

Community Stroke Rehabilitation (CSR)

Standard Information Package

November 2022



Ontario Health
CorHealth Ontario



1. Project Background Goals & Objectives

Community Stroke Rehabilitation Initiative

Over 25,000 Ontarians experience a stroke every year and more than 300,000 are living with the consequences of stroke. Most persons with stroke will require access to intensive interprofessional stroke rehabilitation services after their inpatient hospital stay. Appropriate and timely rehabilitation can significantly improve outcomes for people who have experienced a stroke, increasing their level of independence and opportunity for community re-engagement, and overall quality of life.

This initiative is envisioned as a **multi-year project** to enable an equitable, integrated and patient-centred system of care that supports recovery of patients after stroke. The purpose of this initiative is the planning, development, and implementation of a comprehensive post-stroke publicly funded community rehabilitation program to provide post-stroke community-based care in a consistent and equitable way.

The Ministry of Health announced an investment to establish a [new, comprehensive community post-stroke rehabilitation program](#) on April 12, 2022.



Community Stroke Rehab: Key Challenges

Access

- Provincial gap in access to community stroke rehabilitation
- Rehabilitation services not optimized as a system to support patient flow and best practice

Best Practices

- No standard of care for Community Stroke Rehabilitation, hence variable regional implementation of services (i.e., no standard of care)
- No consistent approach / tools to measure patient outcomes in community rehab to measure Functional status, Re-integration, Patient/Caregiver experience, etc.

Data

- Lack of outpatient rehabilitation data
- Inconsistent reporting of metrics and lack of standard definitions
- Virtual care measurement and evaluation not in place across settings
- Lack of detailed data makes it hard to accurately quantify the access gap across regions



Community Stroke Rehabilitation

3-5 Year Framework towards developing a Standardized and Equitable CSR Program

Assess Gap

Goal 1: Understand the gap between the current state and best practice of community stroke rehabilitation (CSR) in Ontario.

- Establish and communicate a provincial Model of Care.
- Define the ideal state of stroke rehabilitation access along the rehab care continuum.
- Map and document (qualitative and quantitative) current state of CSR programs.
- Analyze current state results; identify program limitations and critical resource needs, by region.
- Create a population-based capacity planning model by stroke region.
- Develop local, regional and provincial recommendations to inform future investment.

Inform Decisions

Goal 2: Understand and evaluate access, timeliness and utilization/volumes of CSR using data collected at community-based rehabilitation service providers.

- Create a standardized and defined minimum data set and indicators to enable quality CSR data collection in the community.
- Evaluate and recommend a data collection approach and platform(s), including required resources needed for one-time and on-going sustainability.
- Implement mandated data collection to participating sites, including data quality program aligned with existing frameworks.

Measure Outcomes

Goal 3: Recommend a functional patient outcome measure(s) that can be feasibly and practically administered in CSR.

- Evaluate and select from different candidate measures/tools, which can include PROMs and/or measures of economic impact a functional patient outcome measure(s) to be recommended.
- Identify the data element(s), resources needed (HR and technology), and timing to implement required data collection to enable reporting of selected patient outcome measure(s).

Implement Recommendations

Goal 4: Implementation of local, regional and provincial recommendations to improve the stroke system of care.

- Establish equitable distribution of early investments*
- Implement year over year recommendations, for system continuous improvement

*to be confirmed



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Community Stroke Rehabilitation: Year 1 Deliverables (FY 22-23)

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Implement Recommendations

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A Stakeholder Engagement Strategy & Plan that includes providers, and persons with lived experience

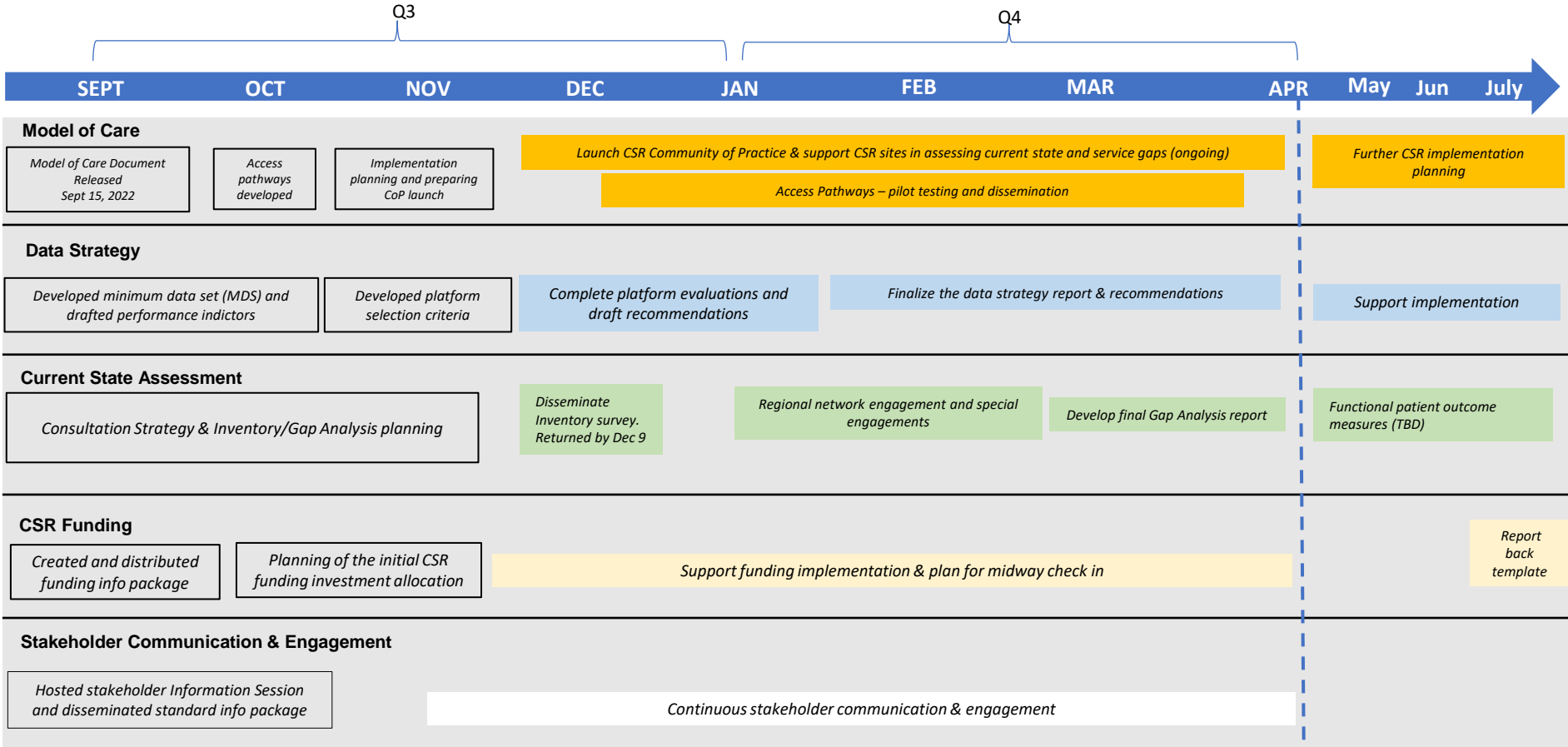
- A provincial Model of Care for CSR (service focused)
- An initial current state assessment of CSR services.
- An ideal state of stroke rehabilitation access along the rehab care continuum. (patient pathways to rehab services)

- A CSR data strategy
 - Defined performance indicators (up to 8) and minimum set of data elements
 - Standardized and defined CSR minimum data set
 - Recommendation for data platform

- Equitable distribution of early investments*

*to be confirmed

Community Stroke Rehabilitation Project High Level Timeline (Remaining Year 1 - Q3 & Q4 FY 2022-23)





2. Status of Goal: Assess Gap

CSR Model of Care & Implementation Support

- In the early months of the project, over 70 experts were consulted through a Modified Delphi process to develop a [CSR Model of Care](#), based on best practice, and which will serve as the foundation for all future work to assess, evaluate, and address gaps in access and care delivery
- The Model of Care outlines the key components of CSR services and how they should be designed and delivered for a person with stroke. It was disseminated and socialized through an information session held on Sept 15th ([information session recording](#))
- At the request of attendees at Sept 15th event, CorHealth established a CSR Model of Care Communities of Practice (CoP) in November targeting providers of CSR.
 - This CoP will support learning and sharing of implementation strategies, opportunity to discuss common challenges and solutions, and share resources to further implementation progress.
 - This CoP will include regular virtual meetings and an asynchronous discussion board/repository for document sharing.



Inventory & Gap Analysis

- Heart and Stroke is leading the current state inventory and gap analysis relative to the new CSR Model of Care
- Preyra Solutions Group have been retained to conduct this work
- The objectives of this work are to map CSR programs by stroke region, assess current service delivery models relative to the Model of Care, and to make recommendations related to closing the gaps
- A survey was developed and sent to each CSR program to begin mapping current state relative to model of care, an additional 14 engagement sessions to be held in early 2023 will delve deeper into gaps and explore underlying causes and solutions
- Timeline for completion of this work is the end of March 2023; results will be informative to Ontario Health Regions and Regional Stroke Networks for planning and resource allocation in the future



3. Status of Goal: Inform Decisions

Data Strategy Update

- A Minimum Data Set (MDS) has been completed aligning with the Data Strategy future performance indicators, system analytics and key elements of the model of care.
- Data platform assessment is currently underway for CIHI - NACRS Clinic Lite and the Home Care Database (HCD) as they currently are used in some capacity for community rehabilitation data
- Platform recommendation will be based on in depth review of technical capabilities and ability to deliver on the required MDS to determine feasibility for CSR data collection
- Data strategy updates have been provided to various stakeholder groups including the Ministry of Health





4. Status of Goal: Implement Recommendations

CSR Funding Initiative

- A methodology for distribution of the FY 2022-23 investment across OH regions was approved by the Ministry of Health
- Ontario Health – CorHealth Ontario worked with OH Regions and Regional Stroke Networks to allocate the initial investment (\$4.6M) to CSR providers by October 11, 2022. Currently, recommendations are proceeding through the Ministry’s approval process.
- Community Stroke Rehab programs will apply investments towards Health Human Resources, Supplies & Equipment, Training & Education, Technology, and Transportation and use them by March 31, 2023 to contribute to the following expected outcomes:

- Estimated Net New Patients Served: ~1,022; Estimated Existing Patients Served: ~1,229

| Patient Experience | Cost of Care | Population Health | Provider Experience |
|---|---|---|---|
| <p>Improve: Patient experience, Integration across care continuum, Integration with IP & HCC teams, Coordination, Transitions, Treatment options</p> <p>Increase: Opportunity for self management</p> <p>Decrease: Time to initial intake, Time to initial therapy visit</p> | <p>Increase: Efficiency, Referral volumes, # of patients served, # of visits</p> <p>Decrease: Wait list, Wait times, Health system costs, Wasted Rehab visits, Readmissions, LOS, Inappropriate referrals, IP rehab</p> | <p>Improve: Patient outcomes & education, Quality of services, Quality of care, Functional outcomes</p> <p>Increase: Appropriate referral streaming, Access, Services available to OP patients, Community therapists with stroke competency</p> | <p>Improve: Provider experience, Team communication, Staff retention</p> <p>Increase: provider knowledge base and skillsets</p> |

- CSR providers are to report back on the use of funds and the resulting benefits by July 2023



5. Next Steps

Key Activities: December 2022 – March 2023

1. Support for the Community of Practice
2. Pilot test and release the Access Pathway
3. Develop and review draft recommendations for data platform and gather feedback from stakeholders; finalize the data strategy report & recommendations
4. Plan and conduct engagement sessions regarding Model of Care inventory/gap analysis
5. Complete final report for the Model of Care inventory/gap analysis
6. Support implementation of CSR funding allocation recommendation approvals

Acknowledgement

- The Ontario Health - CorHealth Ontario project team recognizes and appreciates the important role the Stroke Networks play to ensure all processes and products of this initiative are meaningful, useful, and will result in ‘value-add’ to the providers and patients in the system of care.



For More Information...

- Please contact OH-CORH_Service@ontariohealth.ca for information regarding this initiative

