



**Rehabilitative
Care Alliance**



Rehabilitative Care Alliance

Steering Committee

September 4, 2018





Agenda

2:30 – 2:35	Welcome and Introductions <ul style="list-style-type: none"> Review of the Minutes of March 19, 2018* Any additions to the agenda? 	Peter Nord, Co-Chair Rehabilitative Care Alliance
2:35 – 2:50	Debrief: Meeting with Nancy Naylor and RCA June Forum	Peter Nord, Co-Chair, Rehabilitative Care Alliance Charissa Levy, Executive Director, Rehabilitative Care Alliance
2:50 – 3:45	RCA Initiatives – Progress Update Since Last Meeting <ul style="list-style-type: none"> Definitions Initiative Capacity Planning System Evaluation Outpatient/Ambulatory Minimum Data Set QBP Task Groups – TJR & Hip Fracture Assess & Restore / Frail Senior/Medically Complex 	Task Group Chairs & RCA Secretariat
3:45-3:55	Developing Directions for Mandate IV	Charissa Levy, Executive Director, Rehabilitative Care Alliance
3:55-4:00	Summary & Key Messages <ul style="list-style-type: none"> Next Steering Committee Meeting – December 11, 2018 	Peter Nord, Co-Chair Rehabilitative Care Alliance



Rehabilitative
Care Alliance



Debrief: Meeting with Nancy Naylor and RCA June Forum

...





Meeting with Nancy Naylor

- ▲ RCA cited as a strong model for other provincial initiatives – Very impressed with what the RCA has accomplished over the past 5 years
- ▲ Applauded the interdisciplinary nature of RCA's work
- ▲ RCA acknowledged as a critical support to provincial priorities
- ▲ Requested MOHLTC contact(s) to identify how the RCA can continue to complement provincial directions



RCA Provincial Forum

- ▲ Opening remarks by **Nancy Naylor**, Associate Deputy Minister, Delivery and Implementation, MOHLTC
- ▲ Keynote presentation: Reflection on 20 Years of Leadership – **Dr. Gaétan Tardif**, Psychiatrist-In-Chief and Medical Program Director, Toronto Rehab/UHN
- ▲ Presentation: Health System Funding for Rehab and Complex Continuing Care – **Jan Walker**, Vice President, Strategy, Innovation and Chief Information Officer, West Park Healthcare Centre
- ▲ Presentation by member of the RCA **Patient/Caregiver Advisory Committee**
- ▲ Presentations and Discussion: Integrating Rehabilitative Care Services into Primary Health Care: Experiences across **TC, NW and HNHB LHINs**



RCA Provincial Forum

- ▲ 122 registered for in-person attendance, 76 registered for teleconference/webinar participation
- ▲ 25 post-forum evaluations completed. Comments included:
 - Overall great presentations, enjoyed the day. Appreciated the teleconference/webinar option and central location
 - Interest in the presentation on funding
 - “Liked the mix of insights from industry leaders and MOH - which were all inspirational and helped confirm we are on the right path, combined with the updates from the Committees. Suggest more of the same. Well done!!”
 - “The forum was excellent, and a great deal of sharing, learning and networking occurred. I cannot identify any gaps at this time. Congratulations on a great forum!”



RCA Provincial Forum

General Comments/Suggestions for Next Year:

- ▲ Update on capacity planning; discussion of outpatient rehab service availability across the province; outcome of bundled hip and knee pilots; rehab in acute care and relationship to ALC.
- ▲ As we standardize definitions for bedded rehabilitative care programs, discussion on recommended staffing levels has come up on a few occasions.
- ▲ Update on the focus of the new government and implications for the RCA's next mandate.
- ▲ I'm not sure it's the right venue, but we see ALC awaiting LTC taking CCC beds. In many LHINs, there is a trend towards reducing CCC beds. This may push ALC awaiting LTC to acute beds. Not sure what the solution is while we await increased LTC/assisted living capacity.



RCA Provincial Forum

General Comments/Suggestions for Next Year:

- ▲ Need to keep the discussions alive on: 1. Funding 2. Complex Medical Management and further defining. 3. ALC/occupancy/capacity creation.
- ▲ Further discussion about the current state of proposed changes to the RPG methodology would be valuable (e.g., the HSFR Inpatient Rehab Care Technical Task Group).
- ▲ Suggest trying more structured panel discussion for the afternoon
- ▲ Interest in outpatient therapy models that have been able to implement or sustain despite funding. Understanding how sites have been able to innovate and do the right thing.
- ▲ Sharing of actual operational models and outcomes across various types of organizations would be helpful and understanding of alignment to provincial initiatives.



Rehabilitative
Care Alliance



RCA Initiatives: Progress Update Since Last Meeting

...





**Rehabilitative
Care Alliance**

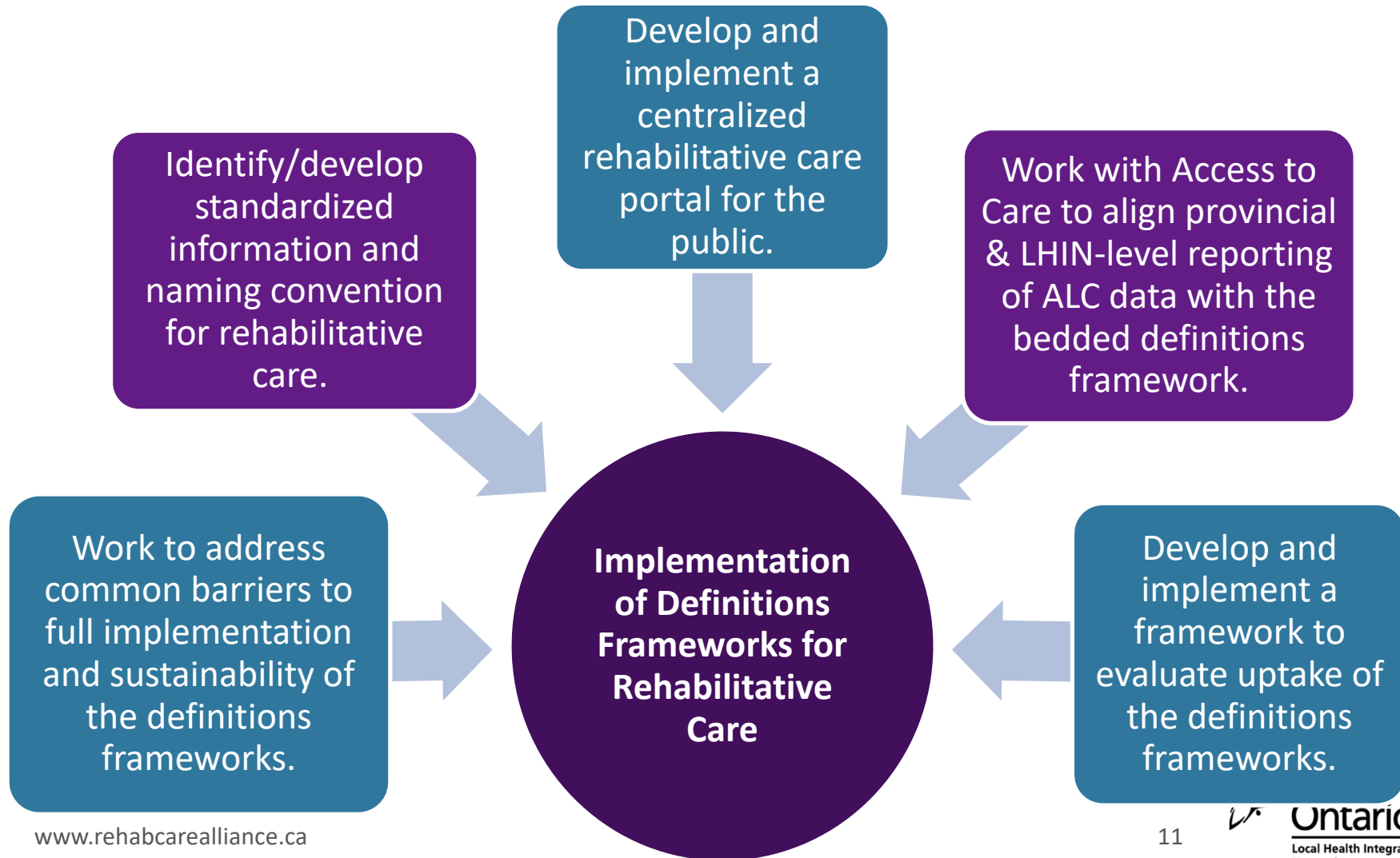


Definitions Initiative





Focus of Work





Work to Date

- Continued working with thehealthline.ca Information Network to design and implement a provincial Rehabilitative Care Portal
- Convened stakeholder group to provide feedback on portal design, functionality and a “content submission” template for LHINs to provide regional information for the portal.
- Developed high-level concept and model to align Access to Care’s Wait Times Information System-ALC reporting system with the new levels described in bedded definitions framework.



Work to Date

- Conducted evaluation of the implementation of the Definitions Frameworks for Bedded and Community-based Levels of Rehabilitative Care via Survey Monkey. Analysis currently underway.
- Aligned terminology in the Provincial Referral Standards (PRS) for referrals to rehabilitative care with the bedded Definitions Framework
- Provided 2 provincial informational webinars to support HSPs and LHIN leads on implementing the definitions frameworks, standardized naming convention and other associated resources/tools.



Next Steps

- ▲ Analysis of the Definitions Evaluation surveys. Report findings in the fall at provincial level and LHIN-levels.
- ▲ Continue development of Rehabilitative Care Portal and support LHINs with developing content for regional specific pages. Prepare for launch in late fall.
- ▲ Continue supporting HSPs and LHINs with implementing definitions-related tools/resources including the standardized RCA naming convention and support strategies to increase consistency in reporting discharge destinations to rehabilitative care programs.



**Rehabilitative
Care Alliance**



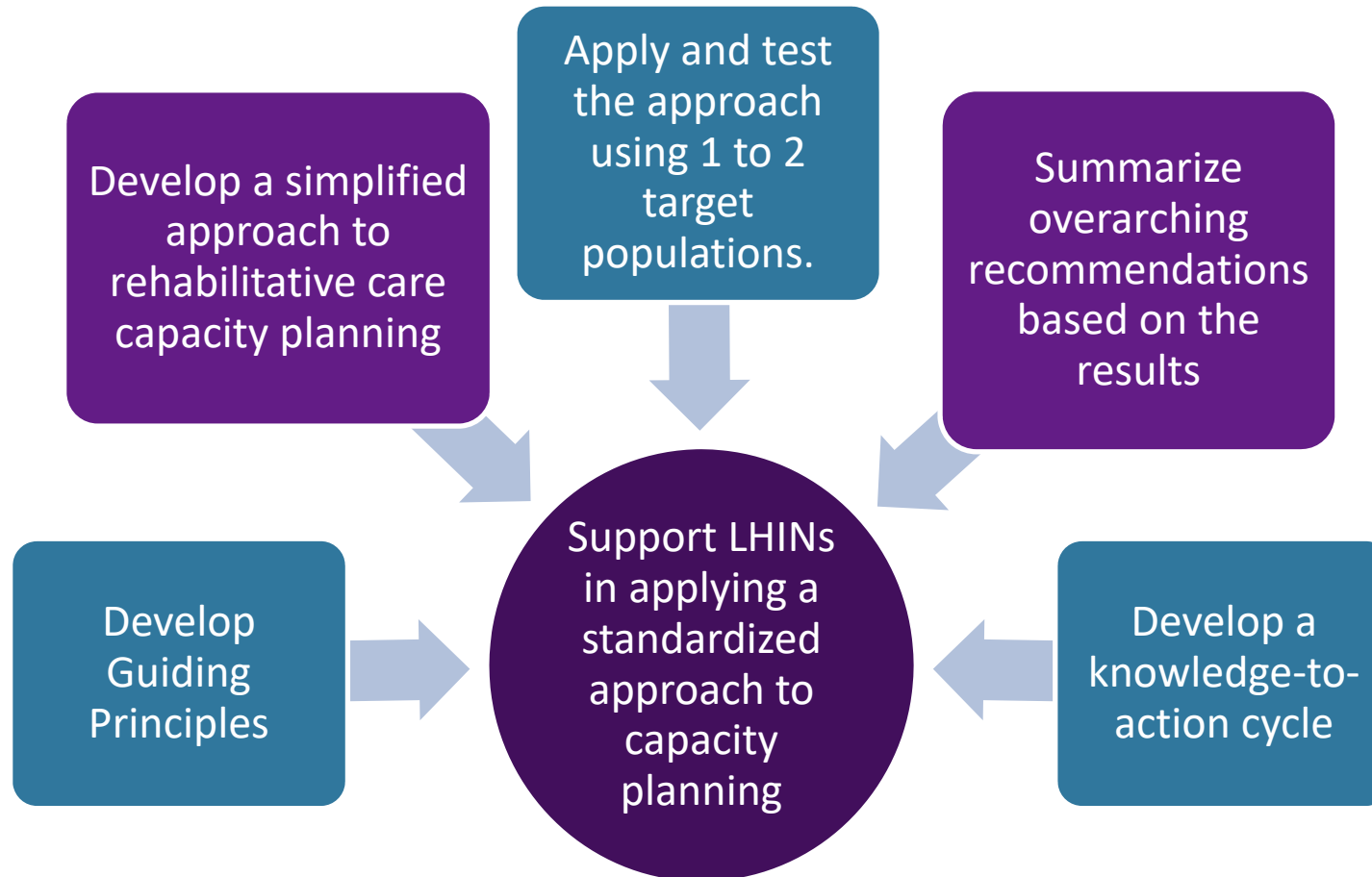
Capacity Planning

...





Focus of work



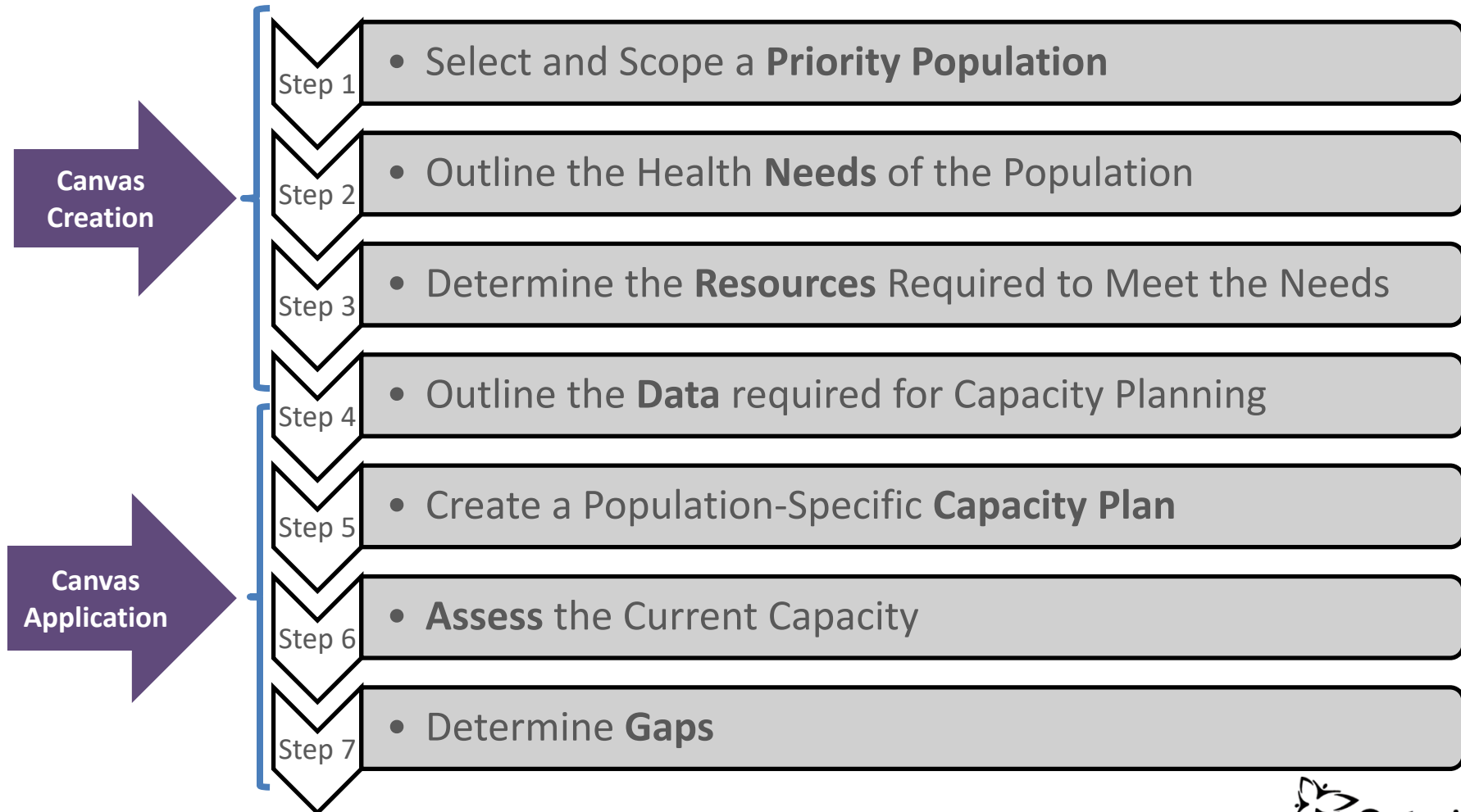


Work to Date

- Adopted the Health System Structural Assessment (HSSA) and refined it for use as a simplified approach to Capacity Planning
- Drafted a process (HSSA 'canvas') to support LHINs in applying the simplified approach to their regional capacity planning
- Engaged LHIN Leads to identify priority populations: Hip Fracture and COPD
- Convened SME group and confirmed scope of the hip fracture population
- Completed initial draft of the capacity planning canvas including needs, resources and resource-relevant factors



Capacity Planning Approach





Population			
Who			
What		Where	
When		Why	
Needs		Resources	
		Setting	Services
Resource-Relevant Factors			
Data Requirements			



Next Steps

- ▲ Continue development of the Hip Fracture Capacity Planning Canvas using best practice evidence, consensus of clinical experts and patient and caregiver voice
 - Use Best-Practice Guidelines and evidence where possible to complete the frequency and duration sections
 - Outline and pull the data required for Capacity Planning
- ▲ Formalize the Capacity Planning Canvas methodology and approach
- ▲ Begin process for COPD Capacity Canvas



**Rehabilitative
Care Alliance**



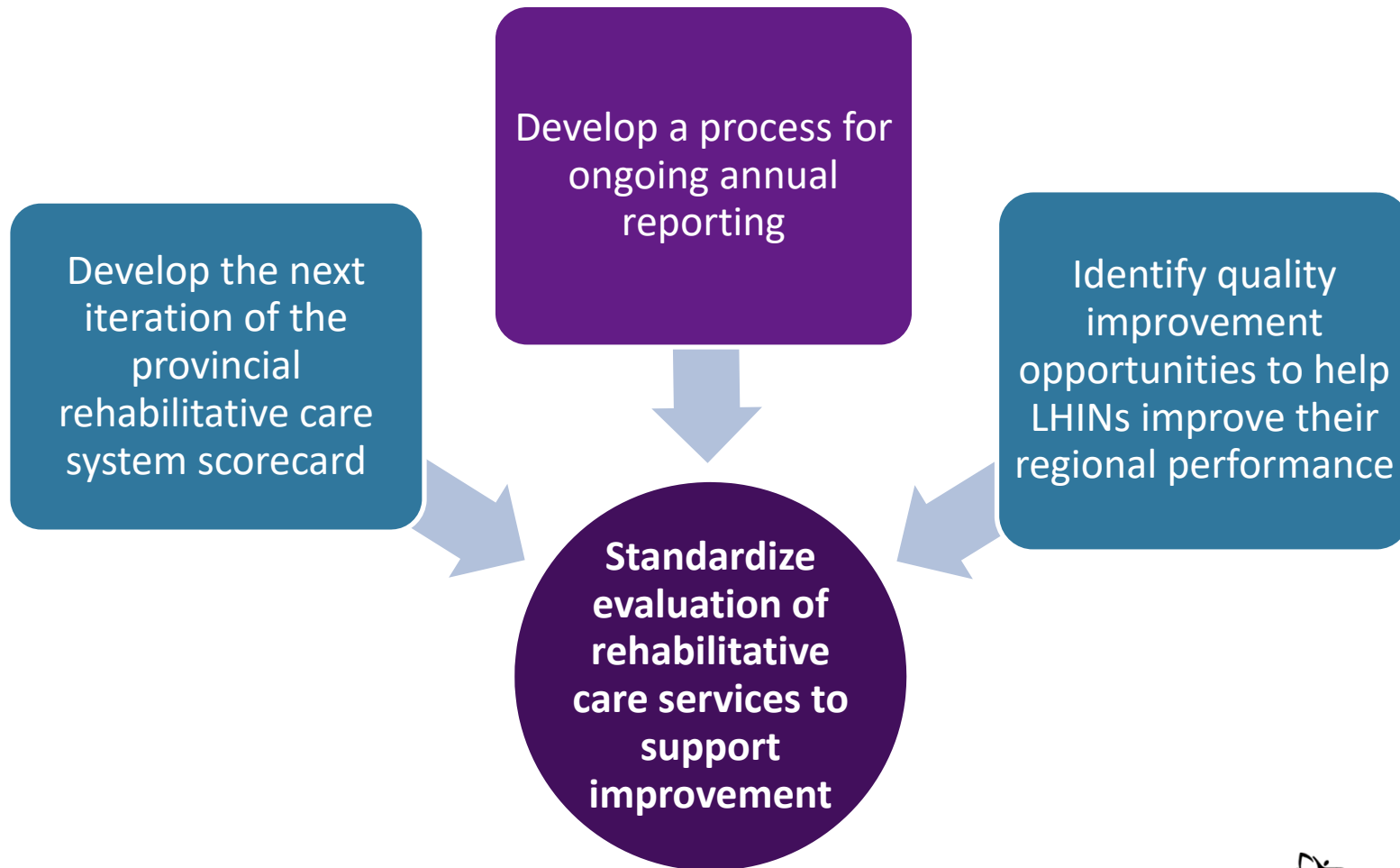
System Evaluation

...





Focus of work





Work to Date

- Released the 16/17 performance data and scorecard with update technical specifications
- Determined processes for ongoing annual reporting, continuing to refine them
- Identified indicators from the framework for priority inclusion
- Presented the System Evaluation scorecard to the Patient and Caregiver Advisory Group



Priority Indicators and Benchmarks

Indicator	Benchmark	Selection Rationale
Wait time for inpatient rehabilitative care	3 days	Approximates the 25 th percentile of wait times in Ontario, 2015/16.
Wait time for in-home rehabilitative care services	5 days	Aligns with the current MOHLTC benchmark for wait time for in-home nursing and personal support.
Repeat ED visits for falls	648 repeat visits per 100,000 seniors	Applied the Achievable Benchmarks of Care methodology.



Subject Matter Expert QI Meetings

- ▲ Identify Subject Matter Expert (SME) Groups
 - A1 – Wait time for inpatient rehab: Working with Access to Care to identify rehab QI, wait times, and ALC data experts at the system and local levels
 - A3 – Wait time for in-home rehab: Contacted HSSO to discuss development of an expert panel
 - C3 – Falls: Have established a meeting with the RCA Frail Seniors Task and Advisory Group and the InterLHIN Falls Collaborative
- ▲ Members of the System Evaluation Task and Advisory Groups are invited to attend, but attendance is optional
- ▲ 2 hour meeting with each SME group through Fall 2018
 - Follow-up to be scheduled as needed



Next Steps - Indicators for Priority Inclusion

Ind. #	Rehab. Care System Indicator
A2	Time from referral to first outpatient rehabilitation therapy appointment (by referral source i.e. acute, bedded levels of rehabilitative care or community)
B9	Proportion of programs/services that align with Definitions Framework
D1	Rehabilitative Care System Cross Continuum Patient Experience
E1	To support measurement of equity and to illustrate potential differences across population groups, measures from other dimensions may be considered though an equity lens/filter e.g. Age, Sex, Education, Language, Regional Variations, Income etc.
H2	Evidence of rehabilitative care system capacity planning every 5 years
B1	Readmissions Within 30 Days for Selected Case Mix Groups (CMGs) after receipt of bedded, in-home or outpatient/ambulatory rehabilitative care service



Next Steps

- ▲ Release updated performance report with 17/18 data in November, 2018
- ▲ Identify variation and discuss opportunities for quality improvement on this data
 - Share a package with LHINs that includes the root cause analysis template as well as the completed root cause analysis that we do with the SME groups including instructions on how to work through analysis at their LHIN tables
- ▲ Work toward inclusion of more indicators from the System Evaluation Framework into the Rehab System Performance Report
- ▲ Work with LHINs in monitoring performance against the three priority rehabilitative care indicators and interpretation of their data through continued LHIN engagement sessions



**Rehabilitative
Care Alliance**



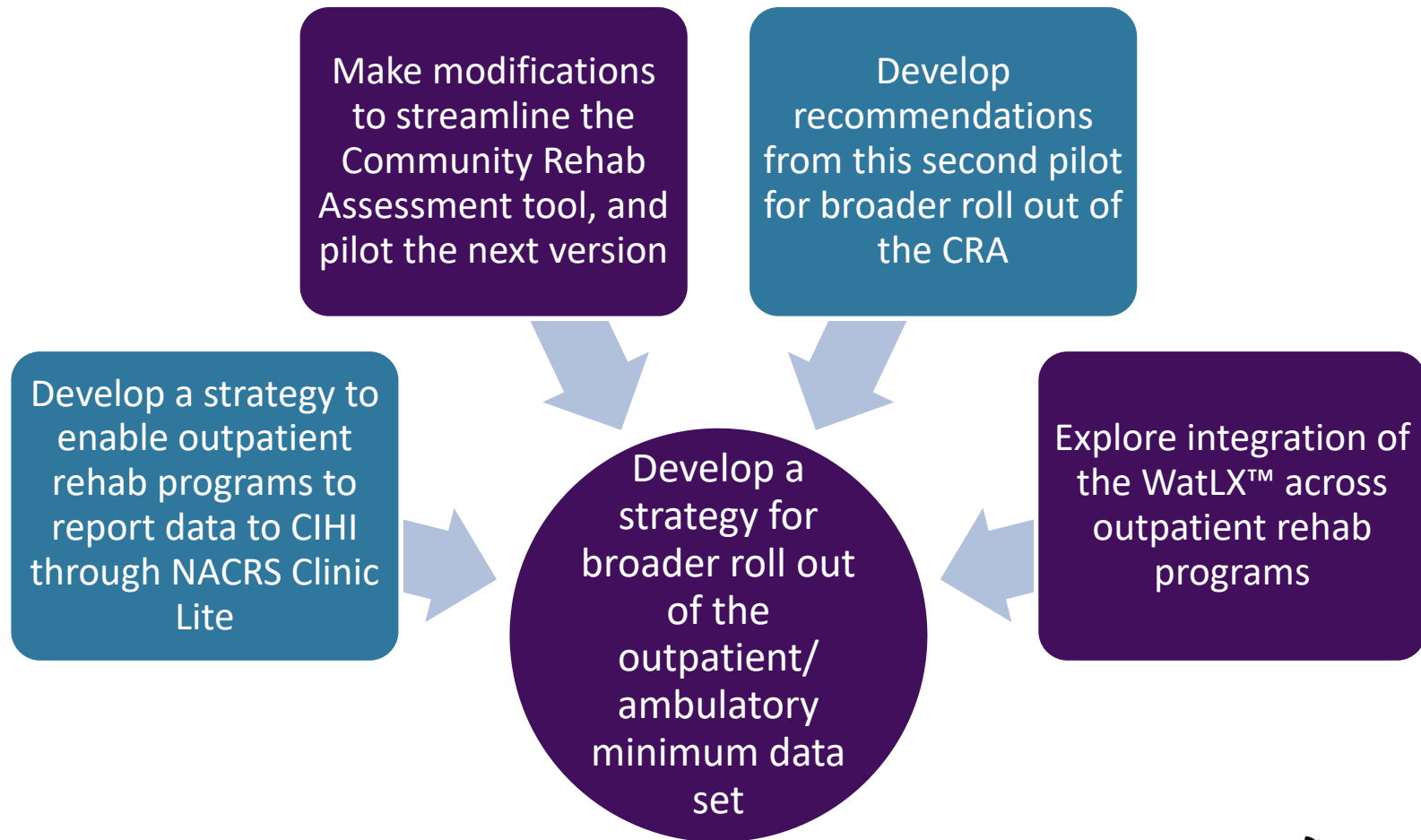
Outpatient/Ambulatory Reporting

...





Focus of work





Work to Date

- NRC health, OHA and RCA team release of the WatLX™ in July 2018 in English and French

- NACRS Clinic Lite: Endorsed for use in the Hip and Knee Bundled funding pilot by the MOHLTC – Supporting pilot sites

- Community Rehab Assessment: Second phase of the CRA Pilot – 27 organizations participating



WatLX™ and NRC Health

- ▲ NRC Health has WatLX™ on offer since July 1, 2018
- ▲ Sites will have the option to provide the patient experience tool to patients via email/phone call/web survey.
- ▲ NRC Health will distribute the survey within 2 weeks of discharge, either at discharge or after discharge from outpatient rehab

Learnings from the pilot indicated that on-site completion of the survey, within 2 weeks of discharge, prior to or at discharge led to response rates of >95%



NACRS Clinic Lite in TJR Bundled Funding Pilot

- ▲ Presented at Ministry and HQO led webinars on March 28, April 12, and May 1, 2018.
 - Developed a comprehensive FAQ based on the questions received during that webinar and can be found on [Quorum](#)
- ▲ Collaboratively with the team at CIHI conducting on-boarding for sites who are using NACRS Clinic Lite
 - To date, 15 sites have completed on-boarding
 - Some sites have started to work with their vendor to develop solutions for electronic file submission
- ▲ RCA has confirmed that the data from NACRS Clinic Lite will be shared with LHINs and the RCA
 - RCA will receive data cuts from the MOHLTC as early as September



CRA Phase II Pilot Numbers Overview

Participating organizations	27
LHINs represented	11
Number of patients for whom completed assessments are projected for submission	1,094
Onsite Trainings Delivered	15
Number of patients for whom completed assessments (admission and discharge) have been submitted	176



Rehabilitative
Care Alliance



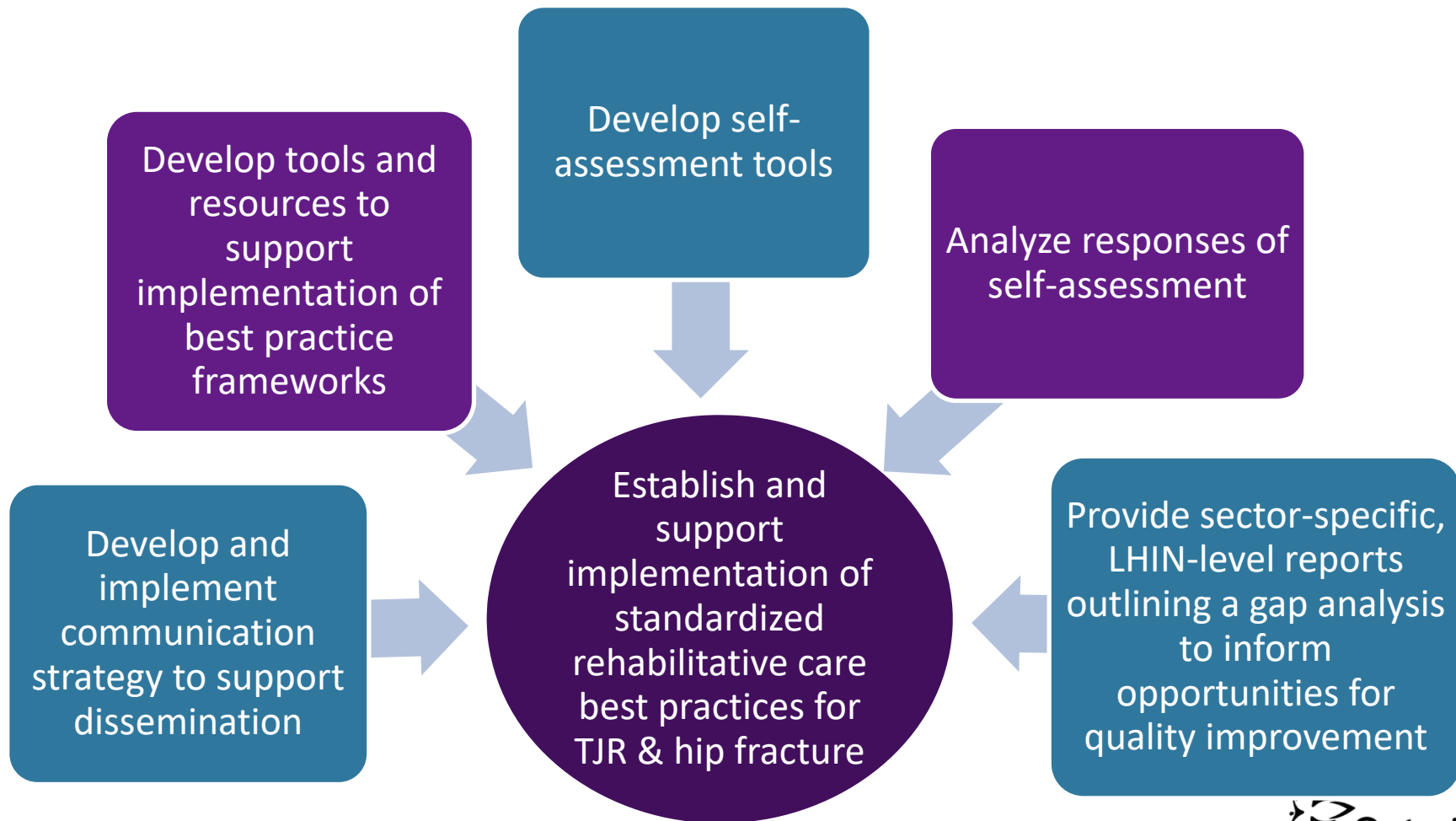
Hip Fracture & Total Joint Replacement QBP Best Practices Initiative

...





Focus of work





Work to Date

- Recruitment and support of participating organizations in the Best Practice Self Assessment Process
- Self-assessments representing all 14 LHINs and all rehabilitative care sectors received – total of 247 submissions
- Developed a data analysis template with input from key stakeholders
- Sector-specific, LHIN-level gap analyses to inform opportunities for quality improvement in the implementation of rehabilitative care best practices for patients with hip fractures and TJR currently underway



Provincial participation in self-assessment

Total Number of Organizations	104
Total Number of Hip Fracture Assessments	116
Total Number of TJR Assessments	131



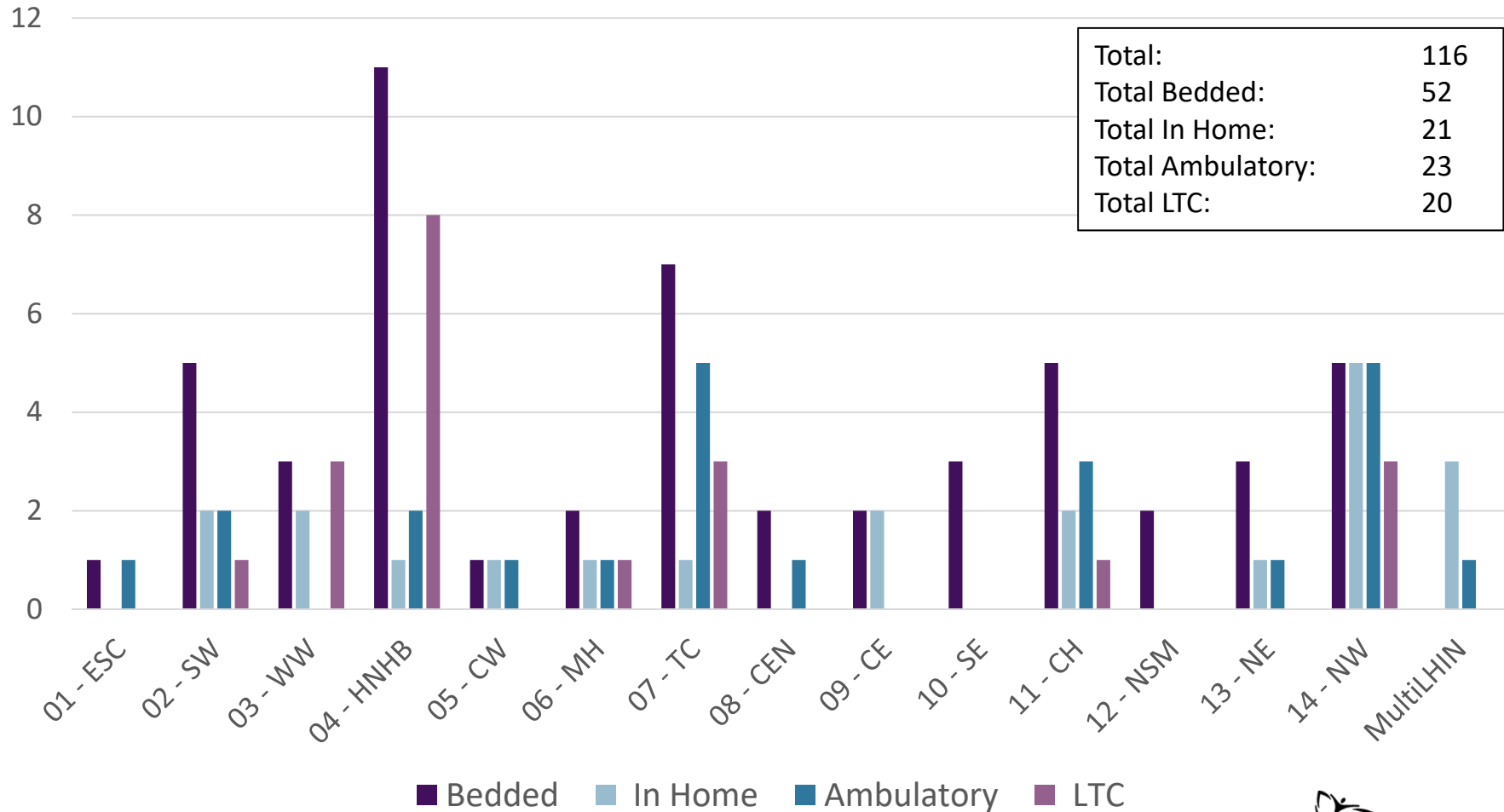
Number of organizations by LHIN

Central	3	Erie St. Clair	2
Central East	4	Waterloo Wellington	7
Toronto Central	10	Champlain	9
Central West	2	North Simcoe Muskoka	2
South West	10	HNHB	19
North East	5	Mississauga Halton	4
North West	17	South East	7
MultiLHIN	3	TOTAL	102

Data received as of July 17, 2018



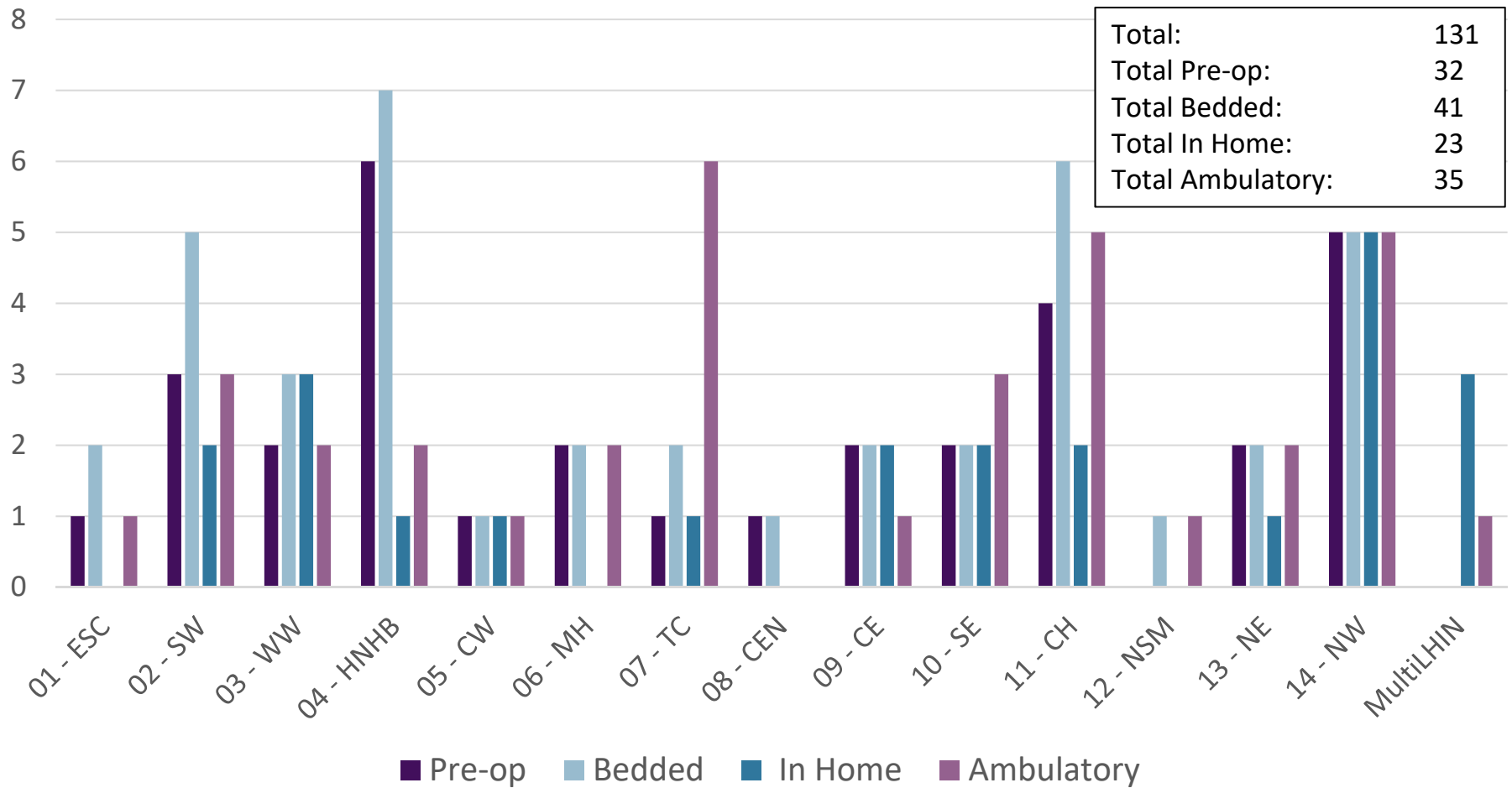
Number of Hip Fracture Self-Assessments by LHIN



Data received as of July 17, 2018



Number of TJR Self-Assessments by LHIN



Data received as of July 17, 2018



Participant Feedback

- ▲ *Our site used patient feedback in the self assessment and found front line engagement valuable. (Kingston Health Sciences Centre – Hotel Dieu Hospital)*
- ▲ *We are taking the opportunity to build a multi-year action plan based on these findings. (Sault Area Hospital)*
- ▲ *This was a great opportunity to identify some areas that we need to target/prioritize for continued development. The teams found the tools easy to use, and appreciated the immediate feedback that was provided. (CBI Home Health)*
- ▲ *The hip fracture one was a good exercise for our team. It led to a lot of discussion and our team will be reviewing our model to address gaps that were identified. (Toronto Rehab/UHN)*
- ▲ *It was a very good exercise. We will focus on our goals for the upcoming year and we at WHGH were happy to have participated. (West Haldimand General Hospital)*



Next Steps

▲ Provide LHIN and Provincial Level Analyses:

- Common areas where current practice is not aligned with best practice, by population and by sector
- Areas where practice is consistently strong
- Identify opportunities for quality improvement
- Highlight those LHINs who are high performers in each sector and promote knowledge exchange through the sharing of their best practice implementation strategies

▲ Analysis to be completed by Fall, 2018



Rehabilitative
Care Alliance



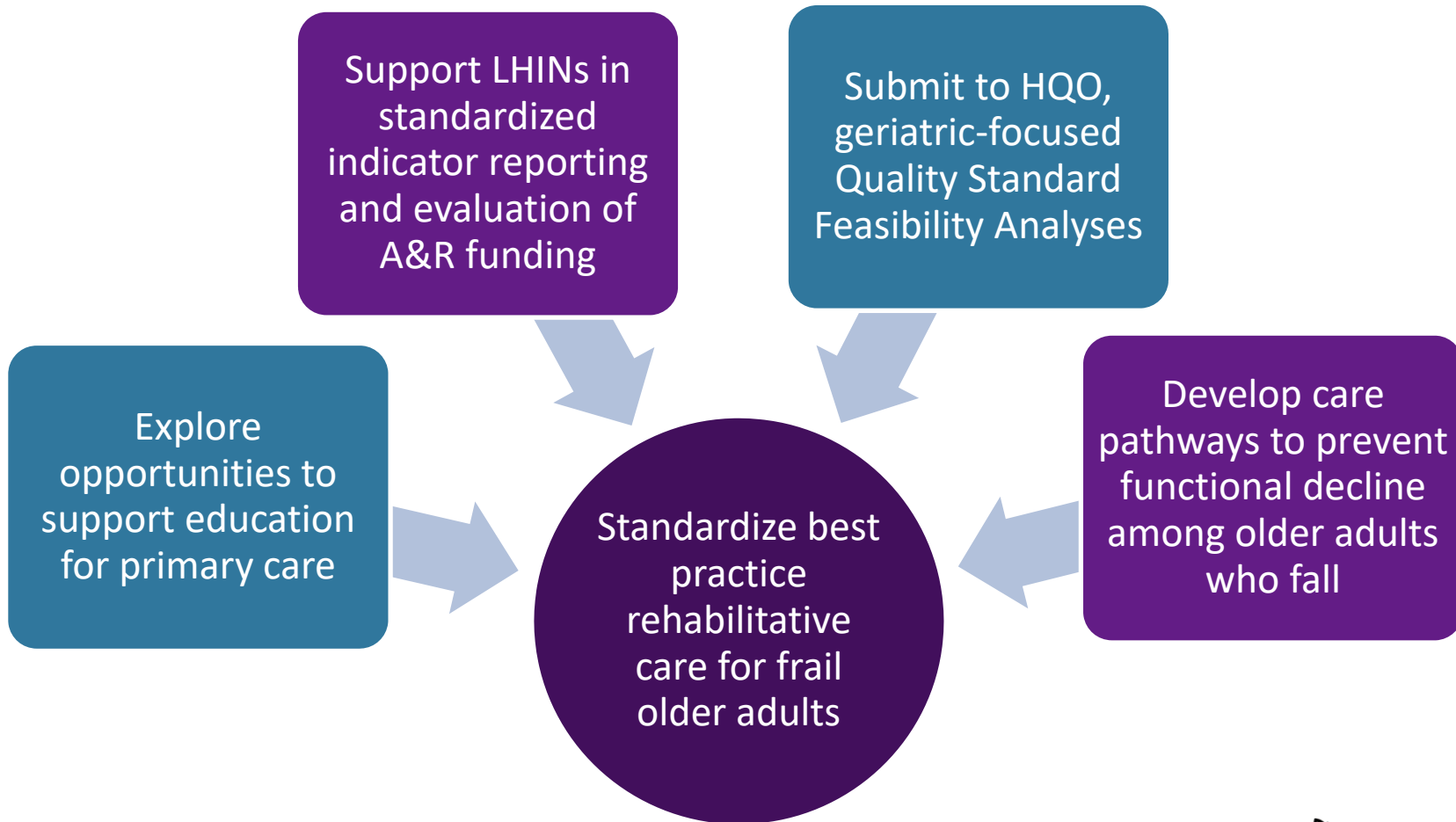
Assess & Restore/Frail Senior

...





Focus of work





Work to Date

- Summer Task Group met twice to complete the development of a pathway to rehabilitative care for frail older adults in the community presenting to primary care or the ED post-fall
- Draft post-fall pathway presented to the Patient and Caregiver Advisory Group, providing feedback and assistance in the development of the pathway.
- Analysis of the provincial impact of 2017/18 Assess & Restore funding in process
- Planning underway for the 2018 Assess & Restore Virtual Forum to be held in the fall



Next Steps

- ▲ Analysis and summary report of the provincial impact of 2017/18 Assess & Restore funding (to be released fall 2018)
- ▲ Finalize the pathway to rehabilitative care post-fall in frail older adults in the community when patients present to primary care or the ED with stakeholder input from patients, caregivers and clinicians
- ▲ Identify performance metrics to support evaluation of current practice, relative to the recommended care pathway
- ▲ Assess & Restore Knowledge Exchange Virtual Forum to be held November 1, 2018.



**Rehabilitative
Care Alliance**



Developing Directions for Mandate IV

...





Developing Directions for Mandate IV

- ▲ Preliminary meeting held with a key informant group of provincial stakeholders in May
- ▲ Met with Nancy Naylor prior to RCA forum in June
- ▲ Met with HQO to discuss directions of HQO Adoption Committee in August
- ▲ Met with interim executive directors of the new Provincial Geriatrics Leadership Office (PGLO) in August
- ▲ Meeting with Fredrika Scarth, Director, HQO Liaison and Program Development Branch and Melanie Kohn, Director, Hospitals Branch in September to discuss RCA initiatives relative to MOHLTC directions
- ▲ Holding internal meetings to review current initiatives and identify future directions for new and existing work.
- ▲ Will seek input from existing committees and LHIN Leads.
- ▲ RCA evaluation survey to be implemented Fall 2018



**Rehabilitative
Care Alliance**



Next Steering Committee Meeting



December 11, 2018

