



ST. JOSEPH'S CARE GROUP

ST JOSEPH'S HOSPITAL

North West LHIN
Regional Rehabilitative Care Program

Reviewing Rehabilitation Care Phase: Activation-Restoration (Convalescent Care)

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Background

The Rehabilitative Care Alliance (RCA) has defined an Activation/Restoration (AR) level of care with a progression trajectory like rehabilitation. However, this level of care differs from rehabilitation with respect to the goal “to promote activity, increase strength, endurance, independence and ability to manage activities of daily living...with a focus on restoring function”. The primary focus of rehabilitative care within AR is to provide opportunities for functional practice, wellness, and self-care activities. This level of care takes place in Convalescent Care beds (CCBs). Convalescent Care beds were established to improve patient flow. They are a short stay program in Long-term Care (LTC) homes for persons who need time to recover strength, endurance or functioning and are anticipated to return home. Currently, clients can access a CCB while their weight-bearing restrictions or healing wounds limit their ability to participate in active rehabilitation or until they have gained strength and endurance in order to participate in active rehabilitation. Occasionally, clients may also access a CCB after they have completed active rehabilitation but need additional time to gain strength or endurance to be able to safely return home. The ultimate objective is to support the return of clients to their previous living environment.

In order to qualify following an acute episode, clients must be medically stable and cognitively able to participate in restorative activities designed to enable a return home or progress to a rehabilitative level of care. Clients are expected to have a discharge location, typically home. Clients should not require daily access to a comprehensive interprofessional rehabilitation team, and should be able to have their needs addressed through exercise and recreational activities provided primarily by unregulated healthcare providers, such as personal support workers, life enrichment staff, or rehabilitation assistants, in a group setting. Less than two hours of nursing care per day is required. Typically, an average length of stay is 56-72 days to a maximum of 90 days.

Convalescent care beds in the North West (13 in total) are a small proportion (1.8%) of the total volume available in Ontario and sited in Fort Frances (4) and Thunder Bay (9).

OCCUPANCY AND DATA PROCESSES

The two indicators regarding Activation-Restoration level of care are occupancy and wait time for admission. Within the North West LHIN, the small number of beds makes provincial data comparisons difficult, as a single bed has a greater impact on the measure. Table 1. Below indicates the occupancy rates for the 13 Activation-Restoration beds in the North West LHIN.

Table 1. Convalescent Care Occupancy Rates for the North West LHIN

Convalescent Care Occupancy	Rainycrest (4 beds)	Lakehead Manor (9 beds)
2015-16	65%	63%
2016-17	75%	67%
2017-18 (up to Q3 - Dec 31 only)	67%	75%

Qualitative data from both LTC facilities with CCB programs and the North West LHIN Home and Community care Program, which manages the waiting list and admission process, demonstrate that the correct clients access these beds. There may be opportunity for clients currently in acute care beds to be appropriately placed in CCB programs and this will be further explored with all partners.

As indicated in the North West LHIN Regional Rehabilitative Care Program Capacity Plan 2016-17, there were an unusually high number of clients requiring AR level of care for wound healing in the Rainy River sub-region (See Table 1). It is unknown if this is due to a demographic population need or if this is the result of the wound expertise developed within this sub-region, increasing awareness and use of inpatient resources to promote wound care best practices. Further investigation is warranted to determine if these clients could be managed at a community level of care.

Table 1. Snapshot of the Estimated Number of Beds for Activation/Restoration Level of Care in Regional Hospitals (Fall 2016)

IDN	Facility	# of Existing Beds	Bed Type	# A/R Pts	Avg. LOS (weeks)	Est. Avg. A/R Bed Days/Yr	Est A/R Beds Req'd	% of Acute Care Beds
District of Thunder Bay	Geraldton District Hospital	23	Acute	4/yr	4-8 wks	168	0.46	2.0%
	Manitouwadge District Hospital	9	Acute	5/yr	3-6 wks	158	0.43	4.8%
	Nipigon District Memorial Hospital	15	Acute	3-5/yr	6-12 wks	252	0.69	4.6%
	McCausland Hospital	10	Acute	1-2	6-8 wks	548	1.50	15.0%
	Wilson Memorial General Hospital	9	Acute	6-8/yr	6-8 wks	343	0.94	10.4%
Northern	Sioux Lookout Meno Ya Win Hospital	41	Acute	6-7	4-8 wks	2,190	6.00	14.6%
Kenora	Lake of the Woods District Hospital	71	Acute	5-6	6-8 wks	1,825	5.00	7.0%
	Dryden Regional Health Centre	31	Acute	1-3	6-8 wks	730	2.00	6.4%
	Margaret Cochenour Memorial Hospital	14	Acute	4/yr	4-8 wks	168	0.46	3.3%
Rainy River	Fort Frances LaVerendrye Hospital	4	CCB	1	90 days	365	1.00	25.0%
		40	Acute	9-12	4.26 wks	3,833	10.50	26.3%
	Atikokan General Hospital	11	Acute	1-2/yr	4-8 wks	84	0.23	2.1%
Total		278				10,633	29.21	10.5%

= number; Est = Estimated; A/R = Activation/Restoration; Avg = Average; LOS = Length of Stay; Yr = Year

WAIT-TIME DATA AND PROCESSES

The second Activation-Restoration indicator is tracked provincially by the RCA System Evaluation framework. Wait time for admission to inpatient rehabilitative care includes the AR level of care. The provincial benchmark is three days; however, it is noted that the AR level of care, both regionally and provincially, is well above this.

Table 3. Wait time for admission to inpatient rehabilitative care – Convalescent Care

Indicator Description:		Time from CCB discharge destination to determined discharge date				
Benchmark:		3 Days				
Indicator Description:		FY2012/13	FY2013/14	FY2014/15	FY2015/16	FY2016/17
90 th percentile time:	14-NW LHIN	17.00	24.00	36.00	27.00	22.00
	Ontario	21.00	22.00	21.00	21.00	21.00
Median time:	14-NW LHIN	8.00	8.00	10.00	11.00	9.00
	Ontario	9.00	9.00	8.00	8.00	8.00
Mean time:	14-NW LHIN	9.80	11.12	14.60	14.98	11.87
	Ontario	11.81	10.93	10.80	10.67	10.31

As the North West LHIN had the longest wait time for AR level of care, the process for admission to CCB was reviewed by the Regional Rehabilitative Care Program in Q3-2017/8, for both the City of Thunder Bay and Rainy River sub-regions. At that time, it was noted that a change in process to include CCB referrals through the resource matching and referral system (STRATA) was implemented, most likely resulting in the improvement from 2015-16 to 2016-17. The current pathway consists of seven steps (See Figure 1), including: referral, booking of assessment, assessment of eligibility, eligibility determination, facility referral, facility acceptance, admission to CCB program. At this point, each step requires at least one day, with a minimal six day wait. As noted above, the use of STRATA for the step from referral to booking has had a significant impact. Figure 2 outlines the more detailed hospital pathway.

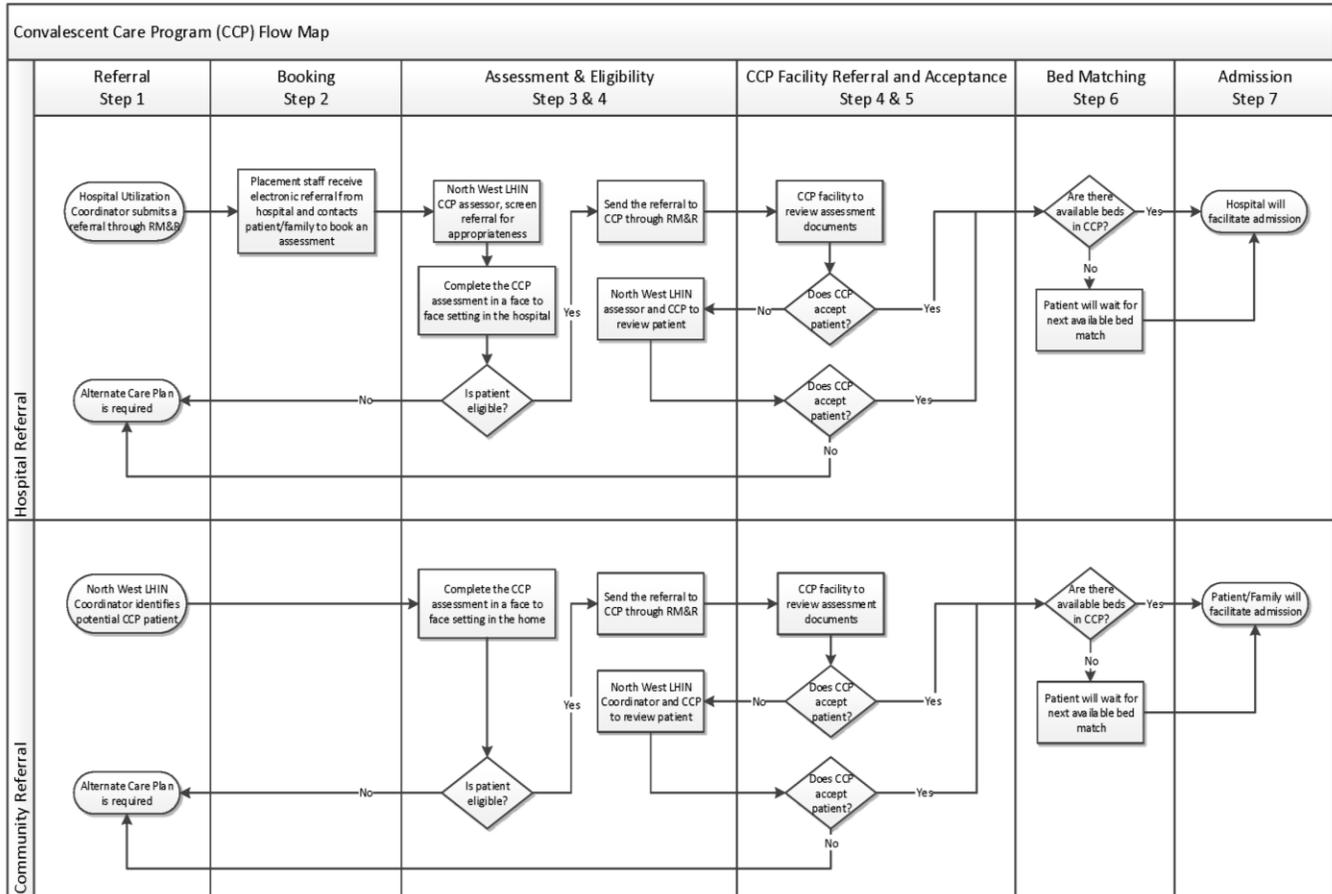


Figure 1. Convalescent Care Program (CCP) Flow Map

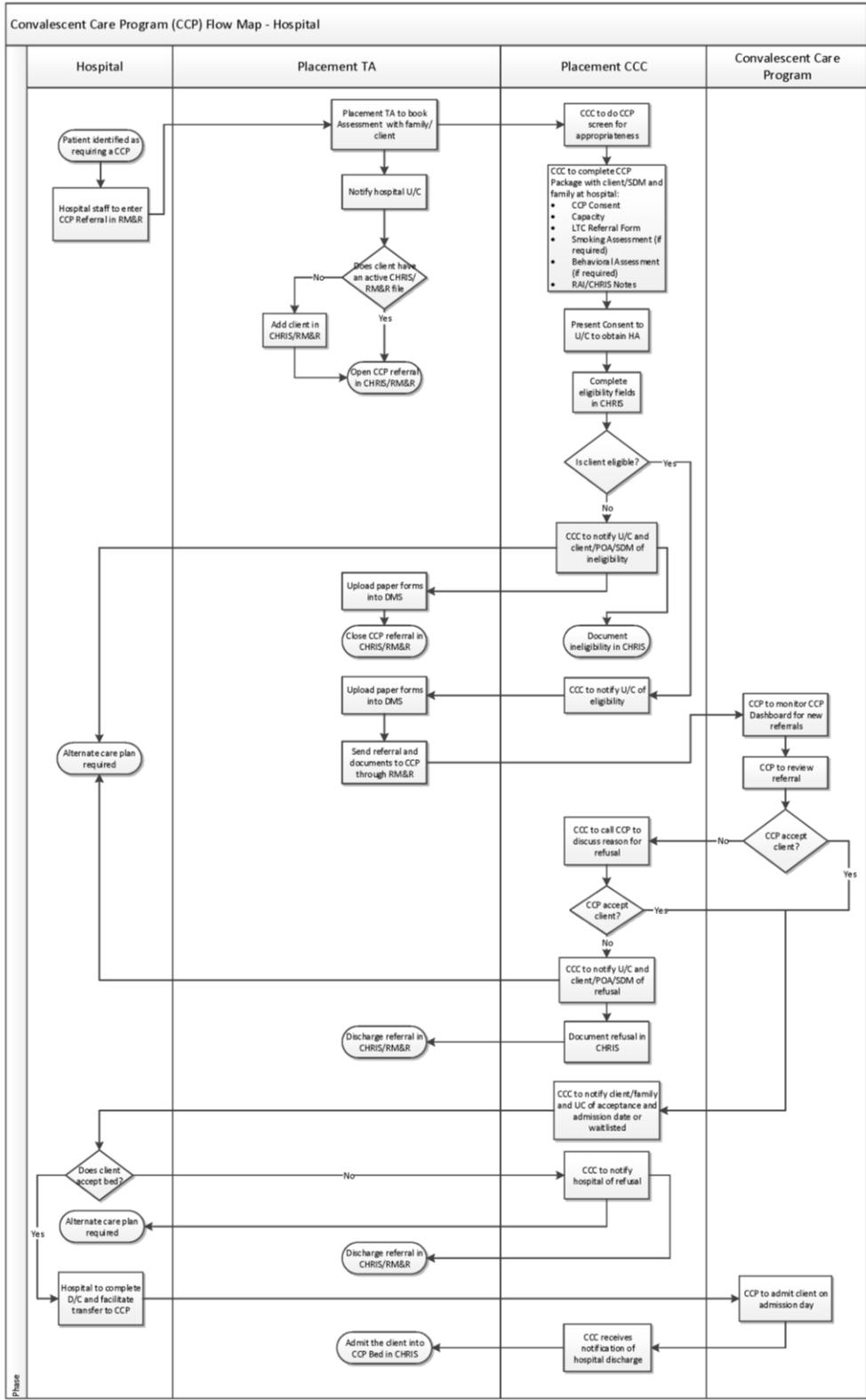


Figure 2. Convalescent Care Program (CCP) Flow Map- Hospital

CCP=Convalescent Care Program; TA=Team Assistant; CCC=Community Care Coordinator; U/C=Utilization Coordinator; LTC=Long-term Care; RAI=Resident Assessment Instrument; RM&R=Resource Matching and Referral; CHRIS= Client Information Health and Related Information System; POA= Power of Attorney; SDM=Substitute Decision Makers; DMS= Document Management System; D/C= Discharge

During stakeholder engagement sessions, rehabilitation clinicians indicated the current process for CCB admission is lengthy. For short lengths of stay of one to two weeks, it is perceived to be easier and more client-centred to have the client remain where they are until they are able to go home or can access rehabilitation, as CCBs are in a different physical location.

Again, it is noted that the small number of beds in the North West LHIN makes provincial data comparisons difficult, as a single bed has a greater impact on the measure.

NEXT STEPS

Currently, the care needs of these clients are provided primarily in acute care beds throughout the North West LHIN. Rehabilitation professionals indicated that at hospitals where unregulated health professionals (PSWs, rehabilitation or physiotherapy assistants) are unavailable, clients receive care provided by regulated health professionals. This would indicate partial alignment with the rehabilitation care definitions, but essentially “over treating” the clients, as the appropriate level of service is currently unavailable. This can only be alleviated by improved utilization of the current CCB capacity, recognizing the need for better reporting of the actual rehabilitative level of care regardless of the bed type, and adding unregulated health professional resources in facilities offering this level of care.

The Regional Rehabilitative Care Program will continue to work with system partners to address any opportunities to reduce the wait time to admission and improve the utilization of the CCB programs throughout the LHIN.

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