



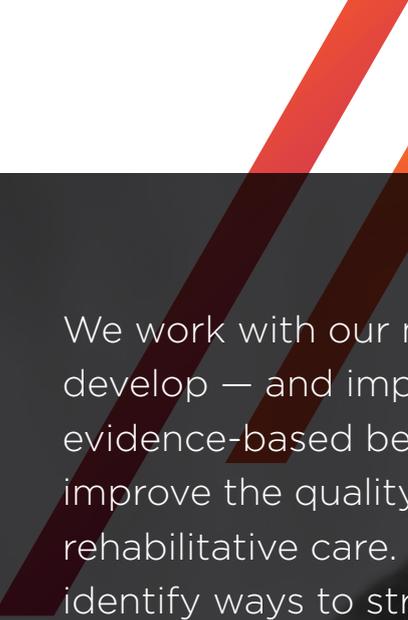
ANNUAL
REPORT
2017-18
IMPROVING
REHABILITATIVE
CARE IN THE GTA



BEST PRACTICES AND STANDARDIZED PROCESSES ARE KEY TO IMPROVING REHABILITATIVE CARE.



And the **GTA Rehab Network**
is a recognized leader in both.



We work with our members to develop — and implement — evidence-based best practices that improve the quality and safety of rehabilitative care. Together, we identify ways to streamline and standardize processes so that patients get rehabilitation when and where they need it. And we find ways to help our members and the GTA LHINs deliver rehabilitative care more efficiently.



At its core, our work is about patients. With members from across the acute, rehabilitative and community sectors, we are able to identify common issues that affect the rehabilitative care patients receive — and work together to address them.



OUR 2017-18 INITIATIVES

1 IMPROVING SAFETY DURING PATIENT TRANSFERS

When patients are transferred from acute care to rehabilitation/CCC, the process should be smooth and safe. But data gathered by Network members shows that problems arise when patients are transferred with missing or inaccurate information. The Network is using the findings to develop guidelines and best practices for transfer of accountability between organizations that will improve safety and the quality of patient care.

2 IMPROVING FLOW FOR HIP FRACTURE PATIENTS

Frail older adults with hip fracture often have complex medical or psychosocial issues that lead to long Alternate Level of Care stays in acute care. Although some of these patients have weight-bearing restrictions that delay rehabilitation, they would recover more successfully in a supportive, rehab-oriented setting. A Network initiative with the Toronto Stroke Networks is identifying issues and solutions to improve how patients with complex hip fractures or stroke move through their hospital stays. A demonstration project is planned for the fall.

3 MAINTAINING EARLIER ACCESS TO REHABILITATION

The Network continues to support hospitals that implemented earlier rehab referrals for patients with hip fractures. Ten acute care and 10 rehabilitation hospitals participated in the Network's quality improvement initiative designed to improve outcomes for patients by getting them to rehabilitation earlier. To help hospitals sustain their progress, the Network continues to audit their results while helping them to transition to internal data monitoring and follow-up.

4

ENHANCING KNOWLEDGE OF BEST PRACTICES

The Network's annual Best Practices Day drew more than 200 clinicians, researchers and policy/management professionals from across Ontario. The event showcased best practices and innovations in rehabilitation research and care, with a focus on clinical care across the continuum.

6

ENHANCING FLOW AND REDUCING INEFFICIENCIES

The Network continues to work with rehab/CCC and acute care hospitals to implement the Network's revised repatriation policy. The policy is designed to improve patient flow and the use of rehab/CCC beds when patients require readmission to acute care. A new guideline and resources were developed in consultation with stakeholders to ensure the policy is applied consistently.

5

IMPROVING ACCESS TO OUTPATIENT REHABILITATION

Major data gaps exist in outpatient rehabilitation, especially in the area of demand and unmet need. The Network is working with eight hospitals (with more to join) to gather and analyze outpatient data for all population groups. The initiative is capturing detailed information on referrals to help hospitals and LHINs better understand the demand for their outpatient rehabilitation services so they can plan for the future. The data will also allow the Network to assess community-based needs and access issues across the system.

7

SUPPORTING PROVINCIAL INITIATIVES

The Network is supporting members and the GTA LHINs as they participate in provincial efforts to standardize rehabilitative care. In particular, the Network is helping members to adopt and apply the frameworks developed by the Rehabilitative Care Alliance (RCA). The Network's ongoing role as secretariat to the RCA allows the Network to provide valuable insights to members as they implement provincial directions.

MEMBER-DRIVEN AND SUPPORTED

GTA REHAB NETWORK MEMBER ORGANIZATIONS

Chair: Malcolm Moffat

Vice-Chair: Dr. Gaétan Tardif

Rehabilitation/CCC Hospitals

Baycrest Health Sciences
Bridgepoint Active Healthcare/
Sinai Health System
Holland Bloorview Kids
Rehabilitation Hospital
Providence Healthcare
Runnymede Healthcare Centre
St. John's Rehab/Sunnybrook
Health Sciences Centre
Toronto Grace Health Centre
Toronto Rehab/UHN
West Park Healthcare Centre

Community Hospitals

Halton Healthcare
Humber River Hospital
Lakeridge Health
Mackenzie Health
Markham Stouffville Hospital
Michael Garron Hospital
North York General Hospital
Scarborough and Rouge Hospital
Southlake Regional Health Centre
St. Joseph's Health Centre
Trillium Health Partners
William Osler Health System

Acute Teaching Hospitals

Mount Sinai Hospital/
Sinai Health System
St. Michael's Hospital
Sunnybrook Health Sciences Centre
University Health Network

Home and Community Care

Central LHIN
Central East LHIN
Central West LHIN
Mississauga Halton LHIN
Toronto Central LHIN

Ex Officio Members

Regional Geriatric Program of Toronto
Toronto Acquired Brain Injury Network
University of Toronto

GTA Rehab Network Staff

Charissa Levy, Executive Director*†
Karen Allison, Office Manager†
Sue Balogh, Project Manager†
Sanja Milicic Iafrate, Project Manager
Sharon Ocampo-Chan, Project Manager

*staff shared with Toronto ABI Network

†staff shared with the Rehabilitative
Care Alliance

**CENTRAL LHIN • CENTRAL EAST LHIN • CENTRAL WEST LHIN •
MISSISSAUGA HALTON LHIN • TORONTO CENTRAL LHIN**