

***Hospital Report 2005: Rehabilitation ~***  
***Analysis of Performance Results for GTA***  
***Rehab Network Member Organizations***

***April 2006***

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## **Hospital Report 2005: Rehabilitation ~ Analysis of Performance Results for GTA Rehab Network Member Organizations**

### **I. EXECUTIVE SUMMARY**

Members of the GTA Rehab Network provide rehabilitation in designated rehab beds in acute care facilities and freestanding regional rehabilitation centres located within the five Local Health Integrated Networks (LHINs) that span the Greater Toronto Area (GTA). Members of the GTA Rehab Network continue to improve and develop rehabilitation to support its vision of rehabilitation as an “integral and essential component of the continuum of health care, reinforcing positive health behaviours, rebuilding lives and reintegrating individuals into the community.”<sup>1</sup>

To assist GTA Rehab Network members in their efforts to support this vision, the performance results of Network members reported in the document, *Hospital Report 2005: Rehabilitation*<sup>2</sup>, were analyzed and summarized in this report. A closer look at the collective performance of Network members based on the findings in *Hospital Report 2005: Rehabilitation* will assist our members to achieve the highest levels of performance.

#### **Approach:**

The GTA Rehab Network conducted an analysis of the performance of Network member organizations with designated inpatient rehabilitation beds. *Hospital Report 2005* does not include information on rehabilitation that is provided in acute care, outpatient ambulatory care settings, complex continuing care and home-based settings. Performance findings from the following four performance quadrants were aggregated and compared to provincial performance averages:

- System Integration & Change
- Clinical Utilization & Outcomes
- Client Perspectives
- Financial Performance & Condition

The Women’s Health Perspective quadrant was not included in the analysis as no organization-specific information for this quadrant was provided in *Hospital Report 2005*.

For each quadrant, recommendations at the organizational and system levels have been proposed.

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<sup>1</sup> *Partners in Transformation GTA Rehab Network Strategic Plan 2005-2008. (2005).*

<sup>2</sup> Hospital Report is issued jointly by the Ontario Hospital Association and the Ontario Ministry of Health and Long-Term Care to monitor and report on the performance of hospitals throughout the province. *Hospital Report 2005: Rehabilitation* is a hospital-specific report that uses a balanced scorecard approach to report on the performance of Ontario hospitals that provide rehabilitation in designated rehabilitation beds

**Findings and Analysis of Results:****Quadrant 1: System Integration and Change (SIC)<sup>3</sup>**

- The indicators in this performance quadrant describe structures, processes, and innovations to support quality improvement and system integration.
- Indicators include data on: how information is used and shared; how services are coordinated within and outside the organization; how clients' perspectives are incorporated into rehab programs; and how staff development occurs.

<b>Results</b>	<b>Opportunities for Improvement</b>
<ul style="list-style-type: none"> <li>• Over 50% of member organizations performed <u>above average</u> on six* of eight SIC indicators when compared to the provincial average.</li> <li>• When <u>above average</u> and <u>average</u> performances are combined, at least 65% of member organizations performed at these performance levels on eight of twelve indicators in this quadrant.</li> <li>• Best performance when <u>above average</u> and <u>average</u> performance levels were combined, was seen on three indicators: (1) Best Practices; (2) All Rehab Client Groups (RCGs): Use of Admission &amp; Discharge Criteria; and (3) Organizational Commitment to Staff Development.</li> <li>• Two-thirds of the six regional rehab centres performed in the <u>above average</u> range on the Healthy Work Environment indicator. Eighty-three per cent performed in the <u>above average</u> and <u>average</u> ranges combined.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Below average</u> performance is found on each performance indicator.</li> <li>• Poorest performance was seen on the Evidence of Organizational Client-Centredness indicator.</li> <li>• The second poorest performance level was seen on the Coordination &amp; Continuity Across the Continuum indicator in the All RCG group; 35% of organizations performed <u>below average</u> on this indicator.</li> </ul>
<p style="text-align: center;"><b><u>Recommendations</u></b></p> <ul style="list-style-type: none"> <li>➤ Increased efforts are needed to solicit client/family input and integrate feedback into service delivery.</li> <li>➤ Develop a service delivery model that is client-focused.</li> <li>➤ Ensure access to a bio-ethicist and establish an Ethics committee in partnership with other Network member organizations to identify and review common ethical issues arising in clinical practice and develop standards of practice to address the identified issues from a systems perspective.</li> <li>➤ The GTA Rehab Network is available to convene a discussion forum to address issues around ethical decision-making in client-focused care.</li> </ul>	

\* These six indicators are: (1) All RCG: Coordination & Continuity Across the Continuum; (2) Total Orthopaedic: Coordination & Continuity Across the Continuum; (3) All RCG: Use of Admission and Discharge Criteria; (4) Evidence of Client-Centred Care; (5) Best Practices; and (6) Organizational Commitment to Staff Development

<sup>3</sup> A detailed description of the indicators in each quadrant are presented in the full report.

### Quadrant 2: Clinical Utilization and Outcomes (CUO)

- This quadrant uses indicators to measure clinical performance.
- Indicators describe changes in function, length of stay, and length of stay efficiency as measured by the Functional Independence Measure (FIM™) for the following Rehab Client Groups (RCGs): All RCGs; Total Stroke; and Total Orthopaedic Conditions.

Results	Opportunities for Improvement
<ul style="list-style-type: none"> <li>• Performance levels in this quadrant were highest on the Average Active Rehab LOS indicator:               <ul style="list-style-type: none"> <li>○ Over half of Network member organizations performed <u>above average</u> in All RCGs (59%) and Total Stroke (53%) groups.</li> </ul> </li> <li>• Although fewer in number, there were some <u>above average</u> performers on the Average Total Function Change indicator:               <ul style="list-style-type: none"> <li>○ All RCGs category (35%), Total Stroke RCG (29%) and Total Orthopaedic Conditions RCG (35%)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 40% of Network members performed in the <u>above average</u> range on the Average Total Function Change indicator across all RCG categories.</li> <li>• The percentage of organizations represented in the <u>above average</u> or <u>average</u> performance levels is lower than performance in other quadrants.</li> <li>• Compared to the findings in the other performance quadrants, a higher percentage of organizations performed in the <u>below average</u> range.</li> <li>• Highest percentages of <u>below average</u> performance were found on the LOS Efficiency indicator.</li> <li>• Performance on the Average Active Rehab LOS indicator was generally divided between two performance levels: <u>above average</u> and <u>below average</u> performance ranges.</li> </ul>

### Recommendations

By improving performance in the Average Total Function Change and Average Active Rehab LOS indicators, performance scores on the LOS Efficiency indicators will improve as well. The findings from this quadrant indicate that clients in Network member rehab beds are not gaining as much from rehab when compared to provincial averages even though the average active rehab LOS for a substantial proportion of organizations is longer than provincial averages. The following strategies are proposed to address this situation:

- To ensure that outcome measures are used optimally, explore the need for and provide additional training to clinical staff on the use of the Functional Independence Measure (FIM™) to improve proficiency in the administration of the FIM™ and inter-rater reliability.
- Conduct a review of clinical service delivery models, including admission and discharge criteria, to identify opportunities to maximize outcomes in rehabilitation. Integrate use of the FIM™ into the rehab service delivery model.
- Explore opportunities to increase utilization of outpatient services to reduce length of stay in inpatient rehabilitation without compromising patient care and outcomes. The GTA Rehab Network is conducting a project to describe and quantify the referrals to ambulatory rehab services and determine the key issues affecting access to and utilization of outpatient services.
- The rehab needs of clients in Network member rehab beds may be more complex than those of clients in other areas of the province. Gains in rehab may not be adequately captured by the FIM™ resulting in lower function change scores relative to provincial averages. The GTA Rehab Network will be reviewing existing datasets relevant to the musculoskeletal continuum of care in order to make recommendations on which datasets to implement and/or eliminate. The GTA Rehab Network is also defining the forms of rehabilitation across the continuum to ensure a standard of practice in all sites where rehabilitation is provided.
- Conduct a review of clinical practices provided to patients in rehab beds to ensure that evidence-based practices are utilized. In addition to its Best Practices Day annual conference, the GTA Rehab Network is available to organize half-day workshops to assist members in implementing best practices in their unique environments. The GTA Rehab Network is also developing a web-based infrastructure to support the identification and dissemination of best practices among clinical practice leaders and clinicians at the front line.

### Quadrant 3: Client Perspectives (CP)

- This quadrant describes clients' perceptions of care during their inpatient rehabilitation stay.
- Results represent responses reported on surveys mailed to clients following discharge.
- Clients were asked to rate a number of components related to client-centred rehabilitation.

Results	Opportunities for Improvement
<ul style="list-style-type: none"> <li>• Highest performance level reached in this quadrant was at the <u>average</u> performance level.</li> <li>• The highest percentage of organizations (86%) in the <u>average</u> range were found in each of the following indicators:               <ul style="list-style-type: none"> <li>○ Continuity &amp; Transition</li> <li>○ Emotional Support</li> <li>○ Physical Comfort</li> </ul> </li> <li>• No hospitals performed <u>below average</u> on the indicators for:               <ul style="list-style-type: none"> <li>○ Continuity &amp; Transition</li> <li>○ Overall Quality of Care</li> <li>○ Physical Comfort</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Improvement could be achieved by increasing performance to achieve <u>above average</u> performance for each indicator.</li> </ul>

### Recommendations

Although the majority of members performed in the average performance range, member organizations should review the structures and processes that are currently in place and identify strategies to achieve above average performance levels. Recommended strategies include:

- Implementation of the recommendation proposed earlier in section (i) to assign a contact person to each client/family would provide the opportunity for programs to ensure that client/family concerns and needs are identified and communicated to members of the interdisciplinary team. This contact person could also assume responsibility to ensure that discharge plans are clearly communicated to clients/families and implemented to optimize their transition back to the community. Should discharge plans break down following discharge, clients and families could use this contact person to help address problems.
- Identify clinical assessment tools to incorporate patient-identified goals into the service plan, to document patient-identified goals and to measure goal attainment. The availability and use of a standardized method to incorporate and measure patient goals will increase client participation in decision-making and goal-setting.
- The GTA Rehab Network's report, *Exploring the Hip Fracture and Joint Replacement Landscape in a Changing Context: Implications and Recommendations* (2006), has identified that use of the total FIM™ set to measure outcomes for patients with joint replacements and hip fractures may not accurately capture improvements in function during rehab. As a result of this finding, the GTA Rehab Network recommends a review of the outcome measurements used in MSK rehabilitation and an exploration of the potential for using a reduced FIM™ set and/or other outcome measures for this population.
- Review and evaluate current educational materials and methods used to provide client/family education to determine if methods are effective in meeting client/family information/learning needs. Use findings of evaluation to develop educational materials and approaches that match learning styles of clients/families and are suited to address information needs. The GTA Rehab Network will develop an information resource that provides a general overview of rehabilitation and can be shared with clients and families in our member organizations.
- Examine the structure of the multidisciplinary teams to ensure that the team includes members with the necessary expertise in providing psychosocial support to address the emotional needs of clients/families.
- The GTA Rehab Network is available to organize a workshop for Network members on methods of integrating a goal-focused service delivery model of treatment into clinical practice.

#### Quadrant 4: Financial Performance & Condition

- This quadrant describes three selected measures of efficiency and productivity for rehabilitation services.
- Financial data is based on 2003/2004 fiscal year
- An average of the member organizations' scores for each indicator was calculated and compared to the provincial average.

#### Results

Member organizations generally performed on par when compared to provincial averages.

#### Recommendations

- According to the Financial Performance and Condition Technical Summary included in Hospital Report 2005: Rehabilitation, there are inconsistencies in the quality of data used to determine performance in this quadrant. These inconsistencies are a result of variations in hospital reporting structures from the reporting structure used by the Ontario Hospital Reporting System (OHRS). It is recommended that member organizations review how their data is reported to OHRS to ensure that the data accurately captures financial performance.

#### Summary:

- Highest levels of performance for GTA Rehab Network members were found in the System Integration and Change quadrant.
  - The recommendations proposed for this quadrant address the lowest performance level found on the Evidence of Organizational Client-Centredness indicator.
- The quadrant in which there is the greatest opportunity for improvement is the Clinical Utilization & Outcomes quadrant.
  - Specific recommendations have been proposed to enhance the functional outcomes in rehab, improve how outcomes are measured and explore other service delivery models to reduce length of stay. This includes a review and possible adaptation of the FIM™ dataset as an outcome measure for the MSK population.
- Almost all Network member organizations performed in the average performance range in the Client Perspectives quadrant.
  - Several recommendations have been made outlining strategies to achieve above average performance levels.
- Network member organizations' performance was on par with provincial average figures in the area of Financial Performance and Condition.
  - A review of methodologies used to report data in this quadrant is recommended to reduce variations in reporting practices that compromise accurate measurement of performance.

## II. BACKGROUND

Hospital Report is issued jointly by the Ontario Hospital Association and the Ontario Ministry of Health and Long-Term Care to monitor and report on the performance of hospitals throughout the province. *Hospital Report 2005: Rehabilitation* is a hospital-specific report that uses a balanced scorecard approach to report on the performance of Ontario hospitals that provide rehabilitation in designated rehabilitation beds. *Hospital Report 2005* does not include information on rehabilitation that is provided in acute care, outpatient ambulatory care settings, complex continuing care and home-based settings.

Members of the GTA Rehab Network provide rehabilitation in designated rehab beds in acute care facilities and freestanding regional rehabilitation centres located within the five Local Health Integrated Networks (LHINs) that span the Greater Toronto Area (GTA). The GTA Rehab Network, as part of its strategic planning process in March 2005, developed a vision for rehabilitation in the GTA to guide the development and delivery of rehabilitation in future years. This vision embraces rehabilitation as an “integral and essential component of the continuum of health care, reinforcing positive health behaviours, rebuilding lives and reintegrating individuals into the community.”<sup>4</sup> As members of the GTA Rehab Network continue to improve and develop rehabilitation to support this vision, a closer look at the collective performance of Network members based on the findings in *Hospital Report 2005: Rehabilitation* will assist our members to achieve the highest levels of performance.

### Objective of Analysis:

The GTA Rehab Network has conducted an analysis of the performance of Network member organizations with designated inpatient rehabilitation beds to compare the aggregated findings to provincial performance averages and to make recommendations to member organizations and at the system level.

## III. APPROACH

- The scores from the following four performance quadrants were selected: System Integration & Change; Clinical Utilization & Outcomes; Client Perspectives; and Financial Performance & Condition. An analysis of members’ performance on the Women’s Health Perspective quadrant was not included as no organization-specific information for this quadrant was provided in *Hospital Report 2005*.
- Data from these four quadrants for Network member organizations were extracted and reported in an aggregate format.
- For the first three quadrants, Network member scores were compared to the provincial average performance scores and reported relative to three categories: Above Average performance, Average performance, and Below Average performance.
- For the fourth quadrant, Financial Performance & Condition, the average of Network member scores for each indicator was calculated and compared to the provincial averages.

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<sup>4</sup> *Partners in Transformation GTA Rehab Network Strategic Plan 2005-2008. (2005).*

## IV. DATA ANALYSIS

### (i) Quadrant: System Integration & Change Performance (SIC) Indicators

- The indicators in this performance quadrant describe structures, processes, and innovations to support quality improvement and system integration.
- Indicators include data on: how information is used and shared; how services are coordinated within and outside the organization; how clients' perspectives are incorporated into rehab programs; and how staff development occurs.

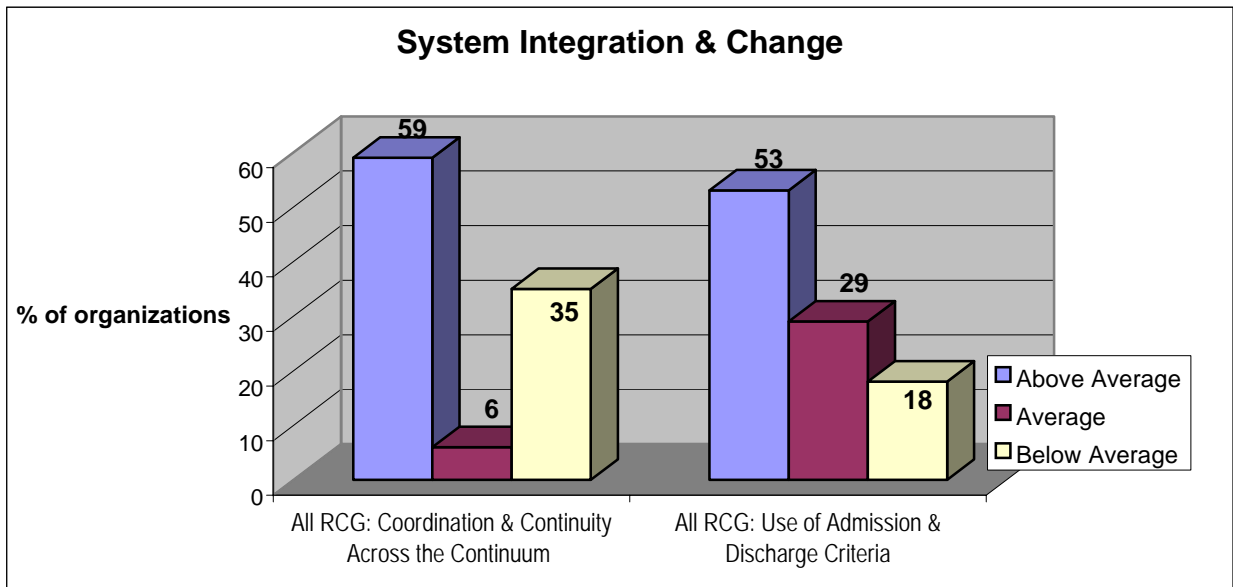
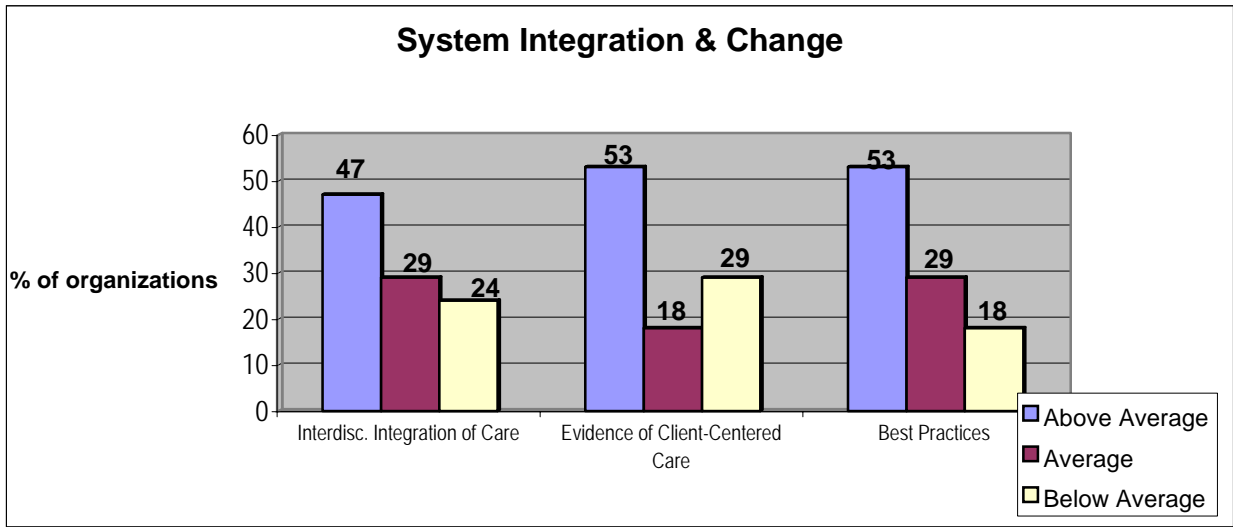
#### **SIC Indicators** (*higher performance classification is desirable*)

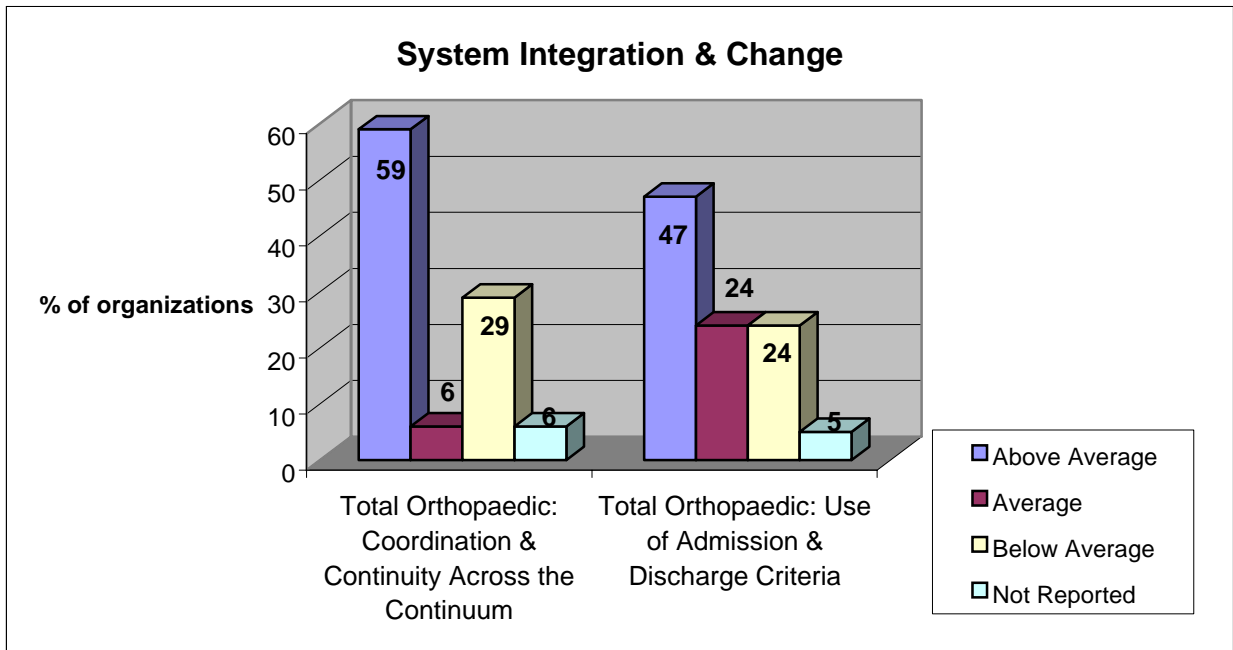
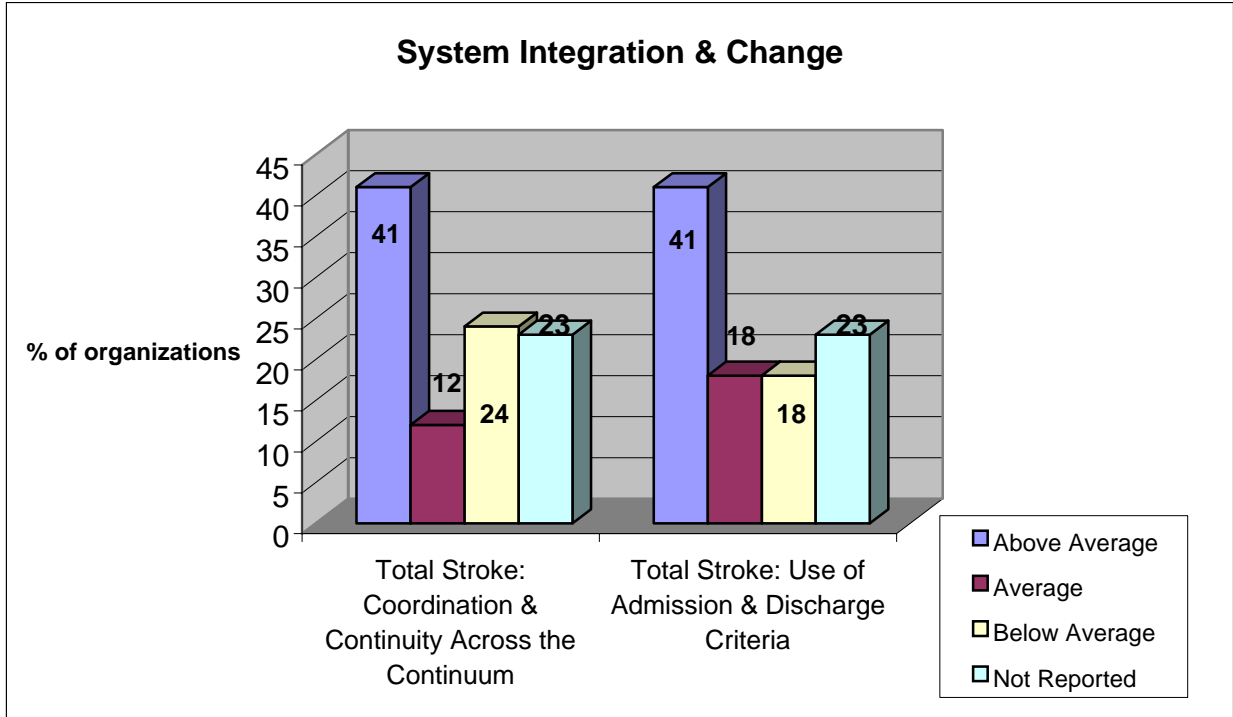
- Interdisciplinary Integration of Care: The amount of interdisciplinary integration occurring in designated rehab beds.
- Evidence of Client-Centred Care: The extent to which individual client care is provided in a client-centred manner.
- Best Practices: The extent to which a best practice approach is utilized. This involves the integration of information from clients/family members and clinical experience/expertise with evidence-based care.
- Coordination & Continuity of Care Across the Continuum\*: The degree of coordination and continuity evident for clients discharged from inpatient settings.
- Use of Admission & Discharge Criteria\*: Evaluates the development and utilization of admission/discharge criteria for admission to and discharge from designated inpatient rehab beds.
- Evidence of Organizational Client-Centredness: The extent to which hospitals implement a client-centred approach to service delivery at the system level.
- Organizational Commitment to Staff Development: The extent to which there is organizational support for professional development, continuing education activities and performance evaluations for staff.
- Healthy Work Environment: The extent to which hospitals have mechanisms in place to support and promote a healthy work environment and thereby contribute to employees' physical, social, mental, and emotional well-being.

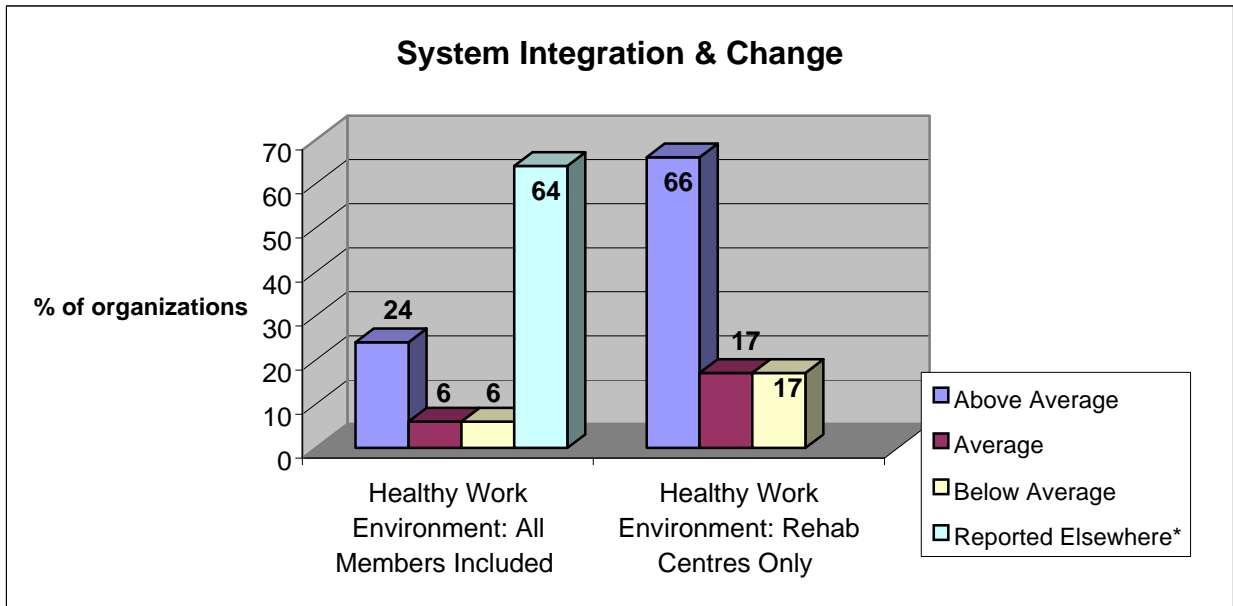
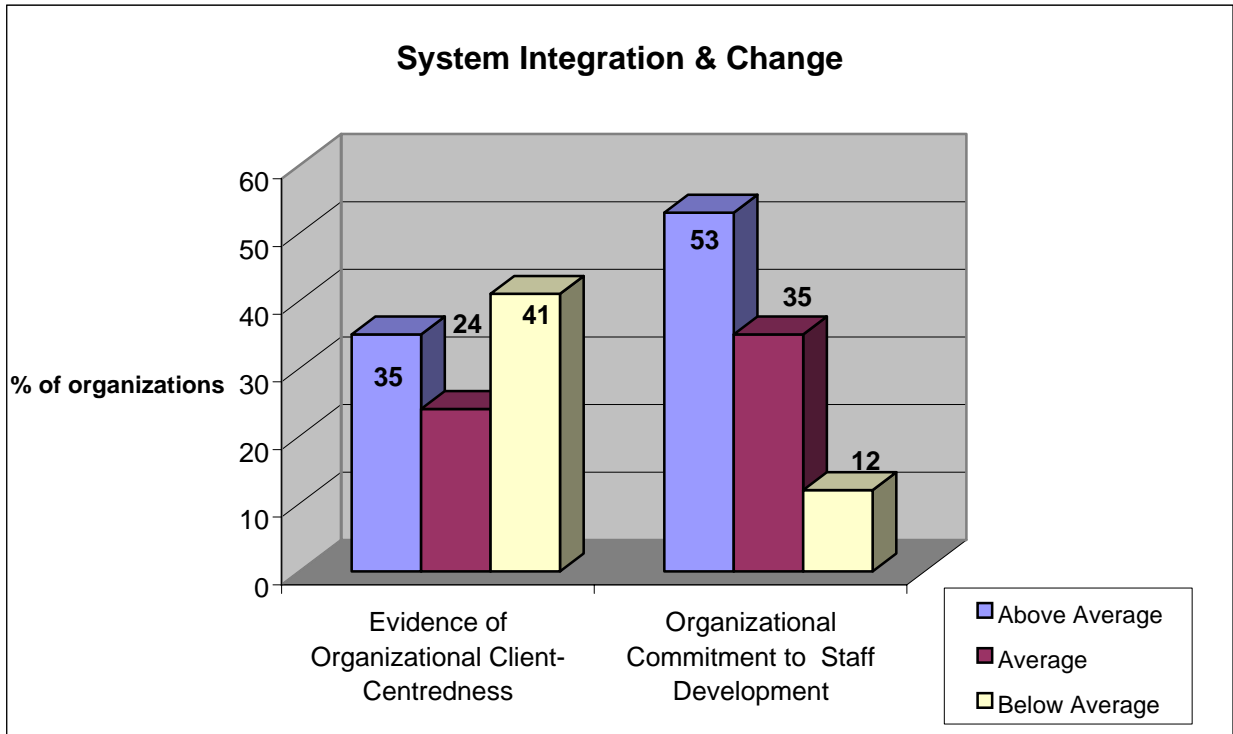
*\*These indicators are reported for the following Rehabilitation Client Groups (RCGs): All RCGs, Total Stroke, and Total Orthopaedic Conditions*

### **Results**

The following charts reflect the performance of Network member organizations relative to the average provincial performance levels. The charts depict the percentage of Network member organizations whose performance is 'above average', 'average', or 'below average' in comparison to the provincial average score for each indicator as reported in *Hospital Report 2005: Rehabilitation*. A more detailed analysis of these results is provided in the next section.







\* Healthy Work Environment Indicator results represent data from the regional rehab centres only. Results for acute care hospitals with designated rehab beds are reported in *Hospital Report 2005: Acute Care*.

### **Analysis of Results - What We Do Well**

- Over half of member organizations performed above average on each of the following six SIC indicators when compared to the provincial average:
  - All RCG: Coordination & Continuity Across the Continuum (59%)
  - Total Orthopaedic: Coordination & Continuity Across the Continuum (59%)
  - All RCG: Use of Admission and Discharge Criteria (53%)
  - Evidence of Client-Centred Care (53%)
  - Best Practices (53%)
  - Organizational Commitment to Staff Development (53%)
- When above average and average performances are combined, at least 65% of member organizations performed at these performance levels on eight of twelve indicators in this quadrant.
- For 3 indicators (Best Practices (82%), All RCG: Use of Admission & Discharge Criteria (82%), Organizational Commitment to Staff Development, (88%)), the percentage of organizations represented in the above average and average performance levels combined is 82% or higher.
- For the Healthy Work Environment indicator, 66% of organizations for which data is available (i.e. 6 regional rehab centres), performed in the above average range and 83% performed in the above average and average ranges combined.

### **Analysis of Results - Opportunities for Improvement**

- Below average performance is found on each performance indicator in this quadrant.
- Poorest performance was seen on the Evidence of Organizational Client-Centredness indicator
  - The number of organizations in the below average performance range was greater than the number of organizations represented in either the above average or average performance range on this indicator.
  - For this indicator, there were more organizations (41%) performing in the below average range than on any other indicator in this quadrant.
- The second poorest performance level was seen on the Coordination & Continuity Across the Continuum indicator in the All RCG group; 35% of organizations performed below average on this indicator.
- Between 24 – 29 % of organizations performed in the below average range on the following indicators:
  - Evidence of Client-Centred Care (29%)
  - Interdisciplinary Integration of Care (24%)
  - Total Stroke: Coordination & Continuity Across the Continuum (24%)
  - Total Orthopaedic: Coordination & Continuity Across the Continuum (29%)
  - Total Orthopaedic: Use of Admission & Discharge Criteria (24%)

## Recommendations

Poorest performance by Network members was found on the Evidence of Organizational Client-Centredness indicator. Measurement of performance on this indicator is based on the following three components:

- (1) The extent to which organizations elicit and disseminate client/family feedback (accounts for 80% of overall indicator score);
- (2) The assignment of a designated contact person to each client/family (accounts for 10% of overall indicator score); and
- (3) The presence of mechanisms to deal with clinical/medical ethical dilemmas and evaluate ethics services (accounts for 10% of overall indicator score).

Proposed strategies to improve performance on this indicator at the organizational level include the following:

- Increased efforts are needed to solicit client/family input and integrate feedback into service delivery. This could be achieved through the following strategies:
  - Develop processes and structure to ensure that a contact person utilizing a case management approach is assigned to each client/family who would directly solicit input from them regarding care issues, expectations for the rehab stay including patient-identified goals for rehab.
  - To address the potential concern of clients that their feedback might influence the care they receive, evaluation surveys with self-addressed and stamped envelopes could be given to patients at the time of discharge.
  - Post evaluation surveys on Network members' websites and inform clients/families of this option as a means of provide feedback to the organization.
  - A committee should be struck to review client/family feedback from both informal and formal sources on a regular basis.
- Develop a service delivery model that is client-focused. (See also recommendations in Section IV (iii) Quadrant: Client Perspectives).
- Ensure access to a bio-ethicist and establish an Ethics committee in partnership with other Network member organizations to identify and review common ethical issues arising in clinical practice and develop standards of practice to address the identified issues from a systems perspective.
- The GTA Rehab Network is available to convene a discussion forum to address issues around ethical decision-making in client-focused care.

**(ii) Quadrant: Clinical Utilization and Outcomes (CUO)**

- This quadrant uses indicators to measure clinical performance.
- Indicators describe changes in function, length of stay, and length of stay efficiency as measured by the Functional Independence Measure (FIM™)

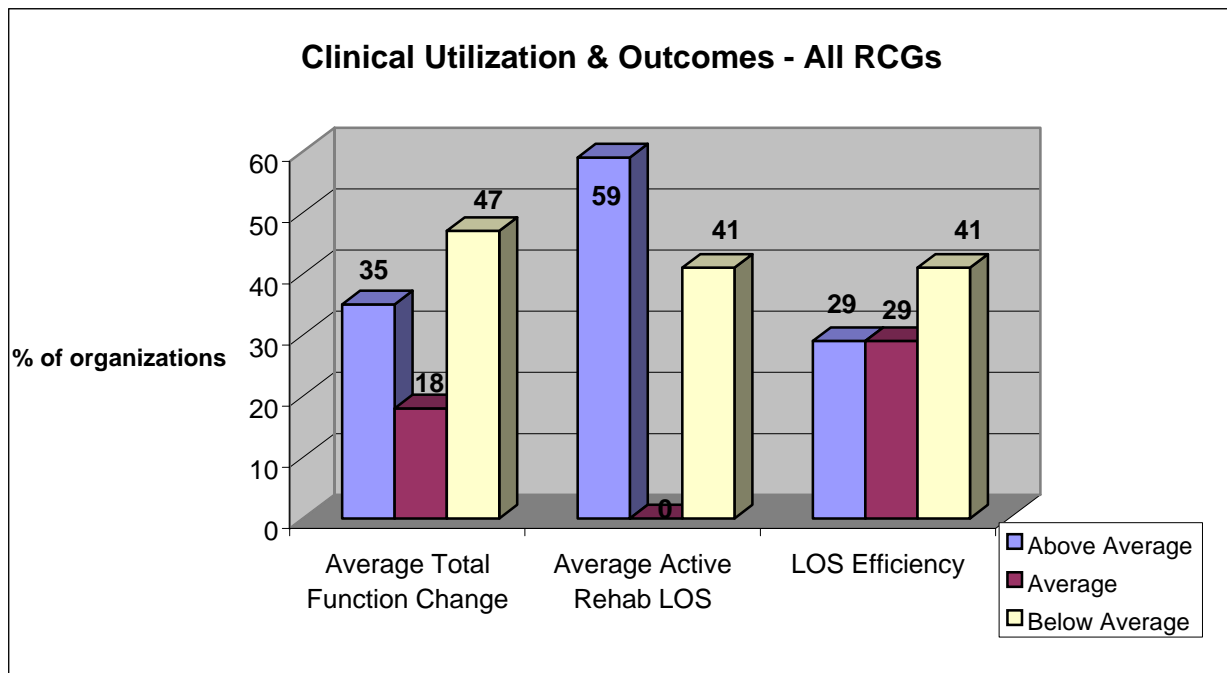
**CUO Indicators (higher performance classification is desirable)**

- Average Total Function Change\*: A measure of how much the client’s functional status improved from admission to discharge.
- Average Active Rehabilitation Length of Stay\*: A measure of the number of days the client required to become ready for discharge from inpatient rehabilitation.
- Length of Stay Efficiency\*: The average change in total function score per day for clients participating in inpatient rehabilitation.

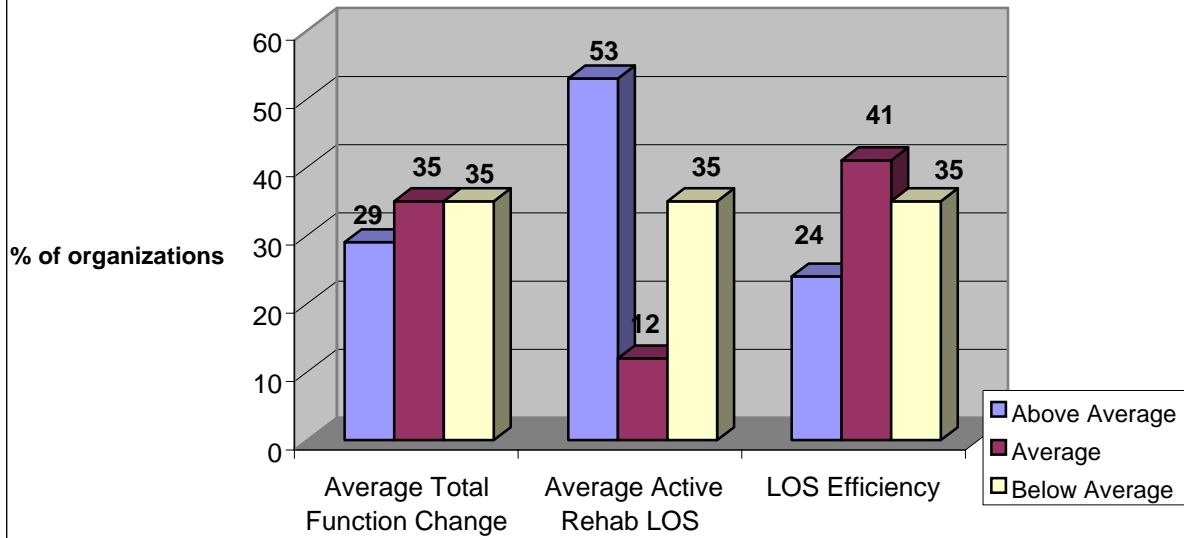
\* These indicators are reported for the following RCGs: All RCGs, Total Stroke, and Total Orthopaedic Conditions

**Results**

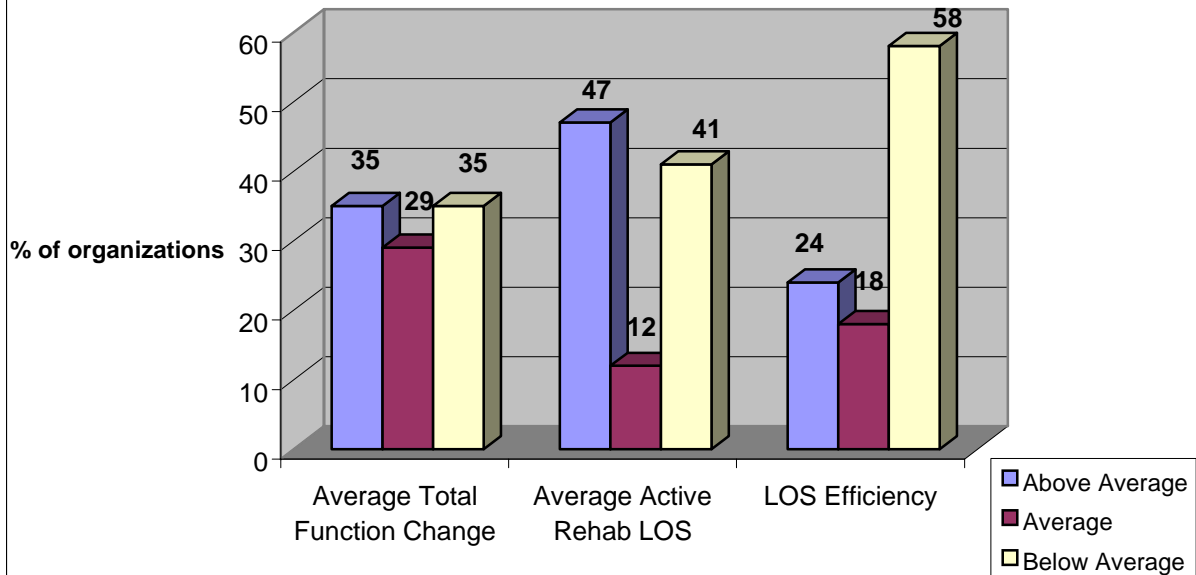
Results reflect the percentage of Network member organizations in each performance level relative to average provincial performance levels. The following charts depict the percentage of Network member organizations whose performance is ‘above average’, ‘average’, or ‘below average’ in comparison to the provincial average score for each indicator as reported in *Hospital Report 2005: Rehabilitation*. A more detailed analysis of these results is provided in the next section.



### Clinical Utilization & Outcomes - Total Stroke



### Clinical Utilization & Outcomes - Total Orthopaedic Conditions



### **Analysis of Results - What We Do Well**

- Performance levels in this quadrant were highest on the Average Active Rehab LOS indicator:
  - Over half of Network member organizations performed above average in two RCGs: All RCGs (59%) and Total Stroke (53%).
- Although fewer in number, there were some above average performers on the Average Total Function Change indicator:
  - All RCGs category (35%), Total Stroke RCG (29%) and Total Orthopaedic Conditions RCG (35%)

### **Analysis of Results - Opportunities for Improvement**

- Fewer than 40% of Network members performed in the above average range on the Average Total Function Change indicator across all RCG categories.
- The percentage of organizations represented in the above average or average performance levels is lower than performance in other quadrants.
- When above average and average performance levels are combined, only 65% of Network member organizations or fewer achieved these performance levels on any of the indicators in this quadrant.
- Compared to the findings in the other performance quadrants, a higher percentage of organizations performed in the below average range. The percentage of Network member organizations in the below average range across all indicators in this quadrant ranged from 35% to 58%.
- Highest percentages of below average performance were found on the LOS Efficiency indicator:
  - The highest number of organizations (58%) was found in the Total Orthopaedic Conditions group.
  - Forty-one percent of organizations performed below average in the All RCG group on this indicator and 35% of organizations performed below average in the Total Stroke group.
- Performance on the Average Active Rehab LOS indicator was generally divided between two performance levels: above average and below average performance ranges. Few organizations (0-12%) scored in the average range on this indicator. Between 35 – 41% of organizations performed in the below average range on this indicator.
- A substantial percentage of organizations (35- 47%) performed below average on the Average Total Function Change in each group. The highest percentage of organizations (47%) was found in the All RCG group.

### **Recommendations**

By improving performance in the Average Total Function Change and Average Active Rehab LOS indicators, performance scores on the LOS Efficiency indicators will improve as well. The findings from this quadrant indicate that clients in Network member rehab beds are not gaining as much from rehab when compared to provincial averages even though the average active rehab LOS for a substantial proportion of organizations is longer than provincial averages. The following strategies are proposed to address this situation:

- To ensure that outcome measures are used optimally, explore the need for and provide additional training to clinical staff on the use of the Functional Independence Measure (FIM™) to improve proficiency in the administration of the FIM™ and inter-rater reliability.

- Conduct a review of clinical service delivery models, including admission and discharge criteria, to identify opportunities to maximize outcomes in rehabilitation. Integrate use of the FIM™ into the rehab service delivery model.
- Explore opportunities to increase utilization of outpatient services to reduce length of stay in inpatient rehabilitation without compromising patient care and outcomes. The GTA Rehab Network is developing a set of guidelines for outpatient rehab services to establish consensus on criteria for referral, admission, length of stay and wait list processes across the GTA.
- The rehab needs of clients in Network member rehab beds may be more complex than those of clients in other areas of the province. Gains in rehab may not be adequately captured by the FIM™ resulting in lower function change scores relative to provincial averages. The GTA Rehab Network will be reviewing existing datasets relevant to the musculoskeletal continuum of care in order to make recommendations on which datasets to implement and/or eliminate. The GTA Rehab Network is also defining the forms of rehabilitation across the continuum to ensure a standard of practice in all sites where rehabilitation is provided.
- Conduct a review of clinical practices provided to patients in rehab beds to ensure that evidence-based practices are utilized. In addition to its Best Practices Day annual conference, the GTA Rehab Network is available to organize half-day workshops to assist members in implementing best practices in their unique environments. The GTA Rehab Network is also developing a web-based infrastructure to support the identification and dissemination of best practices among clinical practice leaders and clinicians at the front line.

### (iii) Quadrant: Client Perspectives (CP)

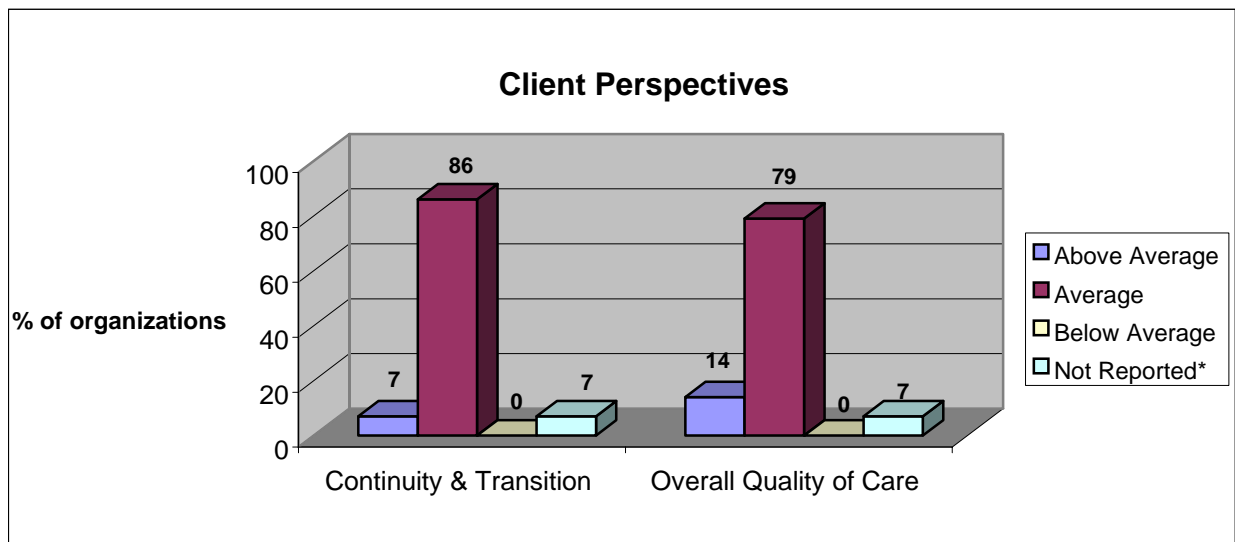
- This quadrant describes clients' perceptions of care during their inpatient rehabilitation stay.
- Results represent responses reported on surveys mailed to clients following discharge.
- Clients were asked to rate a number of components related to client-centred rehabilitation.

#### CP Indicators (*Higher performance classification is desirable*)

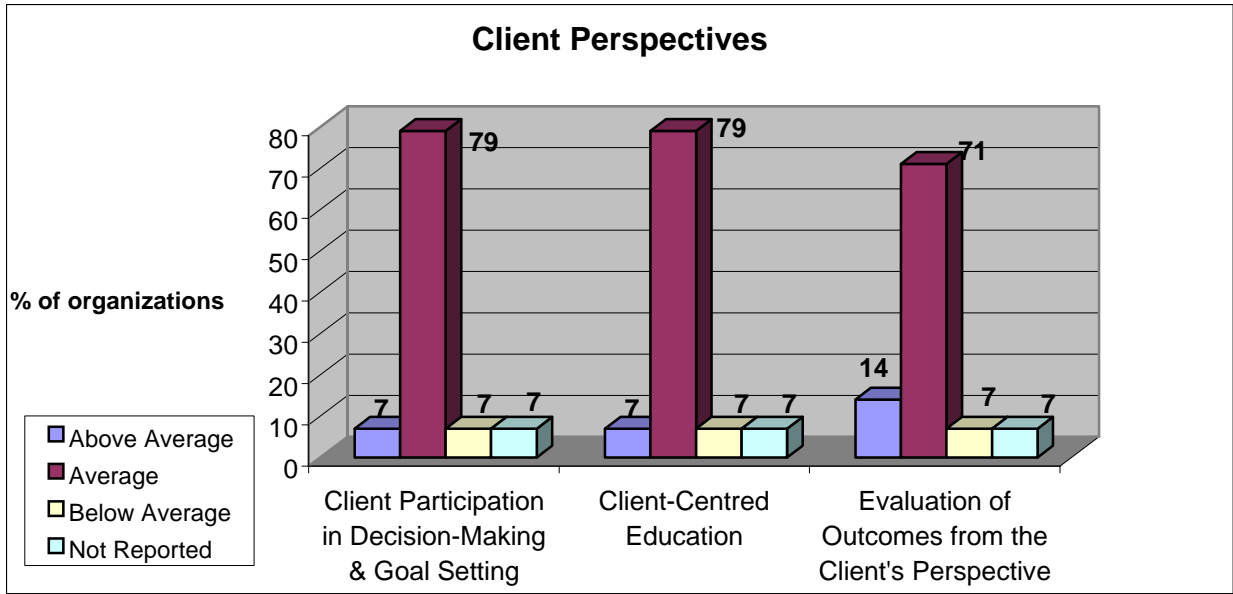
- Client Participation in Decision-Making and Goal-Setting: The extent to which clients are included in decision-making and goal-setting.
- Client-Centred Education: The extent to which the education and information that clients receive is client-centred.
- Evaluation of Outcomes from the Client's Perspective: The extent to which clients are involved in evaluating the outcomes of treatment.
- Family Involvement: The extent to which families are involved in the rehabilitation process.
- Emotional Support: The extent to which clients feel they are receiving emotional support from staff.
- Physical Comfort: The extent to which clients feel that their physical comfort needs have been addressed.
- Continuity and Transition: The extent to which clients feel that there was continuity and transition evident in rehab programs for clients following discharge.
- Overall Quality of Care: Ascertains client perceptions of the overall quality of rehabilitation care.

### Results

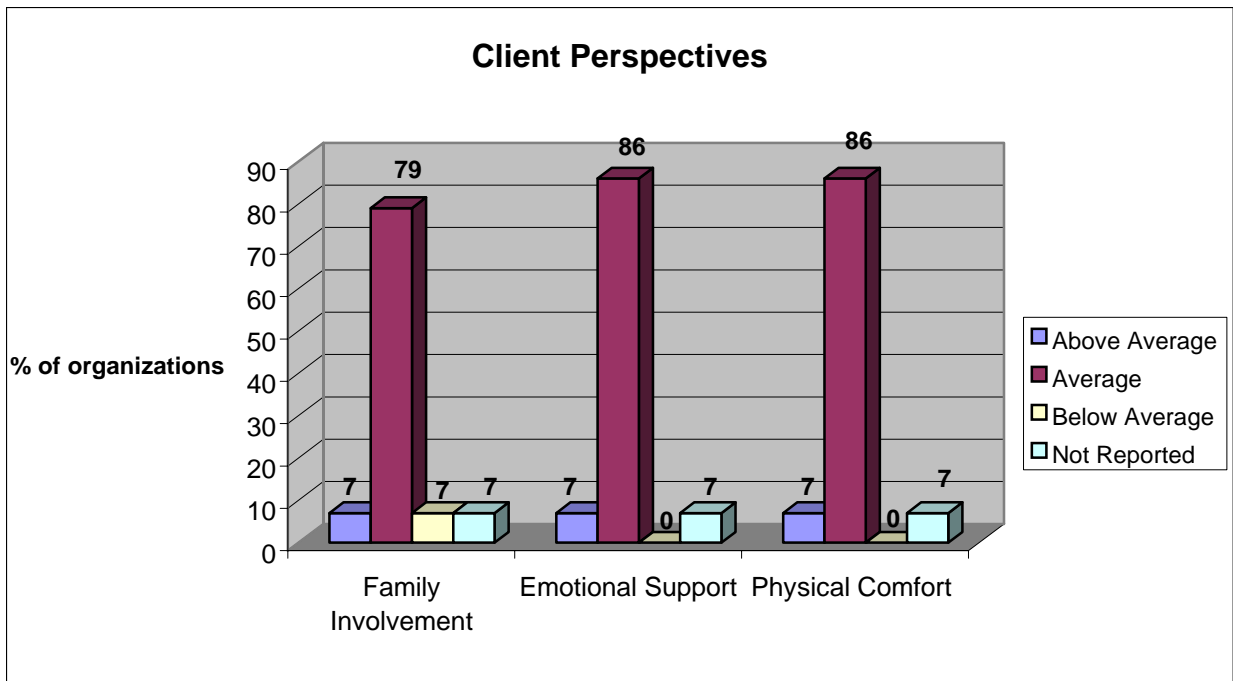
Results reflect the percentage of Network member organizations in each performance level relative to average provincial performance levels. The charts depict the percentage of Network member organizations whose performance is 'above average', 'average', or 'below average' in comparison to the provincial average score for each indicator. A more detailed analysis of the results follows in the next section.



\* Not Reported: Some results are unavailable because the number of surveys or domains of surveys was too low to obtain a reliable estimate (<30).



Not Reported: Some results are unavailable because the number of surveys or domains of surveys was too low to obtain a reliable estimate (<30).



Not Reported: Some results are unavailable because the number of surveys or domains of surveys was too low to obtain a reliable estimate (<30).

**Analysis of Results - What We Do Well**

- The majority of hospitals (71-86%) performed in the average range on all eight indicators of this performance quadrant.

- The highest percentage of organizations (86%) who performed in the average range were found in each of the following indicators:
  - Continuity & Transition
  - Emotional Support
  - Physical Comfort
- No hospitals performed below average on the indicators for:
  - Continuity & Transition
  - Overall Quality of Care
  - Physical Comfort

### **Analysis of Results - Opportunities for Improvement**

Improvement could be achieved by increasing performance to achieve above average performance for each indicator.

### **Recommendations**

Although the majority of members performed in the average performance range, member organizations should review the structures and processes that are currently in place and identify strategies to achieve above average performance levels. Recommended strategies include:

- Implementation of the recommendation proposed earlier in section (i) to assign a contact person to each client/family would provide the opportunity for programs to ensure that client/family concerns and needs are identified and communicated to members of the interdisciplinary team. This contact person could also assume responsibility to ensure that discharge plans are clearly communicated to clients/families and implemented to optimize their transition back to the community. Should discharge plans break down following discharge, clients and families could use this contact person to help address problems.
- Identify clinical assessment tools to incorporate patient-identified goals into the service plan, to document patient-identified goals and to measure goal attainment. The availability and use of a standardized method to incorporate and measure patient goals will increase client participation in decision-making and goal-setting.
- The GTA Rehab Network's report, *Exploring the Hip Fracture and Joint Replacement Landscape in a Changing Context: Implications and Recommendations (2006)*, has identified that use of the total FIM™ set to measure outcomes for patients with joint replacements and hip fractures may not accurately capture improvements in function during rehab. As a result of this finding, the GTA Rehab Network recommends a review of the outcome measurements used in MSK rehabilitation and an exploration of the potential for using a reduced FIM™ set and/or other outcome measures for this population.
- Review and evaluate current educational materials and methods used to provide client/family education to determine if methods are effective in meeting client/family information/learning needs. Use findings of evaluation to develop educational materials and approaches that match learning styles of clients/families and are suited to address information needs. The GTA Rehab Network will develop an information resource that provides a general overview of rehabilitation and can be shared with clients and families in our member organizations.
- Examine the structure of the multidisciplinary teams to ensure that the team includes members with the necessary expertise in providing psychosocial support to address the emotional needs of clients/families.

- The GTA Rehab Network is available to organize a workshop for Network members on methods of integrating a goal-focused service delivery model of treatment into clinical practice.

#### (iv) Quadrant: Financial Performance & Condition

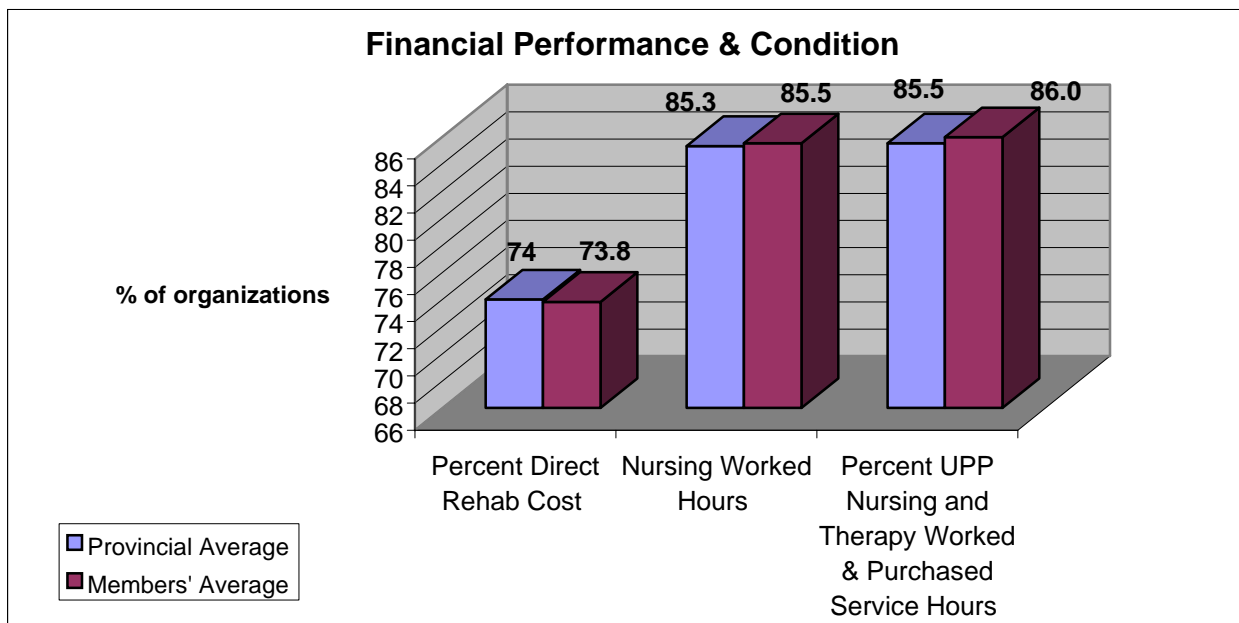
- This quadrant describes three selected measures of efficiency and productivity for rehabilitation services.
- Financial data is based on 2003/2004 fiscal year
- An average of the member organizations' scores for each indicator was calculated and compared to the provincial average.

#### Indicators

- **Percent Direct Rehab Cost:** Measures the direct costs of providing nursing, diagnostic and therapeutic services, and food services to rehabilitation clients as a proportion of the total costs associated with these clients.
- **Nursing Worked Hours (%):** Measures the proportion of time nurses spend working in the hospital on activities such as direct client care, charting, and in-service education as a proportion of total hours earned.
- **Percent Unit-Producing Personnel (UPP) Nursing and Therapy Worked and Purchased Service Hours:** Measures the proportion of time nurses and therapists spend working in the hospital on activities such as direct client care, charting, and in-service education as a proportion of the total hours earned.

#### Results

Results reflect a comparison between the average score of all Network member organizations for each indicator relative to average provincial figures.



### **Analysis of Results**

Member organizations generally performed on par when compared to provincial averages.

### **Recommendations**

According to the Financial Performance and Condition Technical Summary included in *Hospital Report 2005: Rehabilitation*, there are inconsistencies in the quality of data used to determine performance in this quadrant. These inconsistencies are a result of variations in hospital reporting structures from the reporting structure used by the Ontario Hospital Reporting System (OHRS). It is recommended that member organizations review how their data is reported to OHRS to ensure that the data accurately captures financial performance.

## V. CONCLUSIONS

- Highest levels of performance for GTA Rehab Network members were found in the System Integration and Change quadrant.
  - More than half of Network member organizations achieved above average performance in six of twelve indicators in this quadrant. This rate of above average performance was not achieved in other performance quadrants.
  - The majority of Network member organizations performed at either the above average or average performance level in this quadrant.
    - The recommendations proposed for this quadrant address the lowest performance level found on the Evidence of Organizational Client-Centredness indicator.
  
- The quadrant in which there is the greatest opportunity for improvement is the Clinical Utilization & Outcomes quadrant.
  - In comparison to performance in other quadrants, the percentage of Network member organizations represented in the below average range was highest in this quadrant.
  - Fewer organizations were represented in the above average and average performance range when compared to performance in other quadrants.
  - Poorest performance was seen on the LOS Efficiency indicator for Total Orthopaedic Conditions.
  - Almost half of Network member organizations performed in the below average on the Average Total Change indicator in the All RCGs category.
    - Specific recommendations have been proposed to enhance the functional outcomes in rehab, improve how outcomes are measured and explore other service delivery models to reduce length of stay. This includes a review and possible adaptation of the FIM™ dataset as an outcome measure for the MSK population.
  
- Almost all Network member organizations performed in the average performance range in the Client Perspectives quadrant.
  - Several recommendations have been made outlining strategies to achieve above average performance levels.
  
- Network member organizations' performance was on par with provincial average figures in the area of Financial Performance and Condition.
  - A review of methodologies used to report data in this quadrant is recommended to reduce variations in reporting practices that compromise accurate measurement of performance.