Outpatient Rehab Data 2019-20 FY

KEY HIGHLIGHTS

October 2020

GTA REHAB Network

Background of Outpatient Rehab Reporting Initiative

- Since 2014-15, participating outpatient rehab programs* in Toronto region have been reporting outpatient rehab (OPR) data quarterly based on standardized definitions of data elements.
- Patient groups reported are:
  - Hip replacement, primary unilateral & bilateral
  - Knee replacement, primary unilateral & bilateral
  - Hip and knee revisions
  - Stroke
  - Hip fracture.

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Participating programs include: Sinai Health System/Bridgepoint Active Healthcare, Sunnybrook Health Sciences Centre (SHSC)/Holland Centre & St. John's Rehab, Unity Health Toronto/Providence Healthcare & St. Joseph's Health Centre, UHN/Altum Health & Toronto Rehab, West Park Healthcare Centre

Background of Outpatient Rehab Reporting Initiative

Value-Add of this Initiative

- Facilitated outpatient rehab programs' preparedness in reporting NACRS Clinic Lite when hip/knee bundle care was implemented
- Benchmarking across programs in Toronto region for quality improvement in data reporting and service provision
- Data used by the GTA Rehab Network to inform recommendations to the Ministry of Health which were successfully used to determine 2020-21 outpatient pricing for clinic-based rehab care for bilateral hip/knee and shoulder replacement
- Will utilize data to monitor impact of pandemic
  - Discharged volumes (current) compared with previous years
  - Proportion of patients seen exclusively virtual, exclusively onsite or hybrid

Key findings

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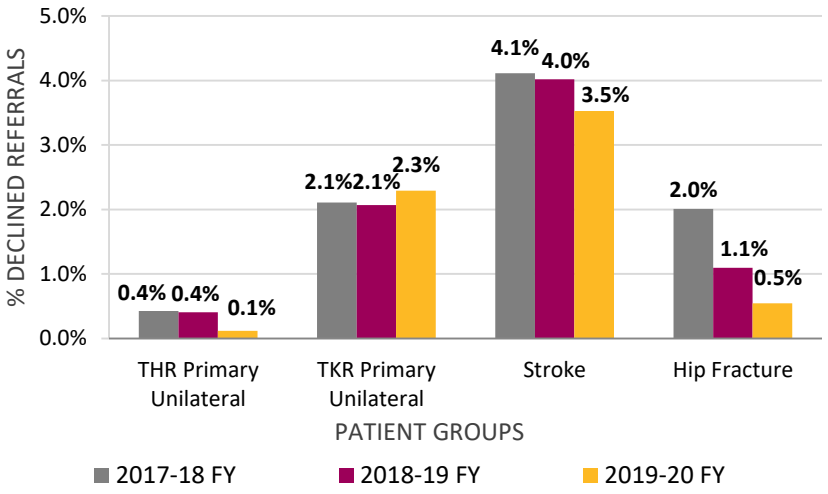
Declined referrals

- The proportion of **referrals declined remains low** in 2019-20.
- There was a **decrease** in the proportion of declined referrals in THR primary unilateral, stroke and hip fracture patient groups in 2019-20 as compared to the past 2 years.

Patient Group	Percentage of Declined Referrals 2019-20 FY
Primary unilateral THR	0.1%
Primary unilateral TKR	2.3%
Stroke	3.5%
Hip fracture	0.5%
TOTAL	2.1%

Proportion of declined referrals based on total referrals received for the same reporting period (2017-18, 2018-19 and 2019-20)



Findings reported **did not include** Unity Health Toronto/St. Joseph's Health Centre and UHN/Altum Health data as the programs were not able to report on this indicator.

Declined referrals: Primary decline reasons

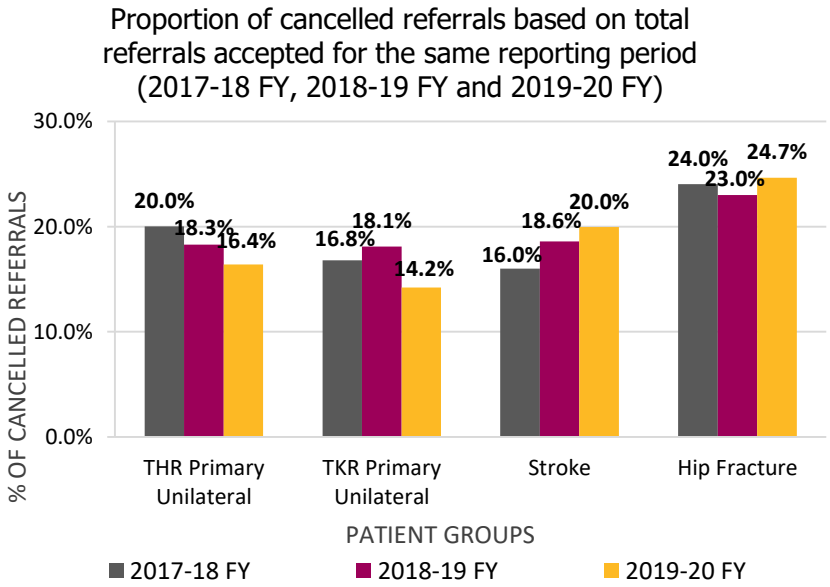
Patient Group	Primary Decline Reason(s) 2019-20 FY
Primary unilateral TKR	• Long admission wait time – cannot meet best practice access timeline (24/30)
Stroke	• Time since onset too long (17/52) • Patient already completed stroke OPR program elsewhere (15/52)
Primary unilateral THR	Declined referrals for this patient group was too low to report (i.e., less than 5)
Hip Fracture	Declined referrals for this patient group was too low to report (i.e., less than 5)

Findings reported **did not include** Unity Health Toronto/St. Joseph's Health Centre and UHN/Altum Health data.

Cancelled referrals

- In 2019-20, 559 outpatient referrals were cancelled across four patient groups in Toronto region. This represents the administrative workload involved in outpatient rehab sector that never had a first appointment.*
- As compared to 2018-19, there was an increase in the 2019-20 proportion of cancelled referrals for stroke and hip fracture.

Patient Group	Percentage of Cancelled Referrals 2019-20 FY
Primary unilateral THR	16.4%
Primary unilateral TKR	14.2%
Stroke	20.0%
Hip fracture	24.7%
TOTAL	18.4%



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Findings **did not include** SHSC/Holland Centre, Unity Health Toronto/St. Joseph's Health Centre and UHN/Altum Health's OPR data.

* In comparison, 681 outpatient referrals were cancelled in 2017-18 and 722 outpatient referrals were cancelled in 2018-19 across the four patient groups in Toronto region.

Cancelled referrals: Primary cancellation reasons

The top two cancellation reasons based on patient group were:

Primary Unilateral THR	• Attended other outpatient program (13/60) • Required or admitted to inpatient rehab (10/60) • Patient cancelled referral (10/60)
Primary Unilateral TKR	• Attended other outpatient program (37/128) • Require or admitted to inpatient rehab (25/128)
Stroke	• Patient cancelled referral (78/281) • Attempted – no contact with patient (78/281) • Attended other outpatient program (53/281)
Hip Fracture	• Attempted – no contact from patient (35/90) • In acute or medically not ready (14/90)

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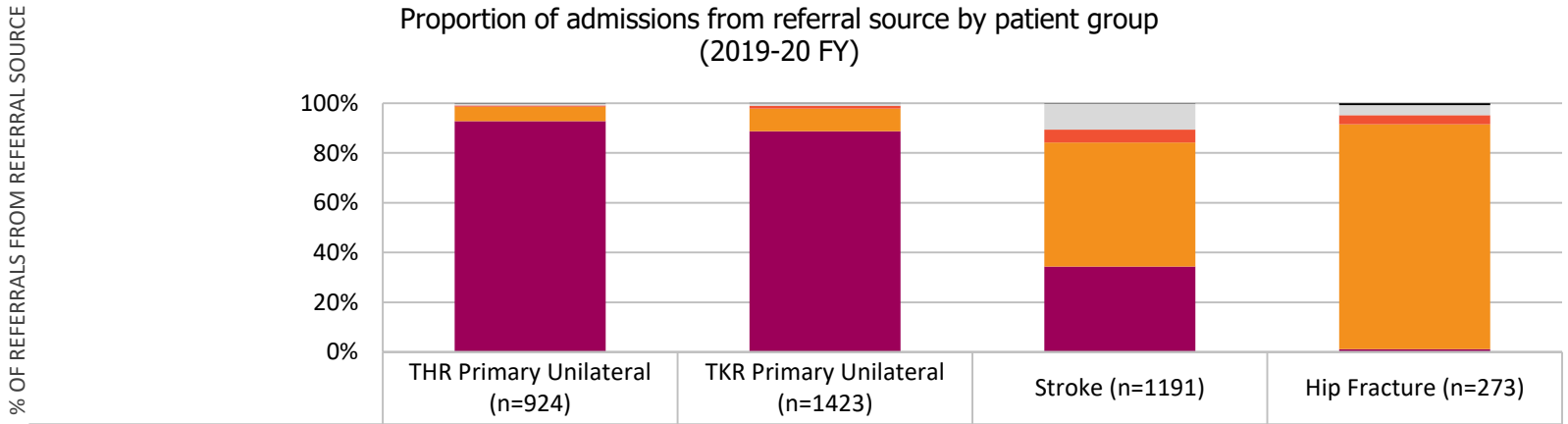
Findings reported **did not include** SHSC/Holland Centre, Unity Health Toronto/St. Joseph's Health Centre and UHN/Altum Health's OPR data as programs were not able to report on this indicator.

Admitted referrals based on referral source

- Acute care was the main referral source for primary unilateral THR/TKR outpatient rehab.
- Internal inpatient/outpatient rehab/CCC was the main referral source for stroke and hip fracture.



	THR Primary Unilateral (n=924)	TKR Primary Unilateral (n=1423)	Stroke (n=1191)	Hip Fracture (n=273)
Others	0.0%	0.0%	0.0%	0.0%
Home and Community Care	0.1%	0.1%	0.1%	0.7%
Physician Grp	0.8%	0.9%	10.5%	4.0%
External inpt/OP Rehab &CCC	0.5%	1.1%	5.2%	3.7%
Internal inpt/OP Rehab & CCC	5.8%	9.1%	49.9%	90.5%
Acute Care	92.7%	88.8%	34.3%	1.1%

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Findings reported **did not include** UHN/Altum Health's OPR data as the program was not able to report on this indicator.

Acute care admission source by LHIN

Reflects patients admitted to outpatient rehab directly from acute care

Patient Group (n=number of referrals admitted from acute care)	Primary acute care source by LHIN	Proportion of admission
Primary unilateral THR (n=857)	Toronto Central LHIN	95.9%
Primary unilateral TKR (n=1,263)	Toronto Central LHIN	92.0%
Stroke (n=409)	Toronto Central LHIN Central LHIN Central East LHIN	51.1% 34.2% 10.8%
Hip Fracture (n<5)	The percentage of admission was not reported as volume was too low.	

Findings reported **did not include** UHN/Altum Health's OPR data.

Admission wait time based on best practice recommendation

Patient Group	Admission wait time 2019-20 FY
Primary unilateral THR	**30.6%** (262/857) of admitted patients were seen within week 5 post-acute care discharge. ***Best practice*** *recommends outpatient rehab start 2-6 weeks post acute care discharge.*
Primary unilateral TKR	**68.1%** (860/1263) of admitted patients were seen within 7 days post-acute care discharge. ***Best practice*** *recommends outpatient rehab begin within 7 days of an acute care discharge.*
Stroke	The proportion of admitted patients seen within 7 days: • **35.0%** (143/409) post-acute care discharge • **37.2%** (221/593) post-internal inpatient/outpatient rehab or CCC program discharge • **6.5%** (4/62) post-external inpatient/ outpatient rehab or CCC program discharge ***Best practice*** *recommends outpatient rehab for stroke should be available within 48 hours of discharge from acute care or within 72 hours of discharge from inpatient rehabilitation.*
Hip Fracture	The volume admitted from acute care was too low to report (n<5) cases. ***Best practice*** *recommends outpatient rehab to commence no later than one week following an acute care discharge.*

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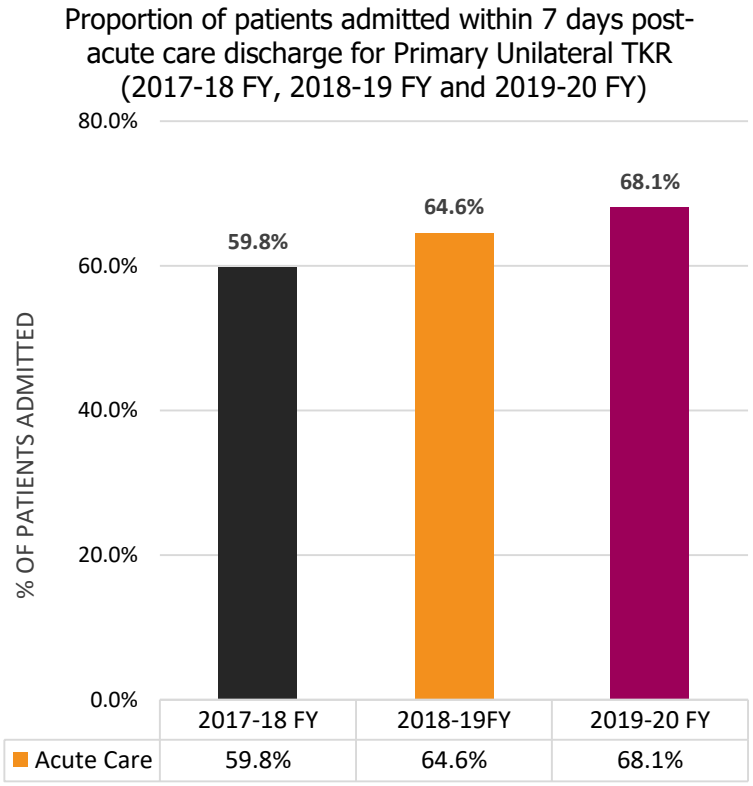
Findings reported **did not include** UHN/Altum Health's OPR data as the program was not able to report on this indicator. SHSC/Holland Centre, UHN/Altum Health and Unity Health Toronto/St. Joseph do not provide services to stroke and hip fracture patient groups.

Admission wait time: three-year comparison (primary unilateral TKR)

There was an **increase** in the 2019-20 proportion of patients admitted within 7 days following acute care discharge for primary unilateral TKR as compared to 2017-18 and 2018-19 fiscal years, **representing system improvement**.

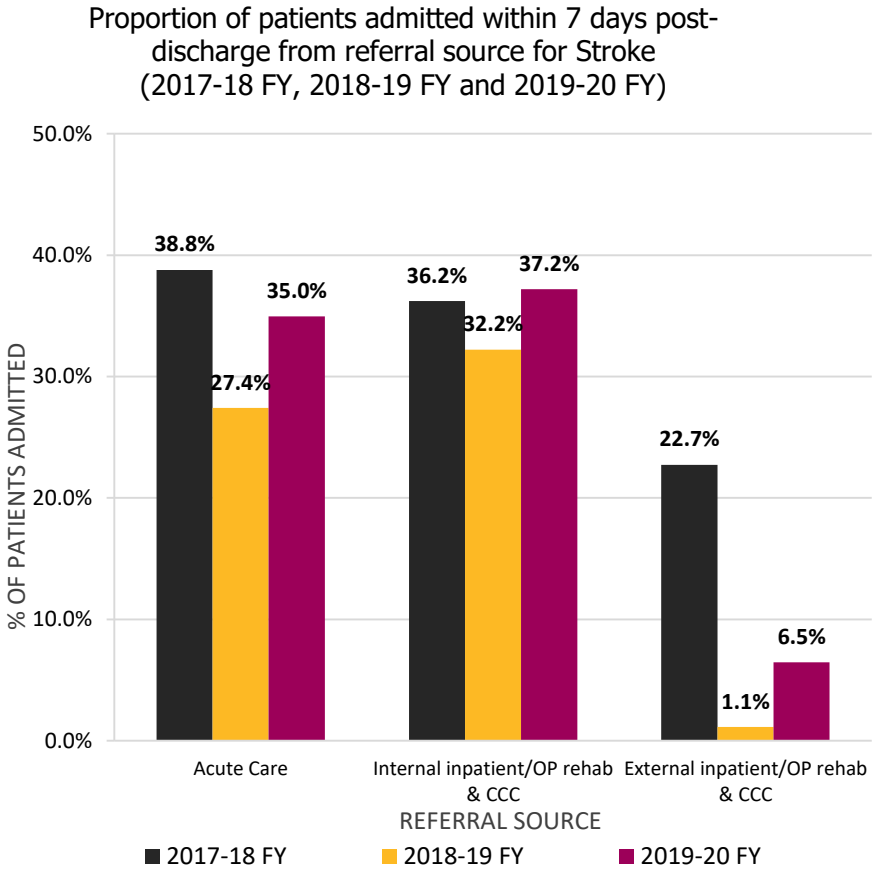


Findings reported **did not include** UHN/Altum Health's OPR data as the program was not able to report on this indicator

Based on best practice recommendation, outpatient rehab should begin within 7 days of discharge from acute care.

Admission wait time: three-year comparison (stroke)

As compared to 2018-19, there was an **increase** in the 2019-20 proportion of patients post-stroke admitted within 7 days from acute care, internal rehab/CCC and external rehab referral sources, **representing system improvement**.



Findings reported **did not include** SHSC/Holland Centre, UHN/Altum Health and Unity Health Toronto/St. Joseph as the programs do not provide services to stroke patient group.
Based on best practice recommendation, outpatient rehab for stroke should be available within 48 hours of discharge from acute care or within 72 hours of discharge from inpatient rehabilitation. This working group agreed to monitor admission wait time based on 7 days post-discharge from acute care and inpatient rehabilitation referral sources.

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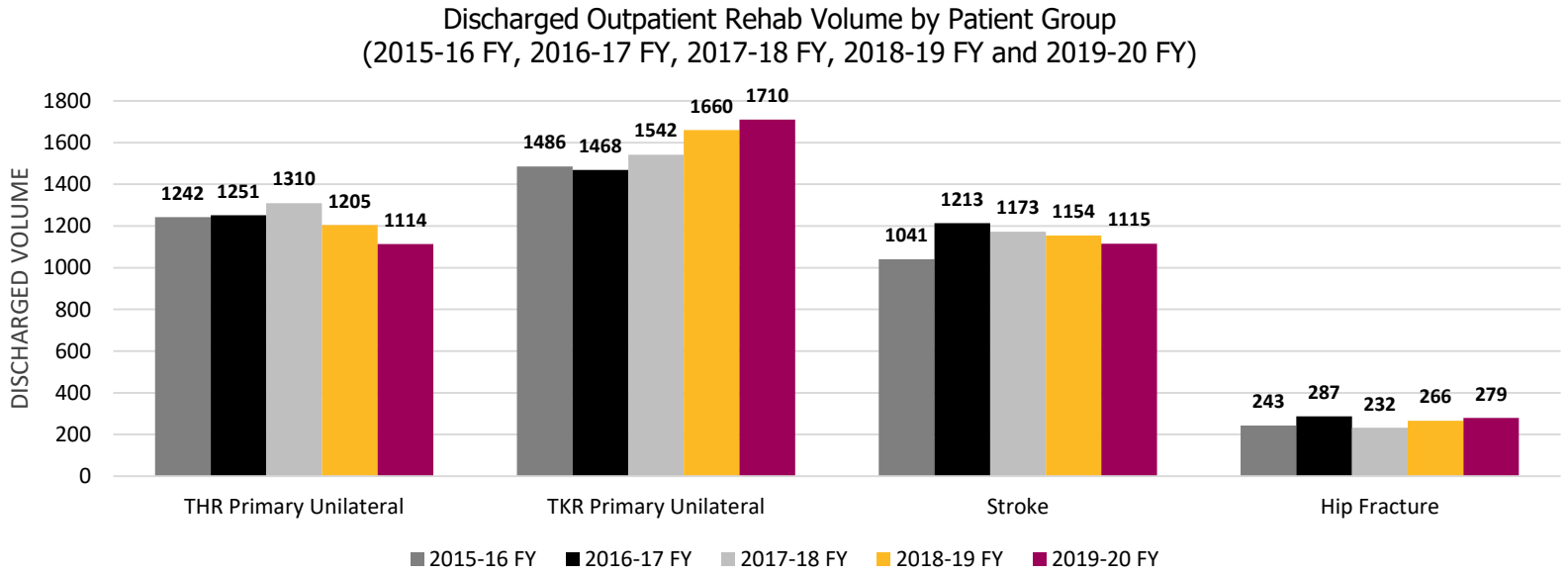
Discharge reasons

- Majority of patients completed their outpatient rehab program across the four patient groups.
- Patient choice was the main reason for incomplete treatment.

Proportion of Patients based on OPR Discharge Reason 2019-20 FY				
Reason for Discharge from Outpatient Rehab	PATIENT GROUP			
	Primary Unilateral THR (n=473)	Primary Unilateral TKR (n=962)	Stroke (n=1115)	Hip Fracture (n=279)
1. Treatment Completed	87.3%	92.2%	85.8%	87.5%
2. Treatment Incomplete				
• Change in medical status	1.7%	1.0%	5.1%	4.3%
• Transferred to other OPR program	0.9%	0.8%	0.5%	0.4%
• Patient Choice	6.8%	4.0%	6.8%	6.1%
• Unknown/Other	3.4%	2.0%	1.7%	1.8%

Findings reported **did not include** SHSC/Holland Centre and Unity Health Toronto/St. Joseph's OPR data.

Discharged volume by patient group: five-year comparison



The discharged volume for 2019-20:

- **Increased** for primary unilateral TKR since 2016-17 and hip fracture since 2017-18
- **Decreased** for primary unilateral THR since 2017-18 and stroke since 2016-17

Unilateral hip & knee bundled care pilot program started – voluntary participation
Unilateral hip & knee bundled care implemented

Contact Information

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