

Outpatient Rehab Data 2020-21 FY Summary

KEY HIGHLIGHTS



Background of outpatient rehab data reporting initiative

Since 2014-15, participating outpatient rehab programs in the 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

Participating programs include: Sinai Health System/Bridgepoint Hennick Hospital, 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 data reporting initiative

Value-Add of this Initiative

- Facilitated outpatient rehab programs' preparedness in reporting NACRS Clinic Lite when hip/knee bundle care was implemented
- Enabled benchmarking across programs in the Toronto region for quality improvement in data reporting and service provision
- Supported recommendations that were adopted by the Ministry of Health on 2020-21 outpatient pricing for clinic-based rehab care for bilateral hip/knee, which was validated by this data initiative
- Monitoring impact of the pandemic on outpatient rehab discharged volumes and proportion of patients seen exclusively virtual, exclusively onsite or hybrid of both

Summary

Outpatient rehab volumes:

- The 2020-21 outpatient rehab discharged volumes have decreased for primary unilateral total hip replacement (THR) and total knee replacement (TKR), stroke and hip fracture as compared to previous years.
- The percent difference in 2020-21 OPR volumes as compared to 2019-20 ranged from -29% to -65%.

Format of services received by patients:

- The proportion of patients who received exclusively onsite services throughout the whole episode of care was higher for the orthopaedic patient groups (i.e., 80% of cases received exclusively onsite services for primary unilateral THR, 57% for primary unilateral TKR and 45% for hip fracture).

Summary

Episode of Care & Attendances (of completed cases):

- Overall, most of the programs had a lower average attendance in primary unilateral TKR, stroke and hip fracture as compared to best practice recommendations and previous fiscal year.
- » Recommendation: To continue monitoring these indicators

Declined and Cancelled Referrals:

- Declined referrals remained low in 2020-21.
- 20% of referrals were cancelled with 'patient cancelling referrals' as the main reason common across the four patient groups.

Summary

Admission wait time

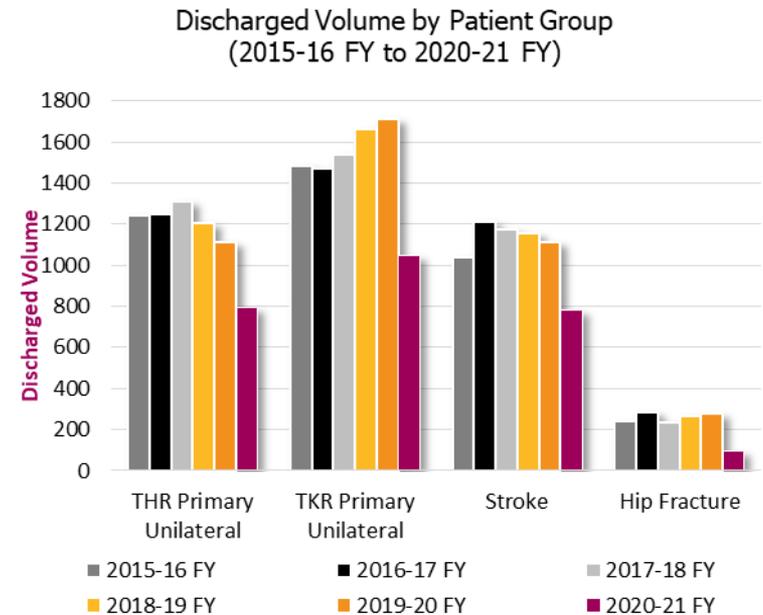
- The proportion of patients admitted within 7 days (i.e., best practice) for primary unilateral TKR has continued to improve since 2017-18.
- There was a decrease in the proportion of patients post-stroke admitted within 7 days from acute care & internal rehab referral sources in 2020-21 as compared to 2019-20.



Key findings: Financial performance indicators

Discharged volume by patient group (six-year comparison)

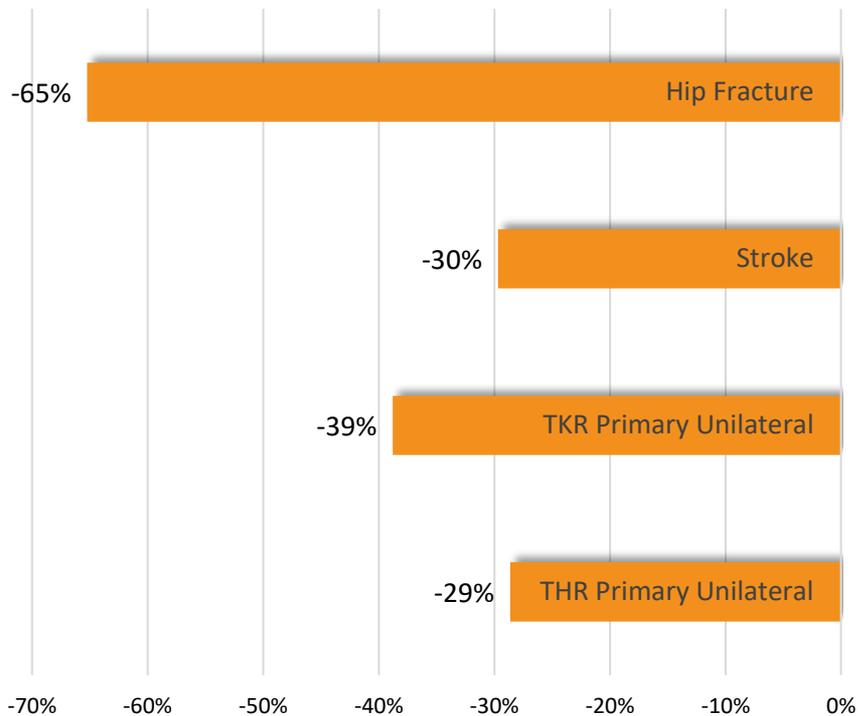
Patient group	Average discharged volumes for 5 years (2015-16 FY to 2019-20 FY)	Discharged volume (2020-21 FY)
Primary unilateral THR	1224	793
Primary unilateral TKR	1573	1046
Stroke	1139	784
Hip fracture	261	97



The 2020-21 outpatient rehab volumes significantly decreased across all four patient groups.

Discharged volume by patient group (two-year comparison)

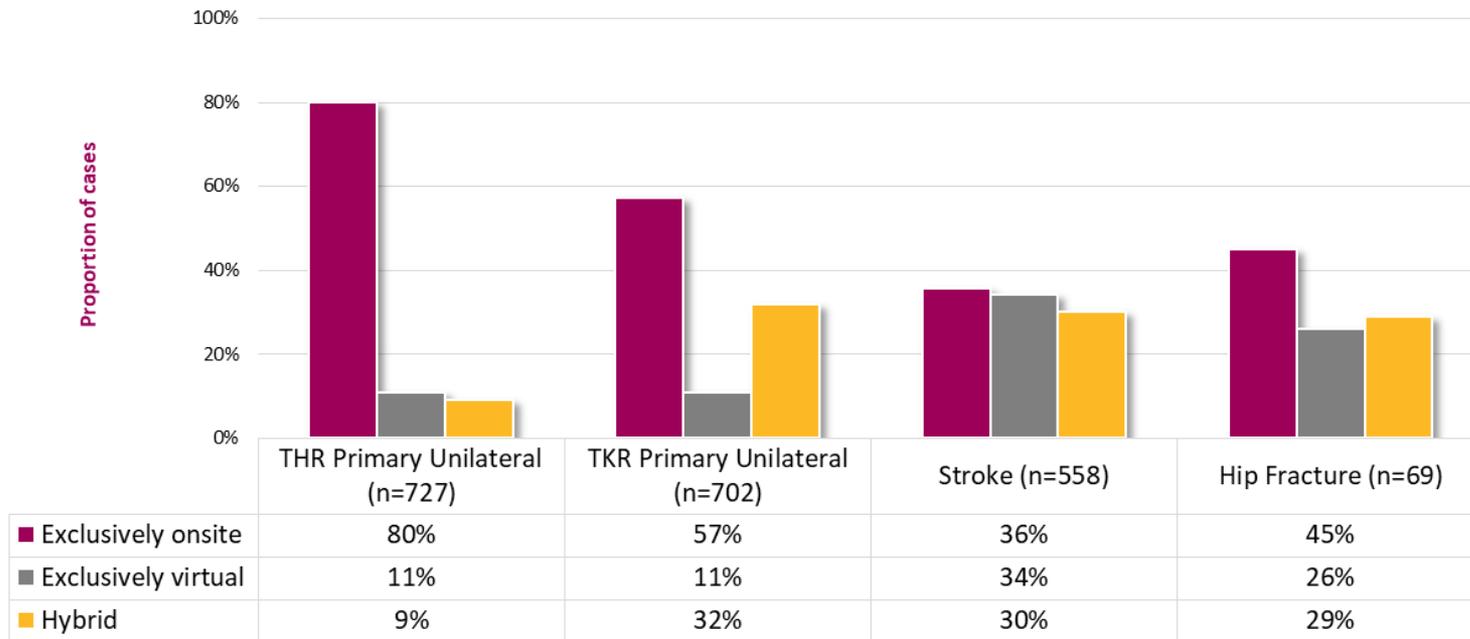
Percent change in OPR discharged volumes by patient groups
(2019-20 FY vs 2020-21 FY)



The 2020-21 change in discharged volume as compared to 2019-20 ranged from -29% to -65% for the four patient groups across the reporting Toronto outpatient rehab programs.

Format OPR services received

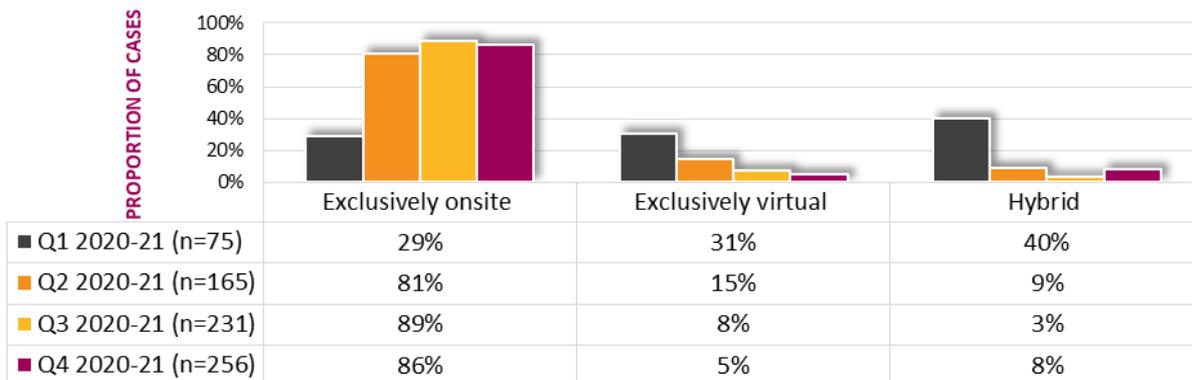
Format services received for the full episode of care by patient group (2020-21 FY)



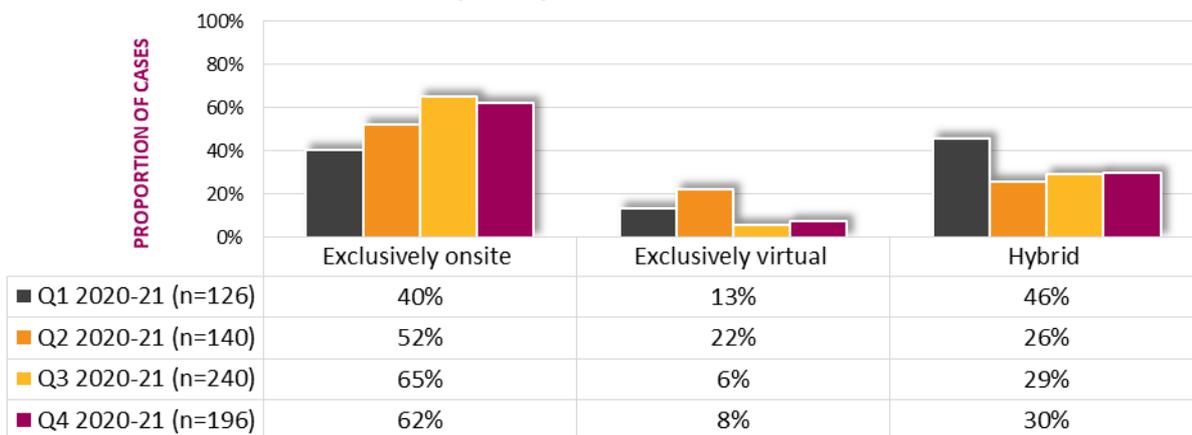
The proportion of patients who received exclusively onsite services throughout the whole episode of care was higher for the orthopaedic patient groups.

Format OPR services received by reporting period: THR & TKR primary unilateral

Format services received for the full episode of care by organizations for primary unilateral THR



Format services received for the full episode of care by organizations for primary unilateral TKR

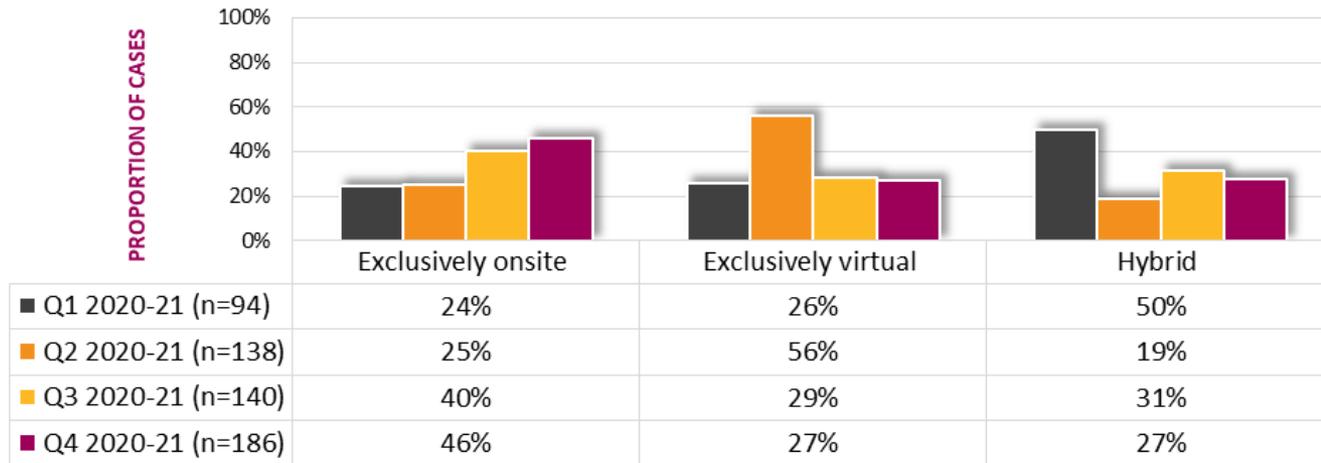


By Q3/Q4, the proportion of patients who received exclusively onsite services was

- ~80+% of primary unilateral THR
- ~60+% of primary unilateral TKR

Format OPR services received by reporting period: stroke

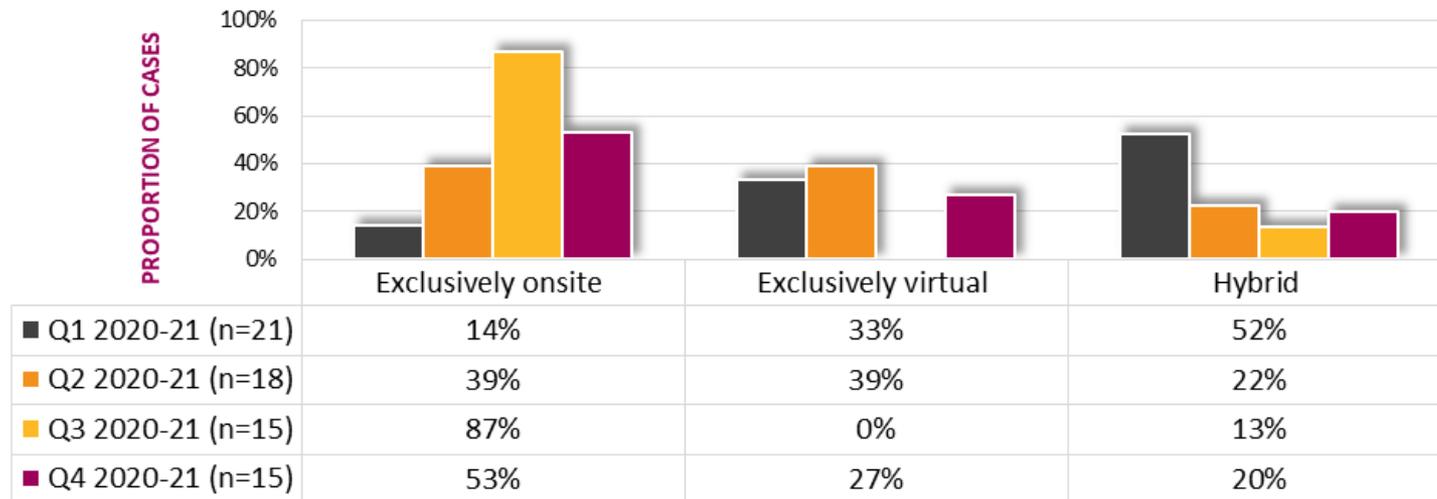
Format services received for the full episode of care by organizations for stroke



By 2020-21 Q4 (~ wave 3 of the pandemic), 46% of the cases received exclusively onsite treatment. Patients post-stroke also continued to receive either exclusively virtual or hybrid rehab treatment approaches for the full episode of care.

Format OPR services received by reporting period: hip fracture

Format services received for the full episode of care by organizations for hip fracture



There was a shift back to relying on virtual and hybrid treatment approaches in Q4 as compared to Q3. This shift may be due to start of wave 3 of the pandemic &/or patient needs.

Episode of care and attendances for treatment completed cases

Patient group	Average length of episode of care	Average physiotherapy &/or kinesiology attendances
Primary unilateral total hip replacement	Range across participating OPR: 5 – 10 weeks	Range across participating OPR: 4 – 7 physiotherapy &/or kinesiology attendances
<p><i>Best practice recommendation:</i> <i>Usual progression: 1-2 group sessions or 1:1 session 2-6 weeks after acute care discharge.</i> <i>Slow progression: Up to 8 sessions after initial session</i></p>		

For the primary unilateral hip patient group, the average attendances in most of the outpatient rehab programs were higher than best practice (usual progression) (i.e., minimum of 4 PT &/or Kinesiology attendances).

Episode of care and attendances for treatment completed cases

Patient group	Average length of episode of care	Average physiotherapy &/or kinesiology attendances
Primary unilateral total knee replacement	Range across participating OPR: 6 – 11 weeks	Range across participating OPR: 6 – 12 physiotherapy &/or kinesiology attendances
<p><i>Best practice recommendation:</i> <i>Usual progression: Requires 2x/week for 6-7 weeks.</i> <i>Slow progression: Up to 12-15 treatment visits 1:1.</i></p>		

In the primary unilateral knee patient group, the average PT &/or Kinesiology attendances in most of the outpatient rehab programs were lower than best practice (usual progression). One program had a longer average length of episode of care.

Episode of care and attendances for treatment completed cases

Patient group	Average length of episode of care	Average physiotherapy & occupational therapy attendances *
Stroke	Range across participating OPR: 12 – 19 weeks	Range across participating OPR: 6 – 16 physiotherapy (PT) attendances 7 – 24 occupational therapy (OT) attendances
<p><u>Best practice recommendations</u> for Community-based OPR model: 2-3x/week for 8-12 weeks for the following profession: PT, OT and SLP. <i>The Fast Track program of UHN/Toronto Rehab is monitored separately to support system planning.</i></p>		

For stroke patient group, the average attendances of PT and OT were lower in most of the outpatient rehab programs than best practice recommendations.

Three outpatient rehab programs had a longer average length of episode of care as compared to best practice. This trend was observed pre-pandemic and attributed to the staggered start of interprofessional intervention.

Episode of care and attendances for treatment completed cases

Patient group	Average length of episode of care	Average health professional attendances *
Hip Fracture	Range: 8 – 20 weeks	Range across participating OPR: 8 – 14 all health professional attendances, except nursing visits
<p><i>Best practice recommendation:</i> <i>Average 2x/week for 8 weeks (ranging from 6 to 12 weeks) for all health professions.</i></p>		

In hip fracture patient group, the average total health professional attendances in all outpatient rehab programs were lower than best practice recommendations.

Two of five outpatient rehab programs had a longer average length of episode of care as compared to best practice.



Key findings: Access and transition indicators

Declined referrals and reasons

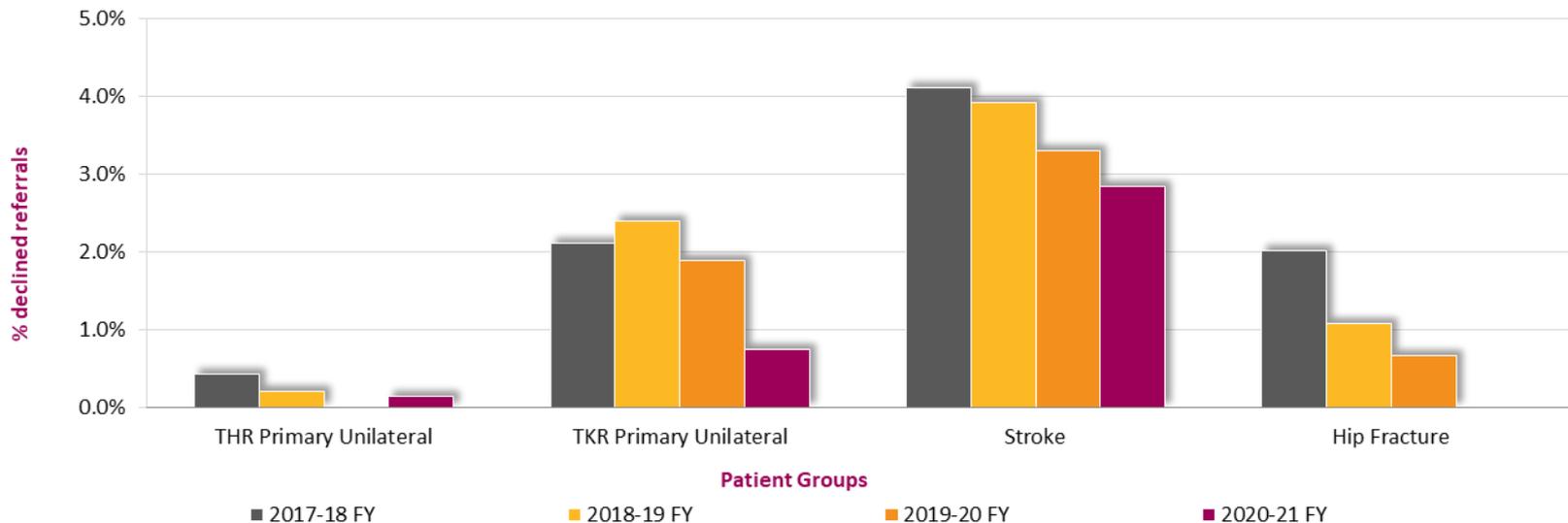
Patient Group	Percentage of Declined Referrals		Main decline reason 2020-21 FY
	2020-21 FY		
Primary unilateral THR	0.1%	<5/735	Not applicable ¹
Primary unilateral TKR	0.7%	5/676	Time since surgery was too long (n<5)
Stroke	2.8%	30/1055	Time since onset too long (n=15)
Hip fracture	0.0%	0/139	Not applicable
TOTAL	1.4%	36/2605	

¹ Identifying the primary decline reason was not meaningful as volume was too low.

The proportion of declined referrals remained low in 2020-21.

Declined referrals (four-year comparison)

Proportion of declined referrals based on total referrals received for the same reporting period
(2017-18 FY, 2018-19 FY, 2019-20 FY, 2020-21 FY)



There was a decrease in the proportion of declined referrals

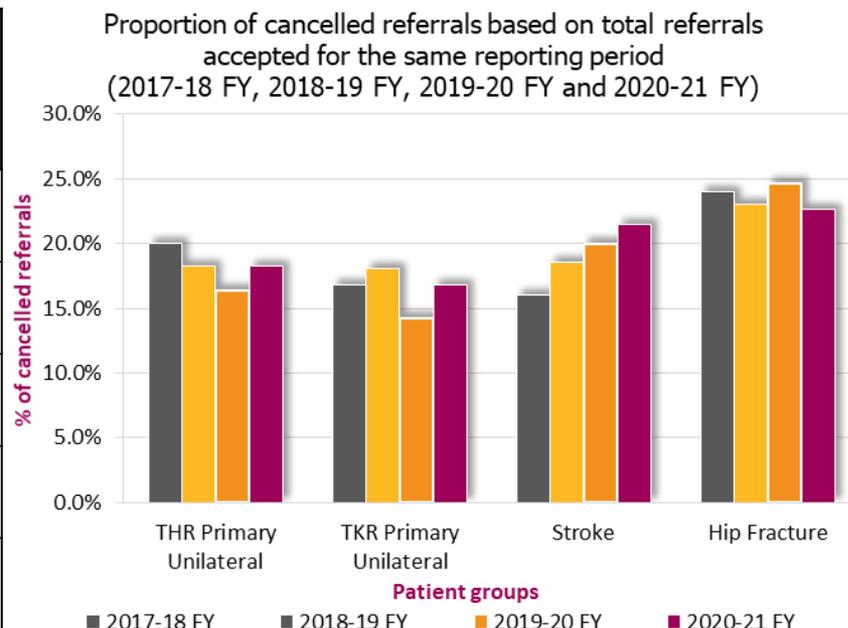
- since 2018-19 for primary unilateral knee
- since 2017-18 for primary unilateral hip, stroke and hip fracture

Cancelled referrals

In 2020-21, 387 referrals (20%) were cancelled across the four patient groups.

There was an observed increase in the proportion of cancelled referrals in 2020-21 as compared to 2019-20 for primary unilateral hip/knee and stroke.

Patient Group	Percentage of Cancelled Referrals	2020-21 FY
Primary unilateral THR	18.3%	53/290
Primary unilateral TKR	16.8%	83/495
Stroke	21.5%	220/1025
Hip fracture	22.6%	31/137
TOTAL	19.8%	387/1947



Primary cancellation reasons

Total referrals cancelled by patient group	Top Referral Cancellation Reason 2020-21 FY
Primary Unilateral THR (n=53)	<ul style="list-style-type: none"> Require or admitted to inpatient rehab program (23%, n=12) Patient cancelled referral (23%, n=12)
Primary Unilateral TKR (n=83)	<ul style="list-style-type: none"> Patient cancelled referral (29%, n=24) Attended another outpatient rehab program (24%, n=20)
Stroke (n=220)	<ul style="list-style-type: none"> Patient cancelled referral (29%, n=64) Attempted – no contact from patient (27%, n=59)
Hip Fracture (n=31)	<ul style="list-style-type: none"> Patient cancelled referral (39%, n=12) Attempted – no contact from patient (35%, n=11)

Outpatient rehab admission from acute care by OH region

Patient Group (n=number of referrals admitted from acute care)	Primary acute care source by LHIN	Proportion of admission ¹
Primary unilateral THR (n=583)	OH Toronto	93%
	OH Central	6%
	OH East	1%
Primary unilateral TKR (n=713)	OH Toronto	89%
	OH Central	8%
	OH East	2%
Stroke (n=285)	OH Toronto	60%
	OH Central	36%
	OH East	4%
Hip Fracture (n=9)	OH Toronto	78%

Acute care referral hospitals were categorized based on Ontario Health regions.

- **OH Toronto region** includes Toronto Central LHIN acute care organizations.
- **OH Central region** includes Humber River Hospital, North York General Hospital, Mackenzie Health, Markham Stouffville Hospital, Southlake Regional Health Centre, Trillium Health Partners, William Osler Health System and Halton Healthcare.
- **OH East region** includes Lakeridge Health and Scarborough Health Network.

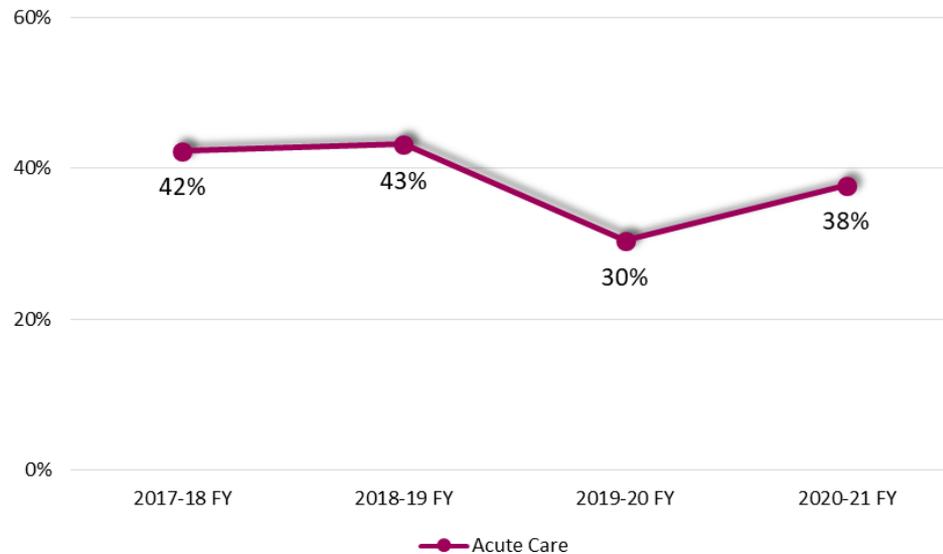
Admission wait time based on best practice recommendation



Patient Group	Admission wait time 2020-21 FY
Primary unilateral THR	<p>38% (220/583) of admitted patients were seen within week 5 post-acute care discharge.</p> <p><i>Best practice recommends outpatient rehab start 2-6 weeks post acute care discharge.</i></p>
Primary unilateral TKR	<p>78% (559/713) of admitted patients were seen within 7 days post-acute care discharge.</p> <p><i>Best practice recommends outpatient rehab begin within 7 days of an acute care discharge.</i></p>

Admission wait time: four-year comparison (primary unilateral THR)

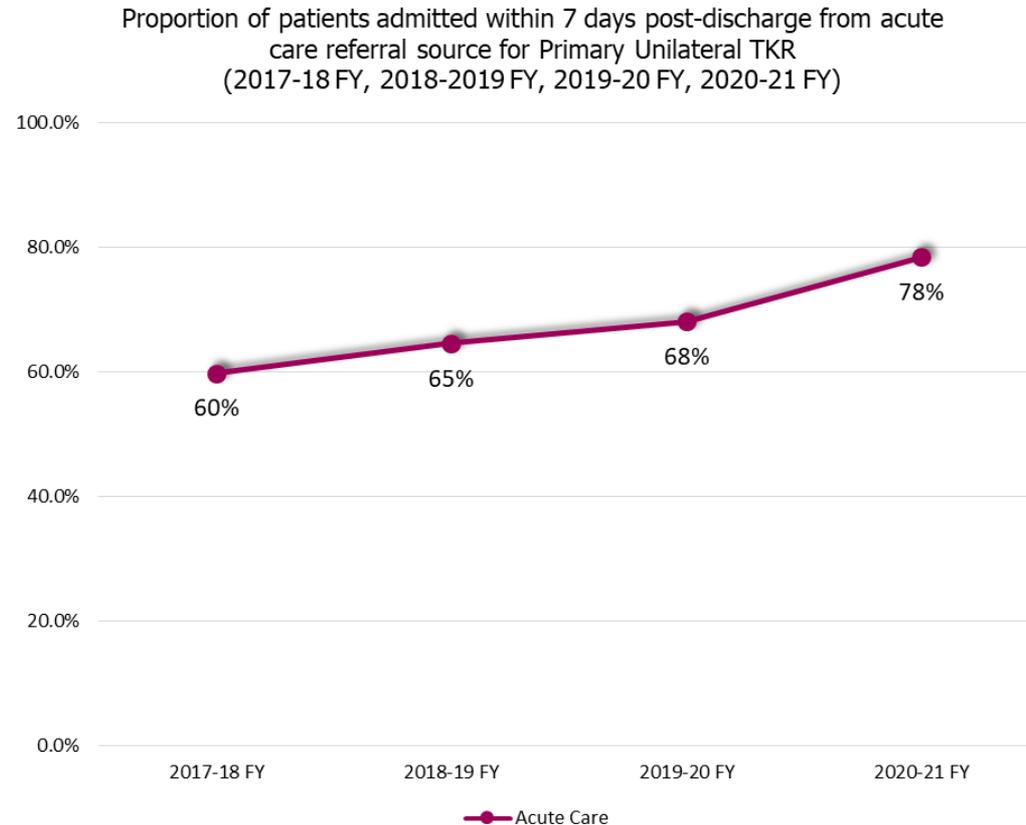
Proportion of patients admitted within week 5 post-discharge from acute care referral source for Primary Unilateral THR (2017-18 FY, 2018-2019 FY, 2019-20 FY, 2020-21 FY)



The 2020-21 proportion of patients admitted within week 5 following acute care discharge for primary unilateral THR has increased as compared to 2019-20, but lower than the previous two years.

***Best practice** recommends outpatient rehab start 2-6 weeks post acute care discharge.*

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



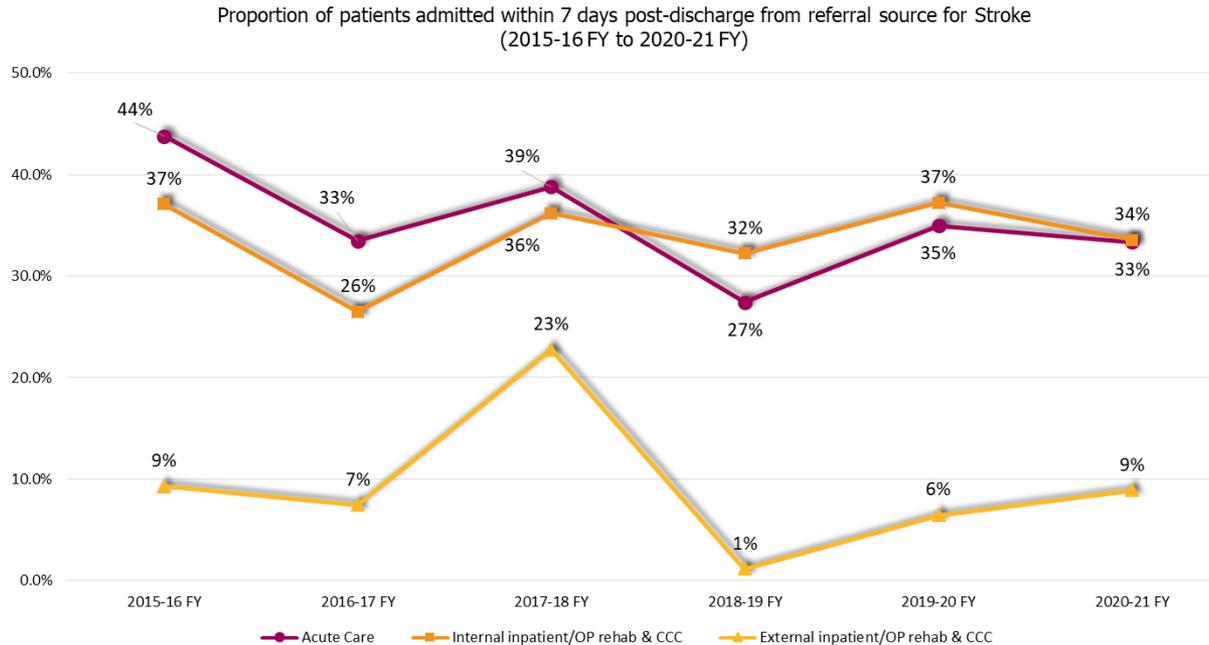
The proportion of patients admitted within 7 days following acute care discharge for primary unilateral TKR has steadily **increased** since 2017-18.

Best practice recommends outpatient rehab begin within 7 days of an acute care discharge

Admission wait time based on best practice recommendation

Patient Group	Admission wait time 2020-21 FY
Stroke	<p>The proportion of admitted patients seen within 7 days:</p> <ul style="list-style-type: none">• 33% (95/285) post-acute care discharge• 34% (149/444) post-internal inpatient/outpatient rehab or CCC program discharge• 9% (<5/45) post-external inpatient/ outpatient rehab or CCC program discharge <p><i>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.</i></p>
Hip Fracture	<p>The volume admitted from acute care within 7 days was too low to report (n<5) cases.</p> <p><i>Best practice recommends outpatient rehab to commence no later than one week following an acute care discharge.</i></p>

Admission wait time: six-year comparison (stroke)



As compared to 2019-20, there was a **decrease** in the 2020-21 proportion of patients post-stroke admitted within 7 days from acute care & internal rehab referral sources.

***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.*



For questions, please contact:
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