GTA REHAB Network

IMPLEMENT.

Standardized Definitions Frameworks

Best Practices

Patients First

Outpatient/ Ambulatory Data

QBPs

Bundled Care

CHANGE.

2016/17 ANNUAL REPORT

Provincial standards for rehabilitative care programs.

Evolving best practices.

Growing demand for measurable outcomes.

Rehabilitative care is changing and the GTA Rehab Network is helping our members and the GTA LHINs to respond. The Network is ideally positioned to provide this support.

WE ARE MEMBER DRIVEN.
We're responsive to the needs of our members and understand the pressures and challenges they face.

WE COORDINATE AND CREATE CONNECTIONS.
We play a critical coordinating role in the GTA, bringing stakeholders to the table to identify common challenges and find shared approaches.

WE PROVIDE EXPERTISE.
Our extensive knowledge of the system allows us to do a "deep dive" on issues that are important to members.

WE ARE DATA DRIVEN.
We help our members and the LHINs to gather and analyze data to clarify issues and inform decisions.

WE IDENTIFY AND IMPLEMENT SOLUTIONS.
Working with our members, we find realistic solutions – and implement them.

Improving patient outcomes and increasing efficiencies

Our members and the GTA LHINs look to us for support as they take action to improve patient outcomes and increase efficiencies across the system. Our 2016/17 initiatives reflect this.

We've worked with members to implement an early rehabilitation referral process for patients following surgery for hip fracture that improves care and reduces length of stay. We're helping hospitals to collect, analyze and report data on outpatient rehabilitation – an important step to better planning and evaluation. And we've helped rehabilitation/CCC hospitals reduce lost bed days through an improved repatriation policy for patients requiring acute care.

Together, we are implementing change.

Together, we are improving rehabilitative care.

2016/17 HIGHLIGHTS

1 IMPLEMENTING BEST PRACTICES TO STANDARDIZE ACCESS

Evidence suggests that patients with hip fractures should begin rehabilitation no later than six days following surgery. With coordination and support from the Network, 10 acute care and 10 rehabilitation hospital sites across five LHINs have implemented an early referral process and made significant progress toward the six-day goal. The quality improvement initiative and results are featured in a Healthcare Quarterly case study.

2 IMPROVING PLANNING THROUGH OUTPATIENT DATA

With the Network's support, seven hospitals in Toronto Central LHIN are reporting standardized data on outpatient rehabilitation. The data is providing valuable information to aid planning, including new insights into referrals, wait times and patient volumes for select quality-based procedures. The Network initiative informed the provincial initiative underway by the Rehabilitative Care Alliance and expands on that work.

3 ENHANCING FLOW AND REDUCING INEFFICIENCIES

The Network worked with rehab/CCC and acute care hospitals to revise the current bed-holding policy for rehabilitation patients that require admission to acute care. By shifting the focus from holding beds for these patients to prioritizing their readmission to rehabilitative care, the new policy reduces lost bed days and improves patient flow.

4 PROMOTING KNOWLEDGE EXCHANGE IN BEST PRACTICES

Clinicians, researchers and policy/management professionals from across Ontario attended the Network's annual Best Practices Day. The event profiled the newest rehabilitation research and innovations in care, providing an important opportunity for knowledge exchange and dissemination of best practices.

5 UPGRADING THE SEARCHABLE REFERRAL DATABASE

Designed as a tool to help providers find rehabilitation programs for their patients, Rehab Finder has increased the transparency and accountability of the referral process. Work is underway to upgrade the tool and align it with the new provincial definition frameworks. The changes will ensure it remains a valuable, one-stop source of comprehensive information on rehabilitative care.

6 SUPPORTING PROVINCIAL INITIATIVES

The Network's ongoing role as secretariat to the Rehabilitative Care Alliance (RCA) has allowed the Network to share its expertise and support provincial initiatives to standardize rehabilitative care across Ontario. Our enhanced understanding of RCA initiatives has also allowed us to better support Network members and the GTA LHINs as they implement these provincial directions.

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

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 Services
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

Community Care Access Centres

Central CCAC
Central East CCAC
Central West CCAC
Mississauga Halton CCAC
Toronto Central CCAC

Ex Officio Members

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

GTA Rehab Network Staff

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Financial Statements are available upon request.

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