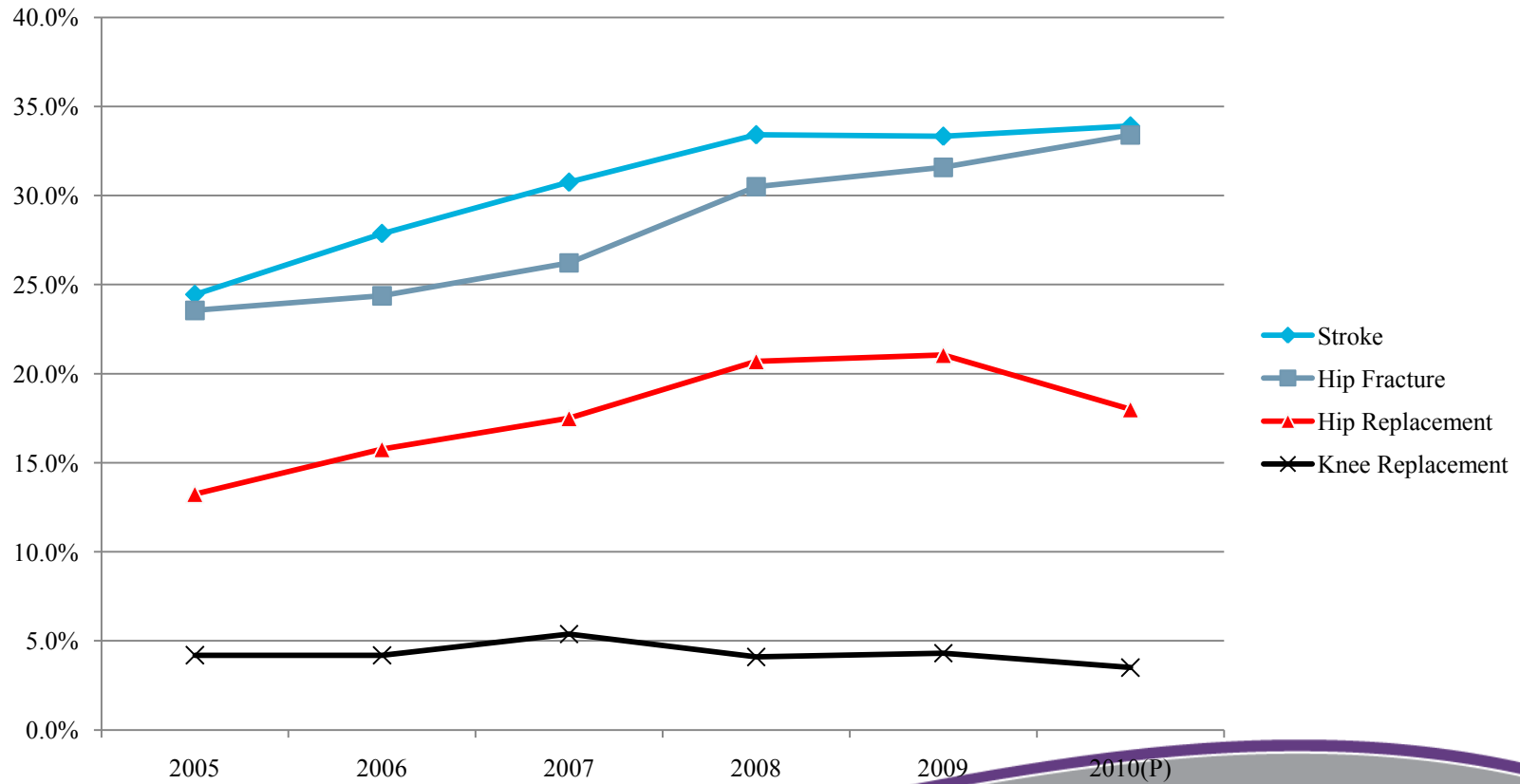
Total Joints, Hip Fracture and Stroke

- Three of the four conditions, knee replacements excepted, contribute significantly to the ALC challenges faced by acute care hospitals.
- Collectively, they consume a significant amount of rehabilitative resource (55% of rehab patient days)
- They have well developed, recognized best practice guidelines for rehabilitative patient care
- Uptake of the best practices across the continuum has been inconsistent throughout the province.
- Challenges faced in the implementation of these best practices are indicative of systemic challenges in rehabilitative care.

ALC Days in Acute Care



Percentage of Acute Care Days Spent as ALC



Origins of the Rehabilitation/CCC Expert Panel

- Rehab and CCC identified as a priority by LHIN CEOs
- OHA CCC/Rehab Provincial Leadership Council concurred that change efforts should be aligned
- ER/ALC Expert Advisory Panel recognized impact of rehab & CCC on patient flow
- One-day Round Table focused on core messages and system-wide goals
- Concept of an action-oriented Expert Panel was agreed to by partners

Round Table Consensus

A single, province-wide vision and framework are required to develop a new service delivery model for rehabilitation, which:

- Un-couples the concept of care delivery from beds and institutions
- Incorporates “seniors friendly” approaches to care (e.g. early ambulation)
- “Pulls” patients from acute care to facilitate earlier rehabilitation assessment and treatment
- Expands access to rehab for complex care patients
- Disseminates best practice guidelines supported by accountability mechanisms (e.g. H-SAAs)

(from Round Table proceedings, June 18, 2010)

LHIN CEO Priorities

- Initially, focus is on achieving immediate improvements to ALC and accelerating the uptake of evidence-based care
- Followed by a fundamental re-think of the delivery of rehabilitation across the continuum in all settings including community, hospitals, specialty hospitals, transitional care, and in long term care.
- Establishment of a single, province-wide vision and conceptual framework to guide the development of new service delivery models for Rehabilitation and CCC.

Expert Panel Task

- One of seven high priority projects for LHINs under the *Healthy Seniors, Health Communities* initiative
- Focus is on leveraging work done to date (e.g. Ontario Stroke Strategy, Orthopedic Expert Panel, etc.,) and work currently underway (e.g. Patient Flow Improvement Pilot, P4R, etc.,)
- Consolidate the learning and craft an Agenda for Action and Implementation Plan

Principles of the Expert Panel are:

- Rehabilitation is a journey not a destination; it is a process not a place
- Optimization of personal function is the goal of care
- A comprehensive system must enable people to stay healthy as well as facilitate restoration of function following illness or injury
- Rehabilitation must address the cognitive, social and physical needs of people
- Rehabilitation takes place in homes, community settings and health care facilities
- A comprehensive system incorporates the efforts of family, volunteers, unregulated care givers and regulated health care professionals and physicians

Rehab & CCC Expert Panel Deliverables

- Recommend targets, timeframes, and incentives for the implementation of evidence-based care guidelines in rehabilitation and complex care
- Endorse performance indicators, data sets and reporting schedules for rehabilitation and complex continuing care
- Endorsement of consistent definitions, eligibility criteria, admission and discharge and transition protocols for major clinical categories.
- Endorse a system design framework to guide LHINs in the evaluation and possible redesign of their service delivery models for rehabilitation and complex continuing care

Rehab & CCC Expert Panel Deliverables

- Endorse a service delivery model for rehabilitation which includes common assessment processes and tools, referral and discharge processes and reciprocal agreements
- Recommend system improvements to enhance acute care rehabilitation capabilities, enhance access to interprofessional care providers and enhance post-discharge support to rehabilitation and CCC patients

Expert Panel Project Phases

- Phase I is focused on providing advice and guidance to the ER/ALC Expert Panel on how best to reduce ALC lengths of stay throughout the system by properly utilizing the capacity, role and expertise available in Rehabilitation and Complex Continuing Care resources.
- Phase II will focus on developing capacity planning, accountability and sustainability policies and frameworks.

Expected Outcomes

- Reduced ALC days by strengthening the appropriate use of Rehabilitation and CCC resources
- Improved uptake and adherence to evidence-based best practices
- Standardized admission and discharge criteria, assessment tools and transfer protocols
- Standardized measurement tools, data sets, benchmarks and accountabilities
- A vision and conceptual framework for Rehabilitation and CCC

Expert Panel Membership

- **Mimi Lowi-Young** **Co-Chair**
- **Dr. Peter Nord** **Co-Chair**
- Georgina White
- Eric Hanna
- Lois Cormack
- Dr. Susan Jaglal
- Malcolm Moffat
- Lynn Guerriero
- Dr. Robert Teasell
- Mark Rochon
- Cameron Love
- Sue Coke
- Penny Reid
- Lou Reidel
- Donna Cripps
- Tracey Buckler
- Stacey Daub
- Dr. John Hirdes
- Dr Mark Bayley
- Dr. James Waddell
- Jennie Pickard
- Mario Tino
- Dr. Walter Wodchis
- Enza Ferro
- Charissa Levy
- Rhona McGlasson
- Chris O'Callaghan
- Mark Edmonds
- Saul Melamed
- Tandis Mahboubi
- Ashnoor Rahim
- Catherine Lumsden

Progress to Date

- The Expert Panel meets monthly and has had three meetings to date.
- Experts in MSK and stroke presented consensus-based criteria, tools, performance measures and models of care for hip and knee replacement and hip fracture.

Progress to Date

- A working group is preparing a draft implementation plan that will identify the policy, health system and health service provider level conditions required to support an evidence-based service delivery model for MSK and stroke rehabilitation care.

The Partnership: Key roles and responsibilities

- **Ministry:** enabling policies and frameworks
- **LHINs:** system design, integration, evaluation, incentives
- **Health Service Providers:** consistent, evidence-based, high quality, integrative care
- **Networks:** standards of care, evidence, metrics
- **Universities:** clinical research and education of health professionals
- **Colleges:** training (e.g. PT/OT Aides)
- **Academic Health Science Centres**
- **Patients and Families**

Thank You



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