

Environmental Scan: Demand and Unmet Needs Initiative in Outpatient Rehab

Based on 2017/18 Q3 Data Collection of
Participating Outpatient Rehab Programs

January 2019



Background of the Initiative

Since the 2014 Toronto Central LHIN pilot¹ of performance measures for outpatient rehab sector, the GTA Rehab Network has been supporting health service providers of the Outpatient Rehabilitation (OPR) Data Working Group² in analyses of these performance measures for total joint replacement, stroke and hip fracture in an effort to improve data quality and monitor trends.

¹ GTA Rehab Network (2015). Piloting a minimum dataset for outpatient rehabilitation: Lessons learned. Available from http://www.gtarehabnetwork.ca/uploads/File/reports/OPR_Data_Pilot_Report_Feb_2015_final.pdf

² The Outpatient Rehabilitation Data Working Group includes representatives from Bridgepoint Active Healthcare – Sinai Health System, Holland Centre – Sunnybrook Health Sciences Centre (SHSC), Providence Healthcare, St. John’s Rehab – SHSC, St. Joseph’s Health Centre, Toronto Rehab – University Health Network (UHN), West Park Healthcare Centre, GTA Rehab Network and Toronto West Stroke Network.

Background of the Initiative

- In 2017, the GTA Rehab Network undertook an environmental scan to explore unmet needs of all patients accessing hospital-based outpatient rehab programs in the TC LHIN.
- Referrals from October 1, 2017 to December 31, 2017 from participating outpatient rehab programs were collected as a snapshot.
- The status of these referrals were monitored until the March 15, 2018 submission deadline (approximately 2 to 5 ½ months after receiving referrals in Q3).

Background of the Initiative

Timeline	Milestones
Mar 2017- Jul 2017	The GTA Rehab Network engaged outpatient rehab programs: <ul style="list-style-type: none"> • Development of data collection tool • Consensus on performance measures to be collected
Jul 2017 (2 weeks)	Test Period: Outpatient rehab programs (OPR) piloted data collection tool
Jul 2017 – Sep 2017	Change management: OPR project leads implemented strategies to prepare for the initiative
Oct 2017 – Dec 2017	Data collection phase: Participating OPR programs collected referrals for initiative
Jan 2018 – Mar 2018	Data collection phase: OPR programs monitored Q3 referrals and updated status
Mar 15, 2018	Data submission deadline: OPR programs submitted data
Apr 2018 – Aug 2018	Data validation & analyses phase
Sep 2018 – Nov 2018	Presentation preparation phase
Dec 2018	Dissemination of findings to the Toronto Central LHIN

Number of outpatient rehab referrals by participating organization

Organization	Number of Referrals ¹ (Q3 2017-18)
Sinai Health System – Bridgepoint Active Healthcare ²	254
Unity Health Toronto – Providence Healthcare & St. Joseph's Health Centre	791
Sunnybrook Health Sciences Centre – Holland Centre & St. John's Rehab	920
University Health Network – Toronto Rehab	1,008
West Park Healthcare Centre	170
TOTAL	3,143

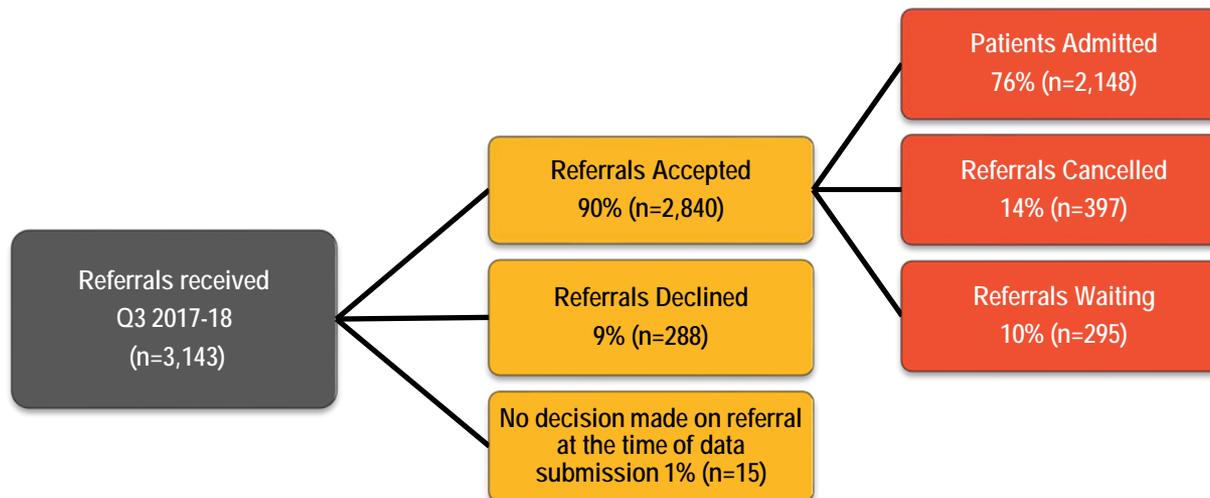
Summary of Findings



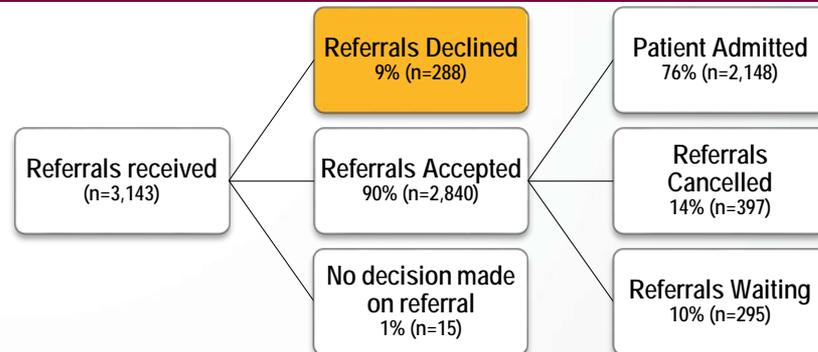
Status of referrals monitored

Out of the 3,143 referrals¹ collected in one reporting period to explore unmet needs of all patients accessing hospital-based outpatient rehab programs:

- 90% (n=2,840) of referrals were accepted
- 9% (n=288) of referrals were declined
- 1% (n=15) of referrals were neither accepted nor declined.



Unmet needs from the perspective of referrals declined



Summary of Declined Referrals

The two highest sources of declined referrals were:

- Physician group/specialty clinic (16%, n=193/1210)
- Acute care (6%, n=52/803)

Patient groups with a higher number and proportion of declined referrals were:

- Geriatric/medicine (18%, n=74/406)
- Ortho conditions (other, lower extremity, back) (16%, n=59/360)
- Neuro (13%, n=20/223)
- Arthritis/Pain (28%, n=15/54)

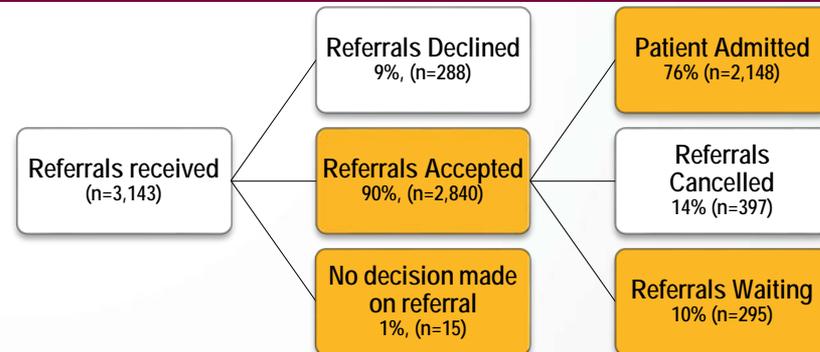
QBP patient groups (i.e., total hip & knee primary unilateral, hip fracture and stroke) have lower declined referral rates ranging from 1% to 6%.

Summary of Declined Referrals

Referrals were declined mainly due to:

Top 5 decline reasons (Q3 2017-18)	Main patient groups users of decline reason
Program does not offer requested service/program (n=52) ¹	<ul style="list-style-type: none"> • Neuro (21%) • Ortho-back (21%) • Arthritis/pain (13%) • Other (13%)
Program model does not accept single-service referrals (n=49)	<ul style="list-style-type: none"> • Ortho-U/E (33%) • Ortho-Other (31%) • Ortho-L/E (24%)
Patient resides outside service catchment area (n=46)	<ul style="list-style-type: none"> • Geriatric/medicine (91%)
Time since date of onset/injury too long (n=33)	<ul style="list-style-type: none"> • Stroke (33%) • Neuro (21%) • Arthritis/Pain (12%)
Long admission wait time-cannot meet best practice timeframe (n=17)	<ul style="list-style-type: none"> • TKR primary unilateral (53%) • Ortho-L/E (24%) • THR primary unilateral (12%)

Unmet needs from the perspective of admission wait time¹



¹ Admission wait time, for this initiative, was measured from the date referral was received by the outpatient rehab program to the date of admission to outpatient rehab program.

Summary of Admitted Referrals

Out of the 2,840 accepted referrals, 76% (n=2,148) were admitted with 10% (n=397) still waiting. Referrals with longer admission wait time came from:

- Programs that were designed for a specific medical condition or provide specialty services (i.e., pain management, vocational rehab, seating clinic, augmentative and alternative communication)
- Neurological conditions (e.g., spinal cord injury, multiple sclerosis), cardiac conditions or geriatric/medicine patient groups
- Referral reasons were “primarily assessment-based or consultative” or “education/peer support/self-management”.

Summary of Admitted Referrals

Reason for Referral to OPR	Average Admission Wait Time ¹ (in days)
Education, peer support, self management (n=52)	48.0
Primarily consultative or assessment-based (n=157)	50.0
Maintain function (n=129)	23.8
Restore or optimize function (n=1814)	23.5

The average admission wait time for these referral reasons was approximately 2x longer.

¹ Admission wait time was measured from the date referral was received by the outpatient rehab program to the date of admission to outpatient rehab program. Patient choice of not attending the first offered outpatient rehab appointment and its influence on wait time was not accounted for in the results.

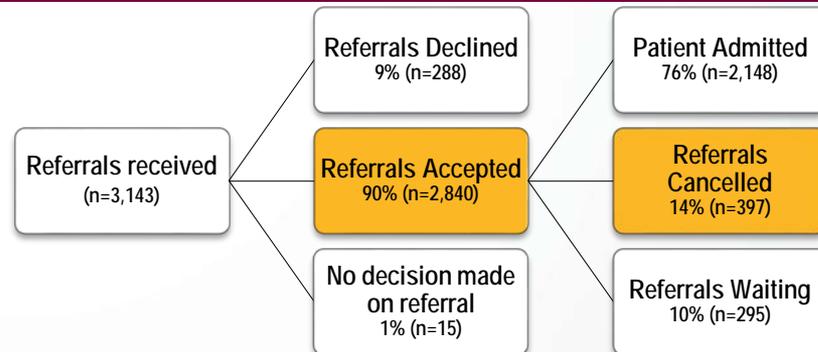
Summary of referrals not yet admitted nor cancelled

- 1% of referrals received was neither accepted nor declined by outpatient rehab programs at the time of data submission.
 - These referrals were cardiac and geriatric/medicine referrals.
- Out of referrals accepted (n=2,840), there were 295 referrals (10%) that had not yet been admitted nor cancelled at the time of data submission (i.e., approximately 2 to 5 1/2 months since referral received).

The main patient groups with referrals waiting for admission were:

- Spinal cord
- Neuro
- Geriatric medicine.

Unmet needs from the perspective of referrals cancelled



Summary of Cancelled Referrals

Out of 2840 referrals accepted by outpatient rehab programs, 14% (n=397) were cancelled.

Patient groups with a high number of cancelled referrals were:

- Cardiac¹ (35%, n=20/56).
- Geriatrics/medicine (26%, n=83/319)
- QBP patient groups (i.e., total hip & knee primary unilateral, hip fracture and stroke) (15%, n=174/1175)

¹ For one cardiac program, only the first 50 referrals received in sequence was collected. This program receives approximately 250 referrals per month; thus, the number of cancelled referrals could be 5x of what was reported within one month.

Summary of Cancelled Referrals

Majority of the referral cancellation reasons were:

- Patient cancelled referral (n=145, 37% of all cancelled referrals)
- Outpatient rehab attempted to coordinate appointments but was unsuccessful in contacting patients (n=95, 24% of all cancelled referrals)
- Patient attended other outpatient program (n=46, 12% of all cancelled referrals).

Cancelled referrals highlight the administrative work invested by outpatient rehab programs in processing referrals that do not get admitted to their programs.

Dissemination of Initiative Findings

Findings from this initiative were disseminated to:

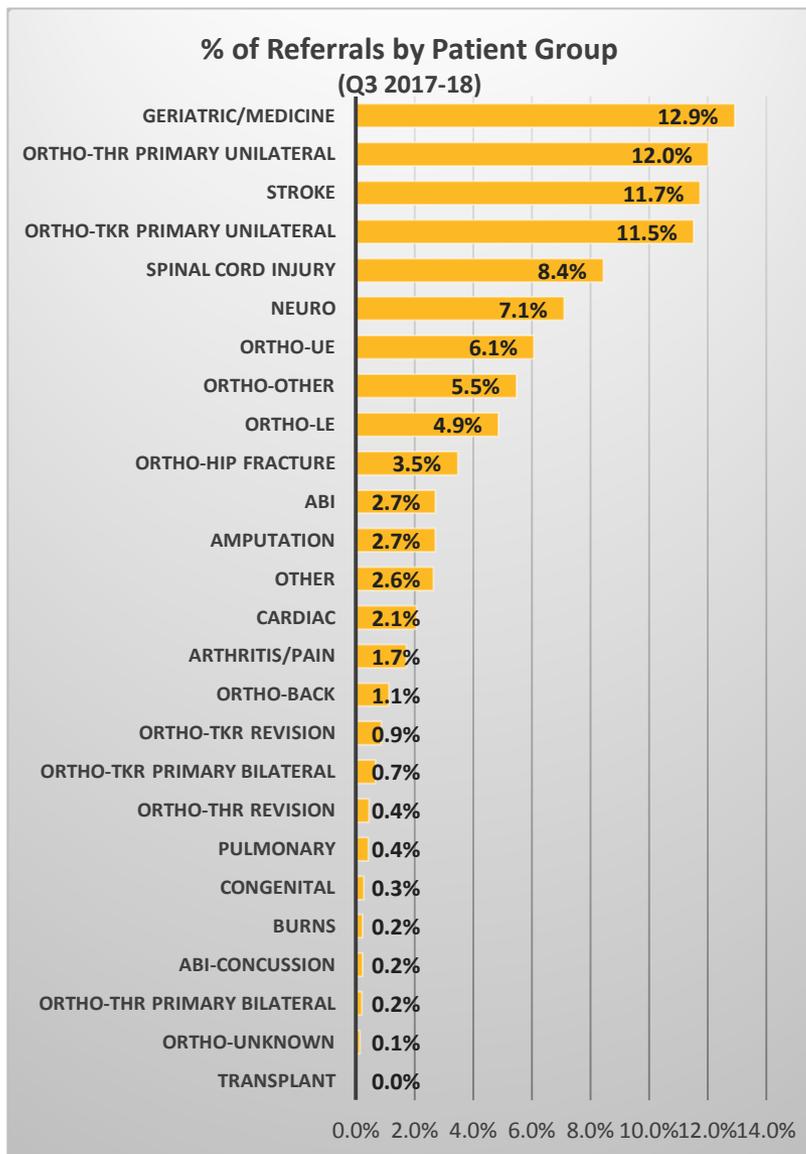
- The project leads of the participating organizations,
- The Toronto Central LHIN quality, performance and accountability team to assist with its system planning.

The GTA Rehab Network would like to thank the project leads for their work and leadership in this initiative.

Appendix



Referrals by patient group



Patient Group	Number of Referrals (Q3 2017-18)
Geriatric/medicine	406
Ortho-THR primary unilateral	378
Stroke	369
Ortho-TKR primary unilateral	362
Spinal Cord Injury	265
Neuro	223
Ortho-UE	191
Ortho-Other	172
Ortho-LE	153
Ortho-Hip Fracture	109
Amputation	85
ABI	85
Other	83
Cardiac	65
Arthritis/Pain	54
Ortho-Back	35
Ortho-TKR revision	27
Ortho-TKR primary bilateral	21
Ortho-THR revision	14
Pulmonary	13
Congenital	8
ABI-Concussion	7
Burns	7
Ortho-THR primary bilateral	6
Ortho-unknown	*
Transplant	*
TOTAL	3143

20

* = Less than 5 referrals

Limitations of the Dataset

The dataset analyzed represents:

- Referrals received from one reporting period (Q3 2017-18)
- Referrals submitted by participating outpatient rehab programs to the GTA Rehab Network. The dataset does not represent all referrals across all outpatient rehab programs in the Toronto Central LHIN.
 - A list of outpatient rehab programs/services across TC LHIN outlining whether data was included or not included in this initiative analysis is [attached](#).
- Referrals reported may be duplicate referrals across outpatient rehab programs (i.e., one patient may have multiple referrals).

Limitations of the Dataset

- Referrals not received by participating outpatient rehab programs were not captured.

Example: ABI referrals received by the ABI navigator from Toronto ABI Network that were not sent to outpatient rehab programs were not reported.

- Rehab ready date¹ was not collected from hospital bedded level of care referral sources (i.e., acute care and inpatient rehab/CCC). Therefore, admission wait times for these referral sources were likely shorter.
 - Referrals are typically completed earlier prior to hospital discharge.