Structural Innovation for System Success

Learnings from the Rehabilitative Care Alliance Model

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Over the past decade, rehabilitative care has increasingly been recognized as a key contributor to better patient outcomes and improved health system performance.

The Rehabilitative Care Alliance (RCA) has benefitted from, and contributed to, this enhanced status. Established in 2013 by Ontario's 14 Local Health Integration Networks (LHINs), the RCA works with partners across the province to strengthen and standardize rehabilitative care through better planning, performance management and evaluation and by supporting the integration of best practices across the care continuum.

The RCA is nearing completion of its second two-year mandate and has been highly successful in achieving its deliverables. A number of factors contributed to this success. This paper provides a brief overview of those factors in recognition that the RCA model may prove useful to other groups with a mandate to improve the health of specific populations across a broad provincial landscape.

Background

In 2009, a small group of thought-leaders came together to discuss challenges and opportunities in the rehabilitation and complex continuing care sector in Ontario. The resulting Rehab/CCC Expert Panel provided advice to the Ministry of Health and Long-Term Care (MOHLTC) on a number of issues but paused its work in 2012 in light of system changes and the direction set out in a number of key system reports. In addition, the evolution of the LHINs into well-established regional planning and funding bodies presented new opportunities for improved integration of rehabilitation/CCC within the system.

Responding to these changes in the landscape, the LHINs supported the creation of a new body—the Rehabilitative Care Alliance—that would be able to effect real change within the government's new *Action Plan for Health Care*.

The RCA was established by the LHINs in the spring of 2013. The RCA was given a two-year mandate and four key priorities:

- Develop common terminology, clear definitions and standards of practice for all levels of rehabilitative care across the continuum,
- Support monitoring and evaluation of rehabilitative care services and system performance by developing a capacity planning and evaluation toolkit,
- Develop a rehabilitative care approach for frail senior/medically complex populations, and
- Inform evaluation and planning by developing a comprehensive and standardized minimum data set for outpatient/ambulatory rehabilitation.

The RCA met all its deliverables in a highly cost-effective way and was funded for a second mandate (2015-2017) by the LHINs.

Structured for Success

The RCA has been successful not only in achieving its specific deliverables, but also in generating widespread support and presence within the rehabilitative care sector across the entire province. A number of key factors contributed to its success:

- ***Good planning***
  Spending dedicated time on planning prior to launching the RCA was the first success factor. "Measure twice, cut once" was the mantra of those involved. They recognized that as in carpentry, taking time early on would reap rewards later.

- ***Clear accountabilities***
  Establishing accountabilities was a key initial step. The planning team began with the question, "Who wins through our success?" and determined that the LHINs were an obvious choice as partner. A bridge between the MOHLTC and the "field," they would benefit from the work of the RCA, and one of the LHIN CEOs was willing to serve as the RCA's Co-chair. The LHINs were supportive, with the proviso that the RCA develop a detailed two-year mandate with specific milestones and targets that aligned with the Ministry-LHIN Accountability Agreements.

- ***Paid staff***
  The planning team knew that RCA targets would not be met if those involved were "working off the corner of their desks." As a result, the proposal to the LHIN CEOs included a paid secretariat. Dividing the cost of several staff among 14 LHINs made the investment manageable within each LHIN's discretionary funding envelope. By engaging the existing secretariat of the GTA Rehab Network, the RCA was able to hit the ground running by drawing on the Network's strong foundation of work, existing provincial contacts and rehab knowledge/expertise.

- ***Flexible organizational structure***
  The RCA's unique organizational structure includes both fixed and time-limited components. This provides a stable foundation, while ensuring functional flexibility to respond to the changing priorities of the system.

  Fixed components include a Steering Committee (accountable to the 14 LHIN CEOs and ultimately the MOHLTC), a Patient and Family Advisory Council (to ensure the patient's voice is always at the center of RCA work), a LHIN Liaison Group (to ensure LHIN staff leads responsible for rehabilitative care are engaged with the RCA's work) and a communications function to support ongoing engagement with all stakeholders. Time-limited components include task groups of LHINs and health service providers (management and health care professionals) formed to meet specific deliverables as laid out in the approved two-year mandate.

- ***Strong relationship with regional networks***
  A provincial body with a mandate to improve system performance requires a reach that is both broad and deep. The RCA has supported and been supported

by regional rehabilitative care networks, some of which existed previously and some of which came into being due to the RCA's stimulus. As the RCA began to develop and roll out policies and standardized approaches to care provision, many LHINs recognized the need for a local/regional implementation body to ensure effective adoption through the influence of local formal and informal leaders.

These LHIN-based networks have also provided the Steering Committee with invaluable regional feedback and real-time information from the field on how to optimize adoption of RCA recommendations and on challenges not previously identified. This two-way flow of information between the Steering Committee and the regional rehabilitative care networks has been a key enabler for success.

- ***Robust stakeholder engagement***
  The RCA committed from the outset to dedicate a significant amount of time to ongoing stakeholder engagement in a formalized and regular way. Stakeholders include the LHINs, MOHLTC, professional rehab associations and other provincial organizations such as the Ontario Hospital Association (OHA) and the Ontario Association of Community Care Access Centres (OACCAC), Health Quality Ontario, university rehabilitation councils, patients and families and individual hospitals across the province.

  This engagement has created rich and beneficial relationships. Especially important, stakeholders have alerted the RCA to "roadblocks" that could impede progress. As the RCA has emerged as the "go-to" body for rehabilitative care in Ontario, additional stakeholders from across Canada have sought out connections with the RCA.

- ***Communicate – communicate – communicate***
  From its inception, the RCA invested in a strong visual identity and an interactive communication strategy. The components of the communication strategy include a web presence, regular webinars, an annual conference and frequent presentation to key stakeholders. As work is completed in each of the mandate's priority areas, the website is immediately updated and hyperlinks are created to facilitate knowledge exchange. The RCA has also created toolkits to support stakeholders with process improvements in a number of areas. The RCA's positive brand has continued to strengthen as the RCA reaches its milestones on time and on budget.

- ***Clear targets***
  For each of its first two mandates, the LHIN CEOs approved the RCA's priority areas of focus and defined deliverables. The RCA then established a Task Group for each area of focus with a Chair or Co-chairs and membership recruited from across the province using a specific skills matrix. Each Task Group determined its terms of reference, a project charter, stated goals, timelines and specific milestones.

Task Groups play a key role in the RCA's success. The Chairs, who provide significant leadership and credibility to the RCA's work, include representatives from health service provider organizations and the OHA, a physician, and LHIN staff. Together with Task Group members, they offer a diversity of perspectives from across stakeholder groups and bring a breadth of experience and skills to their tasks. The ability of the Task Groups to consistently achieve stellar results is also aided by strong support from the RCA Secretariat.

- ***Strong, engaged leadership***

  The Co-chairs of the RCA have remained in these roles throughout the first two mandates, providing continuity and consistency at the strategic level. They bring extensive experience in the rehabilitation sector to their roles: one is a LHIN CEO with prior experience as a Rehab/CCC hospital CEO and as an allied rehab professional; the other is Chief Medical Officer in a Rehab/CCC hospital and an attending physician on a Stroke/Neuro rehabilitation unit. Both have worked closely with the MOHLTC.

  The Co-chairs are supported by an executive group of the Steering Committee comprised of key leaders from the Rehab/CCC sector that meets regularly to review progress against deliverables, operational issues and future directions. The full Steering Committee meets quarterly.

  The Executive Director and her staff monitor and support all activities of the RCA, attend Task Group meetings, and stay connected with the MOHLTC and the broader Rehab/CCC sector. The role of Executive Director and the secretariat as a significant success factor for the RCA cannot be overstated. The close working relationship between the Executive Director and the Co-chairs has allowed the RCA to stay focused on execution, achieve its targets and continue to engage all key stakeholders.

What's Next?

As the RCA approaches the end of its second two-year mandate, it has established itself as the "go-to" organization for rehabilitative care with a strong record of delivering actionable results. However, it is clear there is much work still to be done. With the support of the LHIN CEOs and the MOHLTC, the RCA is now considering its future with the intent of moving beyond short-term mandates to a more permanent presence in the rehabilitative care landscape. As it moves into this next stage, the RCA will continue to build on its success to date, providing excellent value for money and ultimately, better outcomes for patients and families across Ontario.

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