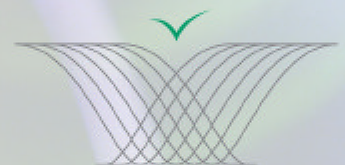
Partners in Transformation

GTA Rehab Network Strategic Plan 2005-2008

Summary Document



June 2005

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GTA Rehab Network Strategic Plan 2005-2008

In January 2005, the GTA Rehab Network initiated a strategic planning process with the intent to create a vision for rehabilitation in the Greater Toronto Area (GTA) and to identify strategic priorities for the Network that would guide its actions over the next three years.

A Vision for Rehabilitation in the GTA

An in-depth articulation of the future vision for rehab was expressed in ***Rehabilitation in the Greater Toronto Area: A Vision for the Future**,* a supplementary document which was commissioned at the start of the planning process[1].

The report examined the current state of rehabilitation in the GTA and key drivers and trends that impact the need for, access to, and delivery of, rehab services for clients and their families. Specifically, major population forces, scientific developments, human resources and clinical and program shifts, as well as the absence of a policy framework for rehabilitation in Ontario, provide the backdrop for creating the following vision for rehabilitation in the GTA:

Vision

> **Rehabilitation is an integral and essential component of the continuum of health care, reinforcing positive health behaviours, rebuilding lives and reintegrating individuals into the community.**

The Network's vision for rehabilitation services in the GTA embodies several defining principles, key characteristics and enabling processes, the highlights of which are summarized below:

Principles

- Equitable access to rehabilitation services that is characterised by affordability, adequate service capacity and timely transitions.
- Family-centred and consumer driven initiatives.
- Evidence-based wherever possible and focussed on improved client and population outcomes at all times.

Characteristics

- Rehabilitation services and programs are arrayed across the continuum in three major groupings:
    - High volume, high intensity
    - Low volume, high intensity
    - Across the continuum, outside of designated programs or units.

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[1] ***Rehabilitation in the Greater Toronto Area: A Vision for the Future*** is available as a supplementary report on the GTA Rehab Network website – www.gtarehabnetwork.ca

Characteristics

	High Volume – High Intensity	**Low Volume – High Intensity**	**Across the continuum, outside of designated programs or units**
Setting	• delivered in *designated rehabilitation hospitals* or *designated programs/ units* in acute care and community hospitals • inpatient, ambulatory and in-home settings	• delivered in *designated rehabilitation hospitals* or *designated programs/ units* in acute care hospitals • inpatient, ambulatory and in-home settings	• delivered across the continuum of care in a variety of settings *outside* of designated programs or units
Population	• targeted to clients who require high intensity of rehabilitation and/or highly specialized expertise	• targeted to clients who require high intensity of rehabilitation and/or highly specialized expertise/technology	• targeted to clients who require rehab in order to transition to another level of care or to a higher level of independence
Access	• available in *multiple sites* across the GTA and located as *close to home as possible*	• available in *fewer targeted sites* in the GTA • lower volumes and the requirement for critical mass (in addition to specialized expertise/ technology) require these programs to be concentrated in fewer sites	• available in a variety of settings (acute, post-acute, CCC, LTC, ambulatory, in-home) • facilitates the flow of patients in the continuum (e.g., transition care in CCC or services in acute care prior to high intensity rehab or discharge home)
Examples	• stroke; musculoskeletal; geriatric rehab; cardiac; and vocational rehab programs	• trauma; spinal cord; complex ABI; complex wound; amputee; post-SARS; West Nile recovery; burns; and post transplantation rehab programs	• low intensity-long duration rehab in CCC units; physiotherapy services in the ICU; OT consultations for ADL in acute programs; SLP consultations for swallowing in a variety of settings; rehab professionals in stroke prevention clinics

- *Focused integration* of rehabilitation programs and services *across the continuum of care* will build on the success of existing disease management models (e.g., stroke) and system-oriented models such as the Regional Geriatric Program.
- Collaborative participation across the GTA in new and emerging *chronic disease management strategies,* with renewed emphasis on client education and support for self-management, will complement the existing rehabilitation and secondary prevention strategies in place for the highest incidence diseases.
- Service delivery will be enabled by an adequate supply of appropriately educated and credentialed *rehabilitation human resources.*

Enabling Processes

- Quality improvement, outcome evaluation and performance measurement strategies
- Research, teaching and innovation
- Knowledge translation and exchange strategies
- Accountability frameworks
- Advocacy
- Policy development

This *Vision for Rehabilitation in the GTA* provides guiding parameters for the GTA Rehab Network's future work. It is clear that achievement of this vision is beyond the scope of the Network alone, particularly given its current membership and structure. However, the Network can refocus its activities to advance the key elements described above.

Network Strategic Priorities

The Strategic Planning process established four strategic priorities to guide the Network over the next three years:

1. Align with and influence Ontario's Health Transformation

Ontario's Health Transformation Plan includes several key initiatives that, together, are designed to create a system, changing how we do business and how parts of the system relate to one another. The newly developed vision for rehabilitation in the GTA speaks in very parallel terms. The role of the Network will shift to supporting and assisting members in evolving or transforming in new directions and in achieving the vision for rehabilitation as an integral component in the transformed system.

2. Improve service delivery and access

Strengthening rehabilitation services delivery, coordination and access continues to be a high priority for the Network. Early activities of the Network focused on addressing key foundational work for achieving improved coordination, access and service delivery. Further attention to this priority over the next several years will build on the foundational work to achieve significant improvements in service and access across the continuum.

3. Inform planning and performance measurement

As a network of provider organizations, the GTA Rehab Network must come to consensus on how activities, services and utilization are tracked, measured and used for improvement or performance comparison. The Network must continue to explore indicators and measures that assess the current performance of rehabilitation's contribution to patient and system outcomes. With the development of Local Health Integration Networks (LHINs), the Network has an opportunity to recommend the most appropriate data for use in planning and performance measurement in rehabilitation by leveraging the experience and expertise of its members.

4. Share best practices and enhance knowledge exchange

The GTA Rehab Network members have reported very high value in the Network's initiatives related to best practices. The major efforts related to best practices have been focused on Best Practices Day, an annual forum for the rehabilitation community to profile their work and share information across the research-practice boundary, promoting knowledge transfer and exchange. Further attention is required in clarifying the definition and scope of best practice in relation to

evidence-based practice, broadening the focus beyond clinical practice, leveraging best practice information for advocacy purposes, supporting the members in the adoption and implementation of best practices and extending the target audience for best practices beyond the current membership.

The goals for each of the four strategic priorities are summarized below. More detailed actions to advance these goals are outlined in the main text of the strategic plan.

Strategic Priorities	Goals
1. Align with and influence Ontario's Health Transformation	1. Provide expert rehabilitation leadership and resources in relevant Transformation priorities, including LHINs 2. Revisit membership of the Network to align with the LHINS and new vision for Rehab 3. Promote and demonstrate the value of the GTA Rehab Network in an integrated health system.
2. Improve service delivery and access	1. Standardize rehabilitation definitions and clarify rehabilitation services across the continuum. 2. Develop tools that support access and coordination across the continuum 3. Strengthen understanding and commitment to outpatient, ambulatory and in-home parts of the rehab continuum 4. Establish an electronic centralized referral system for target rehab populations
3. Inform Planning and Performance Measurement	1. Establish indicators and benchmarks for performance, using existing data and tools 2. Define and standardize service and transition classification terminology that can be utilized across the continuum 3. Select and recommend the best of the existing tools/indicators that are sensitive to change across the continuum 4. Identify gaps in services and complex/hard to serve populations
4. Share best practices and enhance knowledge exchange	1. Expand current mechanisms for identifying, sharing and implementing best practices across the continuum of care 2. Develop processes to track or monitor the adoption of best practices 3. Identify target audiences and strategies for knowledge exchange, between and among the membership and external groups 4. Collaborate with researchers to disseminate evidence-based practice and outcome measures

Enablers to Support the Strategic Priorities

In addition to identifying four strategic priorities, the Strategic Planning process recognized several enabling competencies and capabilities as essential supports to achieving the Network's priorities:

- **Network Partnerships and Alliances**
- **Communication, Promotion and Advocacy**
- **Infrastructure Support and Funding**

Of these enabling competencies, it is critical that the Network be responsive and proactive to initiatives throughout the continuum of care and seek the partnerships and alliances that will further the advancement of rehabilitation as a key contributor. Further, the Network must leverage its communications to promote and advocate for the important role of rehabilitation as an integral part across the continuum.

As the Network looks to implementing its priorities and actions, infrastructure support and funding are critical to success.

Moving to Implementation

Given the close alignment with the new strategic priorities and the current directions of the Network, completion of ongoing work remains a year one priority and will position the Network well for implementation of new strategic initiatives.

Year 1 implementation priorities identified in the plan will be reflected in the Network's 2005-2006 Operating Plan.

The strategic planning process has confirmed a strong member commitment to the GTA Rehab Network, substantiated the value placed on the work undertaken by the Network, and articulated priorities for the next several years. The Ontario Transformation Plan and the new vision for rehabilitation set the context for an exciting future for the Network, as it assists members and works in partnership to "reinforce positive health behaviours, rebuild lives and reintegrate individuals into the community."

Note:
The full document, ***Partners in Transformation: GTA Rehab Network Strategic Plan 2005-2008*****;** the supplementary report, ***Rehabilitation in the Greater Toronto Area: A Vision for the Future*****;** and other supporting documentation are located on the GTA Rehab Network website at www.gtarehabnetwork.ca

This document prepared for the GTA Rehab Network by Helena Axler and Associates.

GTA Rehab Network
550 University Avenue, Room 1114
Toronto, Ontario M5G 2A2
(416) 597-3057

info@gtarehabnetwork.ca
www.gtarehabnetwork.ca