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Short Stay Convalescent Care Program and RAI-HC Assessment Evaluation

Demonstrating improved patient outcomes and care transitions

May 5th, 2014
GTA Rehab Network's Best Practice Day

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Jennifer Wright, Senior Manager, Patient Services - Projects

Short Stay Convalescent Care Program Overview

- CCAC/Long-Term Care Home (LTCH) **partnership**
  - Provided within LTCHs **funded by MOHLTC**
- **690 beds** in Ontario
- **105 beds** in Central LHIN
- Requires **access to 24-hour care, and rehabilitation goal(s)**
  - Medical, therapy and support services
  - Patient and family education
- Maximum **90 days** length of stay
  - Based on **attaining rehabilitation goal(s)**
- Discharge to **community setting**

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Ms. C's experience

- **77 years old**
- **Fractured knee post-fall**
- **SSCC improved pain, independence with ADLs and most IADLs**

Hospital Referral **Day 7**

- **RAI Admit Day 7**
- Rehab Goals

SSCC Admit **Day 12**

- Rehab Goals met

RAI Discharge Day 44

Discharge Home **Day 49**

CCAC assesses & determines eligibility

CCAC reassesses & coordinates CCAC & Community Service (s) to support transition home

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Ms. C: RAI Data Comparison

RAI Outputs	ADL (0-6)	ADL Long (0-28)	Pain (0-3)	CHESS (0-5)	MAPLe	Depression DRS (0-14)	CAPs
RAI Admit	4	18	3	1	Moderate - 3	2	7
RAI Discharge	0	2	2	0	Mild	0	4

Medication Review	
RAI Admit (4)	**RAI Discharge (4)**
Tylenol PRN at least two/day	Tylenol at Bedtime
Zopiclone (Imovane) PRN taken daily (sleep)	Calcium daily
Coversyl daily (blood pressure)	Centrum Vitamin daily
Fragmin daily	Vitamin D daily

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Data Overview

- Includes **1681 Central CCAC patients** with a SSCC Referral Start and End date between **January 2007** and **February 2014**
- All patients had a RAI-HC completed upon starting the SSCC referral (**RAI Admit**)
- All patients had a RAI-HC completed prior to SSCC referral discharge (**RAI Discharge**)
- Average Length of Stay: **64 days**

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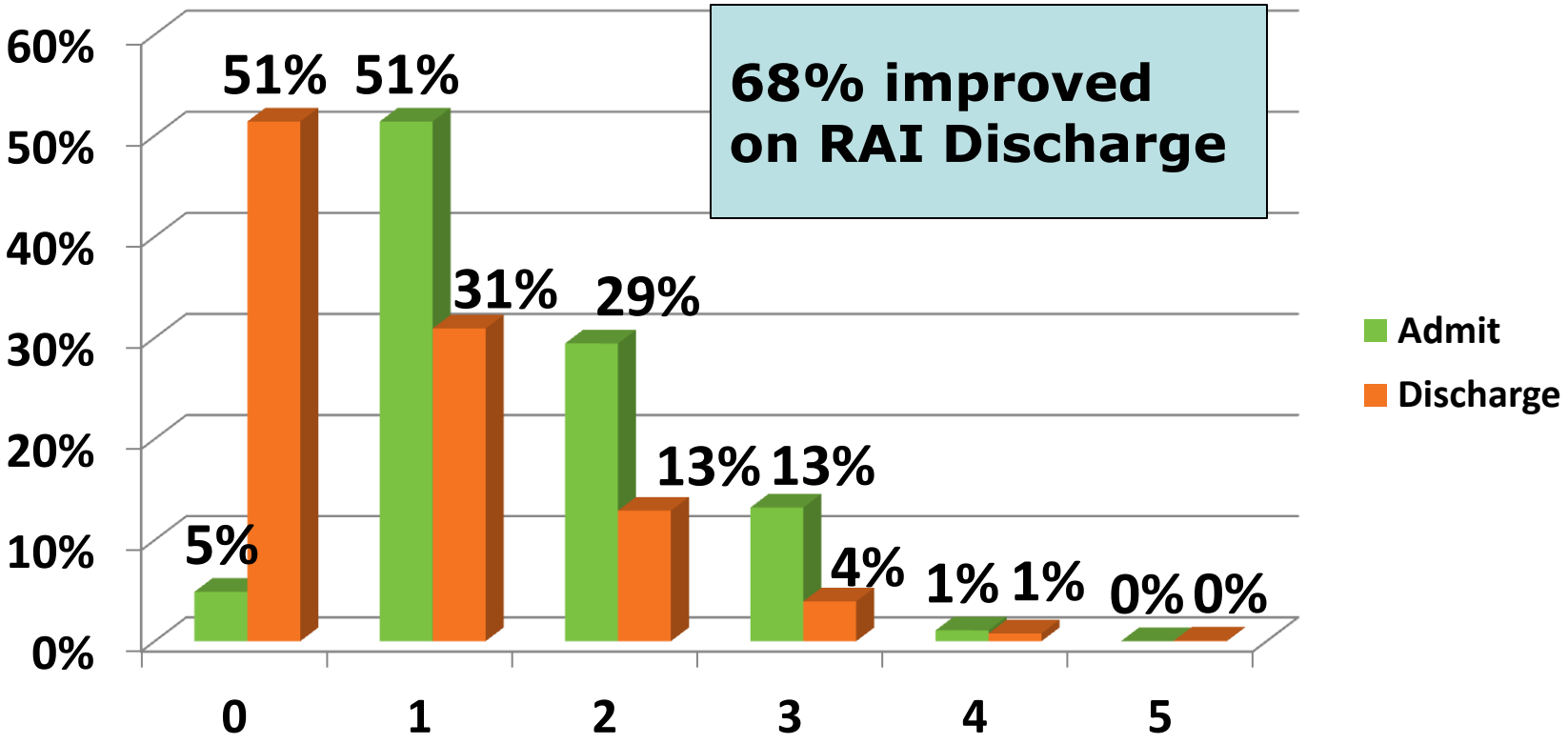
CHESS Comparison

between RAI Admit and RAI Discharge



CHESS scale is a predictor of risk of adverse outcomes such as mortality, hospitalization, pain and caregiver stress, as well as medical complexity.

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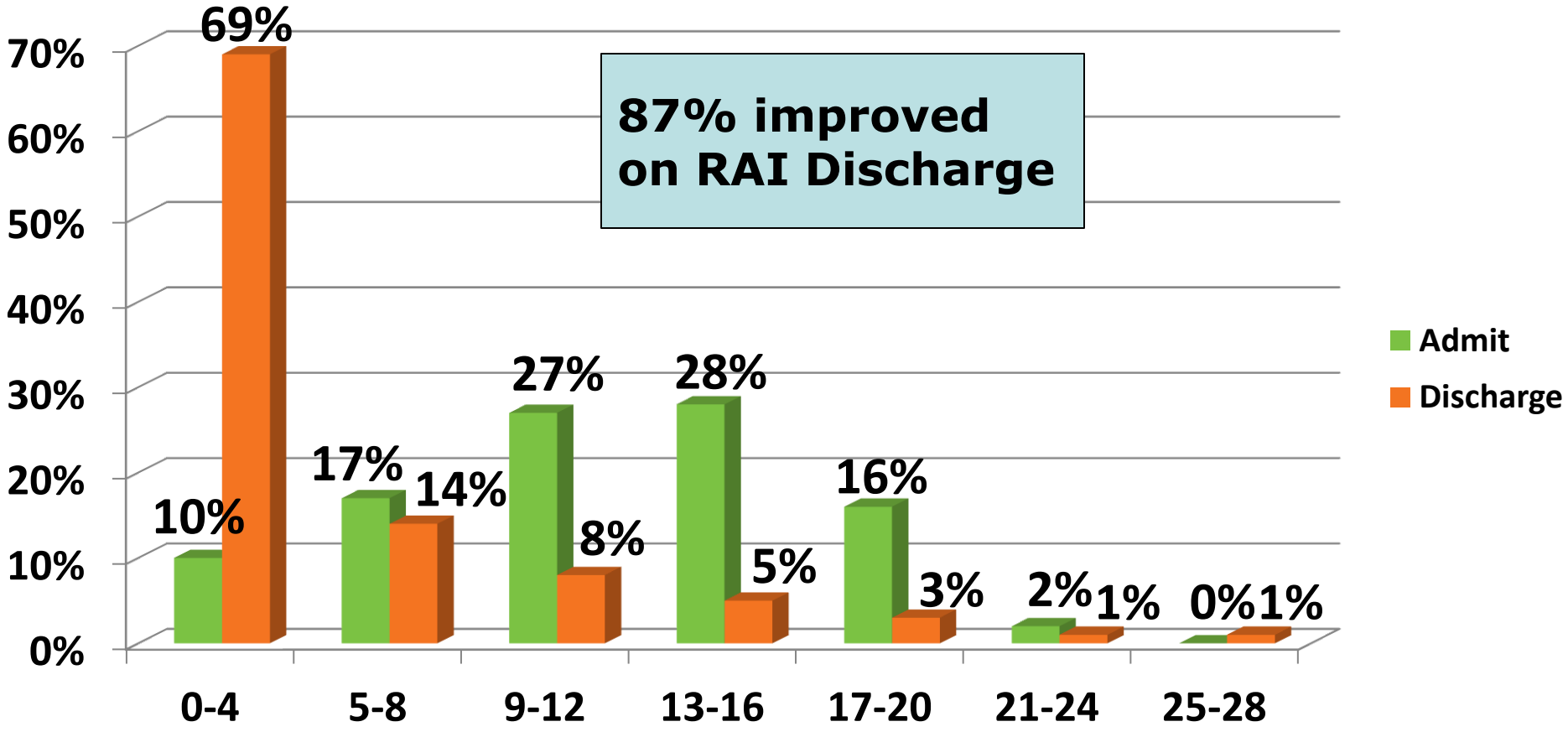
ADL Long Comparison
between RAI Admit and RAI Discharge



ADL Long includes <u>all ADLs</u> within RAI-HC

- **90% scored 5-24 on RAI Admit versus 32 % on RAI Discharge**

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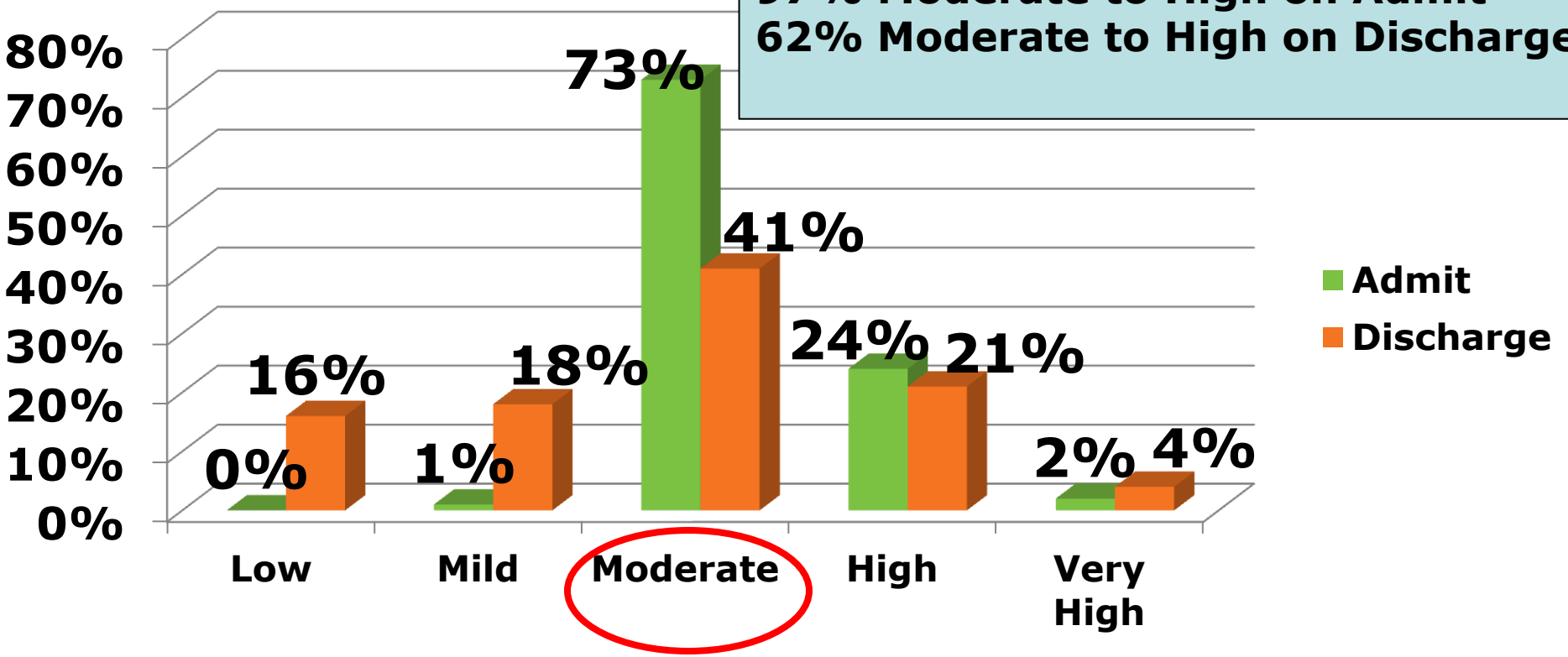
MAPLe comparison
between RAI Admit and RAI Discharge

97% Moderate to High on Admit
62% Moderate to High on Discharge



A shift to the left indicates decreased risk for LTC placement and reduced resource allocation in home care services.

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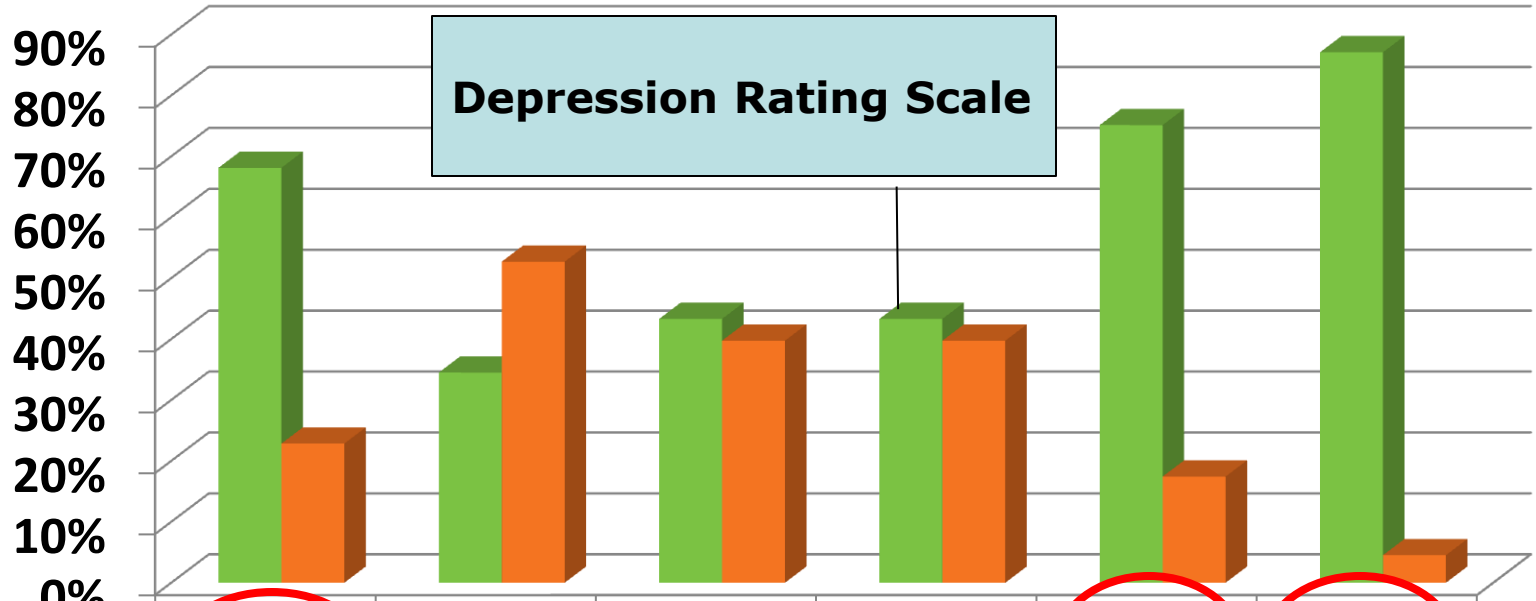
RAI Discharge Score Improvements vs. No Change



	CHESS	Pain	Maple	DRS	ADL	ADL long
Improvements	68%	35%	43%	43%	75%	87%
No Change	23%	53%	40%	40%	17%	5%

CHESS, ADL, and ADL Long score prove to be areas with the most significant improvements in score on the RAI Discharge.

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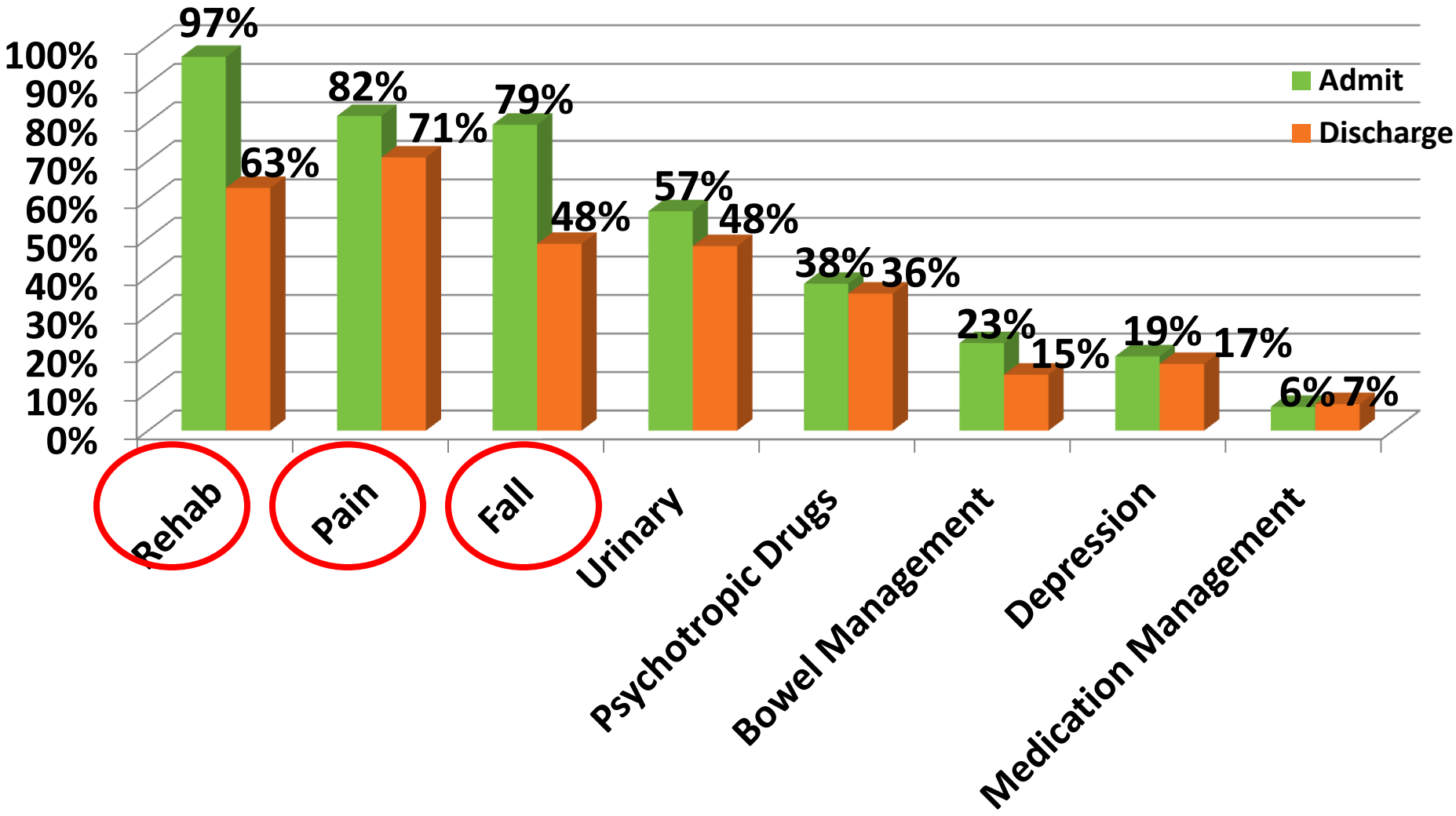
Top Triggered CAPs at Admit vs. Discharge



RAI-HC Rehabilitation Admit Criteria:

Criteria Based on Data Review: Ms. C meets criteria			
Description	**RAI Scale**	**Admit Score**	**Check**
Medically Stable	CHESS	**0-2**	√
ADL Needs	ADL Hierarchy	**2-4**	√
	ADL Long	**5-20**	√
ADL/IADL Needs/ Cognition Intact-Mild Impairment	MAPLe	**Moderate-High**	√
	CPS	**0-2**	√
Motivation & Potential	ADL Rehab CAP	**triggered**	√

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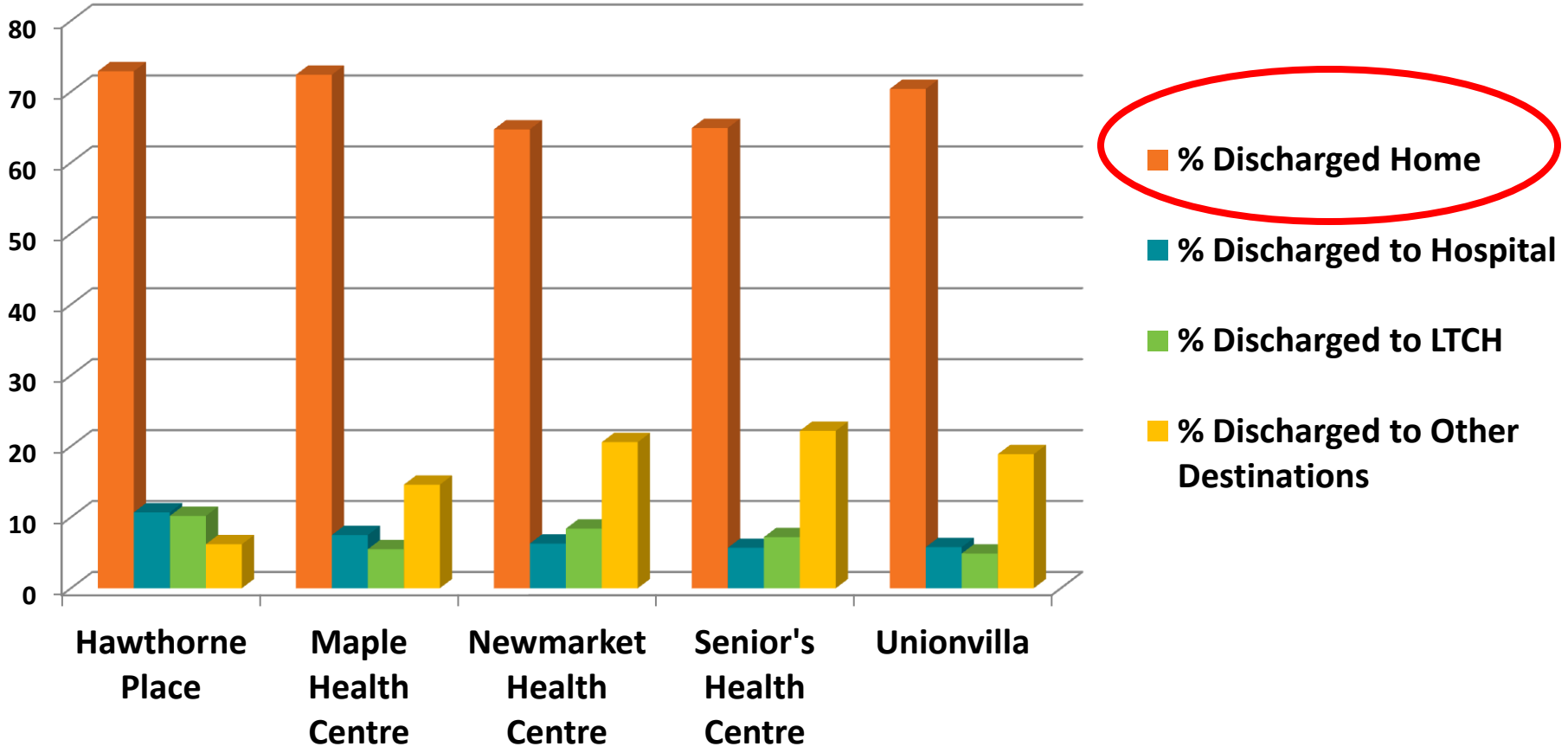
SSCC Outcome by LTCHs

January 2011- January 2014



Other destinations:

- **Rehabilitation**
- **Respite/Return to Retirement Home**
- **Return to Supportive Housing/Assisted Living**
- **Death**

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Care Transitions after SSCC

- **66%** of patients did **NOT receive** Central CCAC home care and/or LTC services

- **34%** of patients **received** Central CCAC home care and/or LTC services

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Summary

- Patients experienced functional improvements and transitioned back to community setting
- Significant improvements on RAI Discharge:
  - ADL Hierarchy, ADL Long, CHESS Scale and MAPLe
  - Falls and ADL Rehab Potential CAPs
- The number of CAPs triggered decreased after completing SSCC program
- Review areas for greater improvement
  - Pain, Falls, Urinary Status, Psychotropic Medications, Depression
  - Validate falls coding with assessors

Questions

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