

Title: Measuring Performance in Rehabilitative Care

Background/Context

Rehabilitative care plays a key role in helping individuals with impairments in functioning, whether physical, cognitive and/or psychosocial, to participate as fully as possible in the business of living. By improving health outcomes, rehabilitative care supports health system priorities. While rehabilitation has been offered in hospitals, homes and community clinics, there has been a lack of standardization in the approach in evaluating rehabilitative care within each region and to date there has been no public reporting or monitoring of performance of the rehabilitate care to support evidence-based practice and system-wide improvement.

The Rehabilitative Care Alliance (RCA) is a provincial collaborative established by Ontario's 14 LHINs in April 2013 to effect positive changes in rehabilitative care. In the first mandate (2013-2015) of the Rehabilitative Care Alliance (RCA), working groups developed a **Rehabilitative Care System Evaluation Framework** to support evaluation of rehabilitative care services at the provincial, regional and local level. This standardized approach will support evidence-based practice and system-wide improvement.

Objectives

The objectives of this initiative are to:

- Standardize the performance evaluation of rehabilitative care services regionally and provincially to support evidence-based practice and system-wide improvement
- Enable prioritization of regional and provincial quality improvement opportunities
- Demonstrate the contribution of the rehabilitative care system to overall health care system objectives

Description

The **Rehabilitative Care System Evaluation Framework**, developed by the Rehabilitative Care Alliance (RCA) in consultation with Provincial stakeholders was modeled after the 'LHIN Accountability Agreement Logic Model – Health System Imperatives', which was developed by the Health System Indicator Initiative (HSII) to also align with Health Quality Ontario's "Nine Attributes of a High-Quality Health System".

In Fall 2015, the RCA Secretariat began its stakeholder consultation on the set of priority performance indicators that would be benchmarked, enabling the use of the framework to support evaluation and planning of rehabilitative care resources and the identification of quality improvement opportunities within the provincial rehabilitative care system. With representation from all 14 LHINs, including rehabilitation professionals, LHIN representatives, and system evaluation experts, and 20 patient and family representative, 57 stakeholders were involved in the consultation process. Priority indicators for

benchmarking were then identified using the HSII Indicator Evaluation Tool (Expert choice tool), a collaborative decision- making tool, with the following weighted priorities:

- Strategic Alignment (40%)
- Reliability (15%)
- Actionable (Attribution) (15%)
- Timeliness (15%)
- Clarity/Understandability (15%)

Impact/Results

In its final iteration and through consultation with Task Group members, the framework includes 39 rehabilitative care system process and outcome performance indicators across the nine quality dimensions.

The results from the Rehabilitative Care Alliance System Evaluation work is a framework of 39 indicators and standard definitions for each, including the identification of five priority indicators to be reported as benchmarks for the province that reflect the quality dimensions of access, effectiveness, and safety:

1. Time from referral to admission to a bedded level of rehabilitative care, as defined by the time from most recent discharge destination determined to the date of discharge in an acute ALC bed, where the discharge destination is a bedded-level of rehabilitative care.
2. Wait time for CCAC In-Home Rehabilitative Care Services
3. Proportion of clients discharged home from bedded levels of rehabilitative care who were home prior to admission
4. Proportion of clients referred into LTC within one year following discharge from a bedded level of rehabilitative care hospital
5. Number of repeat ED visits for falls in the past 12 months at the beginning of the rolling 12-month period per 100,000 people aged 65 years and older and the proportion of those that results in a hospital admission

Until now, a standardized and extensive data collection and reporting process at the LHIN and system level has not been done for rehabilitative care. This work is the first critical step toward quality improvement in the rehabilitate care system: measuring where we are so we can see where improvements are needed.

Conclusions/Spread

The RCA System Evaluation Framework, endorsed by all LHIN CEOs and supported by 14 designated LHIN Leads, provide the standards by which the provincial rehabilitative care system can begin to ensure equitable access to consistent, high quality rehabilitative care services. The Framework supports a standardized process to support data collection, analysis and reporting of these indicators. Public reporting of the full set of indicators along with benchmarks for the priority indicators is scheduled for January 2017.