Assess and Restore 2014-17

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Presentation Outline

- Background
- A&R Funding goals
- MOHLTC Conditions of Funding
- Elements of an A&R approach
- Target Population for A&R Interventions
- Definition of Restorative Potential
- Types of Facility-Based A&R Interventions
- Alignment with RCA Work
- RCA Second Mandate link to A&R
- Champlain 2014-15 Funding
- Next steps
LHIN funds were allocated according to the proportion of frail seniors with recent functional decline in each LHIN.
Intended funding goals:

• Timely and appropriate access to facility based A&R interventions;

• Appropriate capacity across all the elements of an A&R approach to care; and

• Quality of care through development and dissemination of standards and best practices.

The Champlain LHIN will receive one-time funding of $998,000 per year for three years until March 31st, 2017
MOHLTC Conditions of Funding

• LHINs retain discretion in approving projects that address local requirements however, the expectation is that regional and provincial opportunities are fully considered

• Funded initiatives must:
  • Be compliant with A&R guidelines (October 2014)
  • Be of a type that was short listed by MOHLTC
  • Be scalable, transferable, and adaptable across LHINs,
  • Benefit from each LHINs efforts and lessons learned
  • Be designed to promote improvement on identified performance measures.
Elements of an A&R approach to care

Five (5) elements of facility-based A&R care:

1. **Screening** of ‘at-risk’ seniors in community, primary care, and hospital settings
2. **Assessment** to determine whether a person is at high risk for loss of independence, has restorative potential, and requires facility-based (vs. in-home- and/or ambulatory-based) care
3. **Navigation & placement** to the appropriate provider, setting, and type of care (with home and/or ambulatory care as the first option, and only as necessary to facility-based A&R interventions)
4. **Facility-based A&R interventions** that include best-practice assessments, therapies, and treatments
5. **Transitions home** that ensure therapeutic achievements are retained by facilitating linkages with primary care and other community supports
Target Population for A&R Interventions

- A&R involves short-term therapeutic interventions for community-dwelling frail seniors who meet the following criteria:
  - High risk for hospitalization or admission to long-stay LTCH bed
  - Recent functional loss
  - Restorative potential
  - Require 24/7 assistance or level of care unavailable in the community
Definition of Restorative Potential

Restorative Potential means that there is reason to believe (based on clinical assessment and expertise and evidence in the literature where available) that the patient's/client’s condition is likely to undergo functional improvement and benefit from rehabilitative care. The degree of restorative potential and benefit from the rehabilitative care should take into consideration the patient’s/client’s:

- Premorbid level of functioning
- Medical diagnosis/prognosis and co-morbidities (i.e., is there a maximum level of functioning that can be expected owing to the medical diagnosis/prognosis?)
- Ability to participate in and benefit from rehabilitative care within the context of the patient’s/client’s specific functional goals and direction of care needs.

Note: Determination of whether a patient/client has restorative potential includes consideration of all three of the above factors. Cognitive impairment, depression, delirium or discharge destination should not be used in isolation to influence a determination of restorative potential.

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i Rehabilitative Care Alliance Definitions Framework For Bedded Levels of Rehabilitative Care
Types of Facility-Based A&R Interventions

- Three (3) types of facility-based A&R interventions
- Each type is characterized by the level of active medical management and the intensity of rehab services provided

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Type 1: Sub-Acute Complex Intervention</th>
<th>Type 2: Geriatric Rehabilitative Intervention</th>
<th>Type 3: Active Recuperative Intervention</th>
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<tbody>
<tr>
<td>Need for Active Medical Management</td>
<td>Highest</td>
<td>Lowest</td>
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<td>Need for Intensive Rehab Services</td>
<td>Least</td>
<td>Most</td>
<td>Least</td>
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Rehab Care Alliance Second Mandate link to A&R

• Continue to support LHINs and the MOHLTC with Assess and Restore related initiatives

• Participate as partners in knowledge exchange related to implementation of the A&R Guideline & associated funding.

Deliverable:

• Implementation and evaluation of the standardized tools and indicators developed from the RCA’s first mandate that support the Assess and Restore priority process to access rehabilitative care from the community.

• Identification of standardized metrics to support system level evaluation of Assess and Restore initiatives.
RCA Frail Senior/Medically Complex Compendium

- Knowledge translation tool that will support the delivery of Assess & Restore interventions across the care continuum
- Collection of rehabilitative care-specific best and leading practices
- Organized in chapters that correspond to sectors of the rehabilitative care system
- Each sectors content is organized by geriatric syndromes that may contribute to frailty
- Compendium will begin to increase the knowledge and competency of rehabilitative care practitioners to complete a more comprehensive assessment and treatment of frail patients with geriatric syndromes that may be contributing to the presenting functional issues.
<table>
<thead>
<tr>
<th>Geriatric Syndromes and Other Considerations</th>
<th>Acute Care</th>
<th>Bedded Levels of Rehabilitative Care</th>
<th>Long Term Complex Medical Management/Long Term Care Homes</th>
<th>In-Home Rehabilitative Care</th>
<th>Outpatient/Ambulatory Rehabilitative Care</th>
<th>Community Based Rehabilitative Care</th>
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<td>Depression</td>
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<td>Incontinence</td>
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<td>Nutrition status</td>
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<td>Frailty</td>
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Overview of Champlain 2014-15 A&R Projects

- Explore the feasibility of the adoption of the Assessment of Urgency Algorithm (AUA) Tool to identify frail high-risk seniors with restorative potential

- Environmental scan of community services for restorative care to determine the capacity and resources necessary to implement community assess and restore options.

- Feasibility study for assess and restore in small and rural communities

- Expand the implementation of the Clinical Patient Flow Algorithm developed by the Ottawa Hospital to improve the flow of patients from acute care to sub-acute care.
Overview of Champlain 2014-15 A&R Projects

• Enhanced service delivery of Geriatric Assessments in Rural Champlain in order to reduce the waitlist in rural Champlain for Geriatric Assessments (GAs)

• Enhanced Assess and Restore Interventions to provide timely and appropriate care for frail seniors through the augmentation of Outpatient Physiotherapy and Occupational Therapy resources at the Ottawa Hospital’s Rehabilitation Clinic.

• Increasing the capacity of Nursing, Physiotherapy and Occupational Therapy staff to provide restorative care to oncology patients through education and training
Next Steps…

• Work with the Rehabilitation Network of Champlain and Regional Geriatric Program on the A&R strategy, steering and project management

• Review the 2014-15 A&R project outcomes and plans developed

• Engage with stakeholders on 2015-16 opportunities

• Continue to work with partner LHINs on efforts, lessons learned and common performance indicators

• Continue to work with the Rehab Care Alliance to leverage opportunities to advance the work of the Rehabilitative Care Alliance’s (RCA’s) Frail Senior/Medically Complex (FS/MC)

• Finalize 2015-16 A&R projects by May 22, 2015
Questions?