

# Assess and Restore 2014-17

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**Ontario**

Local Health Integration  
Network

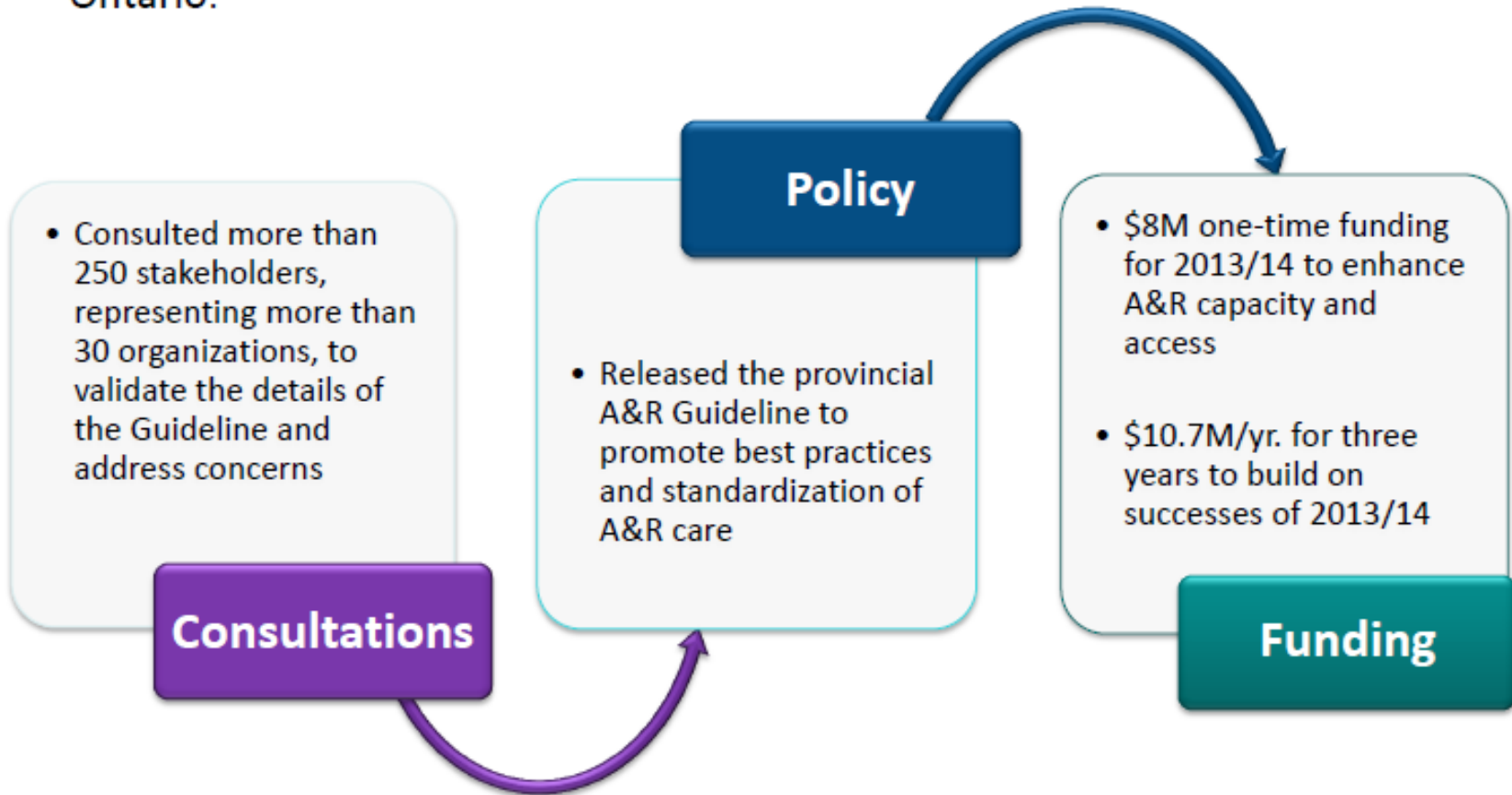
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# Presentation Outline

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## Background

The Ministry and LHINs have taken the following steps to advance A&R in Ontario:



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 31<sup>st</sup>, 2017

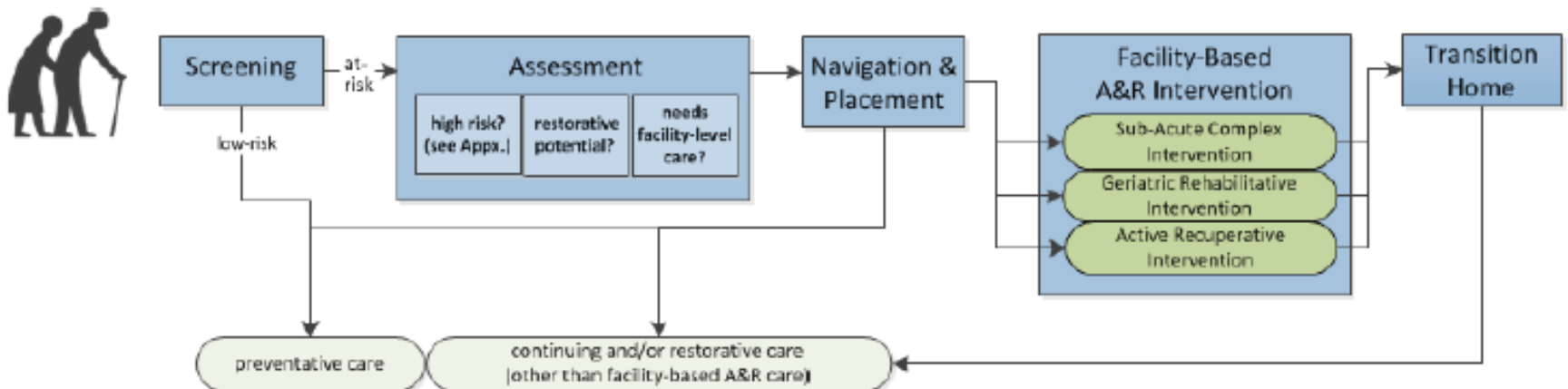
## MOHLTC Conditions of Funding

- 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

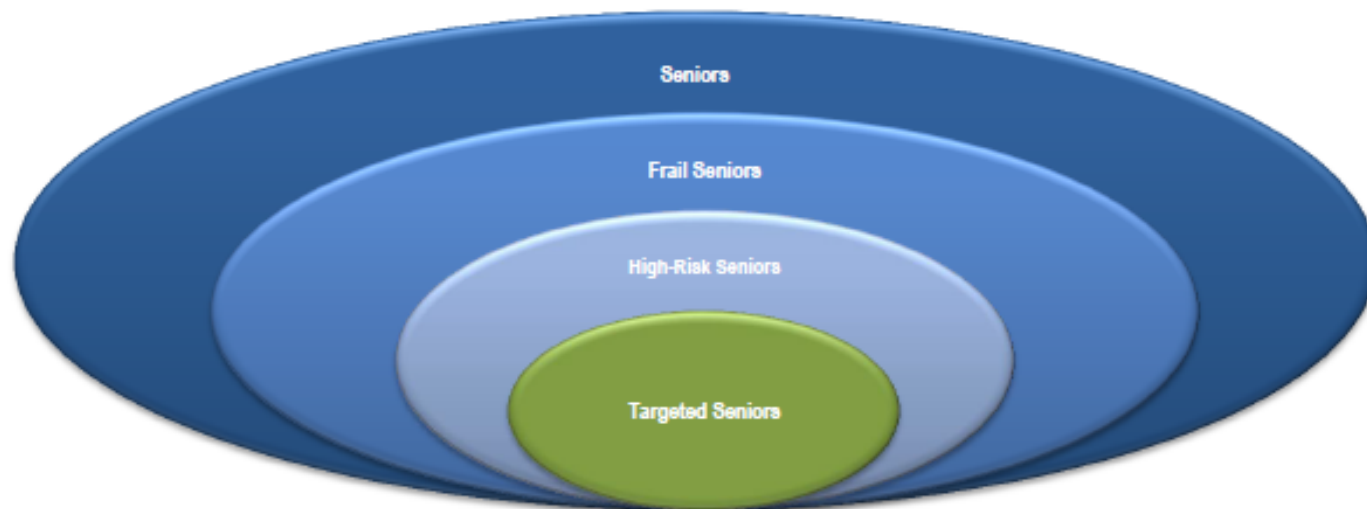
Five (5) elements of facility-based A&R care:

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 <sup>i</sup>

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.

<sup>i</sup> Rehabilitative Care Alliance Definitions Framework For Bedded Levels of Rehabilitative Care

[http://www.rehabcarealliance.ca/uploads/File/Toolbox/Definitions/Definitions\\_Framework\\_for\\_Bedded\\_Levels\\_of\\_Rehabilitative\\_Care\\_FINAL\\_Dec\\_2014\\_.pdf](http://www.rehabcarealliance.ca/uploads/File/Toolbox/Definitions/Definitions_Framework_for_Bedded_Levels_of_Rehabilitative_Care_FINAL_Dec_2014_.pdf)



# 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



Patient Characteristics	Type 1: Sub-Acute Complex Intervention	Type 2: Geriatric Rehabilitative Intervention	Type 3: Active Recuperative Intervention
Need for Active Medical Management			
Need for Intensive Rehab Services	Least	Most	Least

## 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.

# Geriatric Syndromes for Rehabilitative Care Professionals

Geriatric Syndromes and Other Considerations	Acute Care	Bedded Levels of Rehabilitative Care	Long Term Complex Medical Management/ Long Term Care Homes	In-Home Rehabilitative Care	Outpatient/ Ambulatory Rehabilitative Care	Community Based Rehabilitative Care
Delirium						
Cognitive impairment						
Polypharmacy						
Falls/Mobility						
Depression						
Incontinence						
Nutrition status						
Pain management						
Pressure ulcers						
Frailty						
ADLs/IADLs						

## 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?