

# Current State Review of Outpatient Rehabilitation Services Available at Ontario Acute and Rehabilitation Hospitals and Recommendations to Optimize the System

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October 2011

ONTARIO  **PHYSIOTHERAPY ASSOCIATION**

 Ontario Society of  
Occupational Therapists



**Bone & Joint**  
Health Network

**Orthopaedic Expert Panel**

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## Executive Summary

The past ten years has been a time of extensive focus on access to care within the health care system. Many local and regional solutions as well as key provincial strategies have been undertaken to improve access to health care. Within the context of rehabilitation, the avenues to accessing service are variable and there is no comprehensive cross-sectorial system that must be used to report all services delivered. It is therefore difficult to determine the exact amount and type of ambulatory rehabilitation therapy provided across the province or in any given LHIN.

In an attempt to better understand the system the Ontario Society of Occupational Therapists, the Ontario Physiotherapy Association and the Ontario Orthopaedic Expert Panel jointly identified the need to inventory the amount of ambulatory rehabilitation treatment available, with a focus on musculoskeletal patients, through outpatient rehabilitation departments associated with acute, rehabilitation and complex continuing care hospitals. To this end an online survey was conducted between September 2010 and January 2011.

Invitations to complete the survey were sent via email to identified contacts in the physiotherapy or rehabilitation departments of 183 unique hospital sites across Ontario. Survey recipients were informed that this online survey asked questions about access to publicly-funded out-patient therapy services for specific patient populations including referral, case loads and clinical programming. Both quantitative and qualitative questions were included.

120 sites provided responses, representing a response rate of 66%. Of those sites:

- 59 provided both physiotherapy and occupational therapy
- 50 provided physiotherapy only
- 3 provided occupational therapy only

Key findings include:

- Almost 500 FTEs of human resources are reported to be involved in the provision of outpatient rehab therapy with 93% of responding hospital sites providing either physiotherapy, occupational therapy, or both.
- Acceptance of external referrals, including those from outside surgeons is a common practice across LHINs with the exception of Toronto Central and Champlain LHINs.
- There is a marked increase in reductions/closures of outpatient services in the past two years. 3% of respondents reported having no services, and 50% of respondent sites who had indicated they provide outpatient services had reduced those services within the past two years. Additionally 16% indicated planned reductions in 2011.
- A significant number of respondents reported an increase in referrals, their geographic catchment area and the number of therapy visits per patient due to patient age and higher complexity of the patients' conditions. Decreases in these

- areas were linked to additional restrictions on eligibility requirements, narrowing of referral base and reduced resources.
- A majority of survey respondents (74%) identified that they believed that wait lists for outpatient therapy delay timely access to care.
  - The availability of services in all outpatient programs including musculoskeletal and other services is inconsistent across LHINs.

The following report provides an analysis of the survey results, along with recommendations to guide decision-making in outpatient rehabilitation planning.

## Background

The past ten years has been a time of extensive focus on access to care within the health care system. Many local and regional solutions as well as key provincial strategies have been undertaken to improve access to health care. These provincial initiatives have focused on the acute care sector with programs developed for emergency rooms, patient wait times and alternate level of care (ALC). Each initiative has included investment in a measurement system and a change management strategy and has resulted in the capacity to quantify results and measure change. In 2010 the “Excellent Care for All Act” (ECFAA) was legislated. The act clearly outlines the need for an evidence-based approach to care and the Ministry of Health and Long Term Care, Local Health Integration Network (LHIN) planners and all levels of health service providers are working to establish an evidence-based approach to system design and management.

Within the context of rehabilitation, one of the most significant initiatives has been the alternate level of care strategy. Data from December 2010 demonstrated that waiting for an inpatient rehabilitation bed accounted for 13% of acute care ALC days<sup>1</sup>. The diagnostic groups that account for the majority of inpatient rehabilitation days are hip replacement, knee replacement, hip fracture and stroke. A number of factors which have focused on facilitation of best practices, including Regional and District stroke centres for the treatment of stroke and the allocation methodology for elective hip and knee replacement, have resulted in patients receiving their acute care intervention beyond their local hospitals. However, for effective patient discharge these patients still require their rehabilitation close to home. For primary hip and knee replacement patients the OHTAC<sup>2</sup> recommendations in 2005 found that there is no advantage to receiving in patient physiotherapy compared with a home-based physiotherapy program. This was confirmed in a trial by Dr Mahomed<sup>3</sup> where there was no difference in pain, functional outcome or patient satisfaction between patients who received their care in inpatient rehabilitation and in the home. Recommendations were made for home-based care related to the

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<sup>1</sup>[http://www.oha.com/CurrentIssues/Issues/eralc/Documents/OHA%20ALC%20Survey%20Results%20\(Dec%202010\).pdf](http://www.oha.com/CurrentIssues/Issues/eralc/Documents/OHA%20ALC%20Survey%20Results%20(Dec%202010).pdf)

<sup>2</sup>Ontario Health Technologies Advisory Committee, June 2005

[http://www.health.gov.on.ca/english/providers/program/ohtac/tech/recommend/rec\\_rehabtkr\\_061705.pdf](http://www.health.gov.on.ca/english/providers/program/ohtac/tech/recommend/rec_rehabtkr_061705.pdf)

<sup>3</sup> IP compared with home-based rehab following primary unilateral THR or TKR: a randomized controlled trial. N. Mahomed et al, 2008

reduced cost. This would suggest that few inpatient rehabilitation beds should be utilized for those post hip or knee replacement.

This approach of “early supported discharge”, that is, community-based interdisciplinary care and support, has also been recommended by the Canadian Stroke Network for patients with mild to moderate stroke<sup>1</sup>.

For hip and knee replacement and mild to medium level stroke patients as well as other conditions, access to ambulatory care includes access to outpatient treatment services.

Although there is an identified need for access, ambulatory<sup>4</sup> rehabilitation services in Ontario are provided through publicly-funded and privately-funded sources and delivered through both public and private facilities and in private homes. The avenues to accessing service are variable and there is no comprehensive cross-sectorial system that must be used to report all services delivered. It is therefore difficult to determine the exact amount and type of ambulatory rehabilitation therapy provided across the province or in any given LHIN. This is compounded within the hospital-based sector with no mandated IT infrastructure being used to collect information on patients.

The increased demand related to the aging population has been recognized across the continuum of healthcare. Increasing the use of outpatient rehabilitation therapy for patients who may need, or have undergone, joint replacement, patients who have had mild to moderate strokes, as well as other patient populations who present with a wide range of musculoskeletal, neurological, cardiac, respiratory and mental health issues can improve the functional status of individuals, decrease the incidence of hospitalization and reduce demand on inpatient rehabilitation by opening up capacity to ease demands on ALC.

However, at this time in Ontario, there is no system level knowledge of the demand for, or the capacity to provide, publicly-funded outpatient rehabilitation treatment services or knowledge of their accessibility for patients.

## **Hospital Outpatient Rehabilitation Survey**

In an attempt to better understand the capacity of the system the Ontario Society of Occupational Therapists, the Ontario Physiotherapy Association and the Ontario Orthopaedic Expert Panel jointly identified the need to inventory the amount of ambulatory rehabilitation treatment available through outpatient rehabilitation departments associated with acute, rehabilitation and complex continuing care hospitals. The focus of the work was on musculoskeletal conditions including elective and trauma populations although information was also sought related to other patient populations

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<sup>4</sup> Ambulatory rehabilitation therapy that is provided to individuals not admitted to a facility (acute, rehabilitation or complex continuing care) may be provided through outpatient clinics associated with a public facility, private clinics, Designated Physiotherapy Clinics or providers employed or contracted through CCACs. This document reports on the ambulatory rehabilitation services provided in outpatient rehabilitation clinics associated with inpatient facilities.

treated within the outpatient setting including neurological, cardiac, respiratory and mental health. To this end an online survey was developed and sent to 183 facilities (Appendix 1). Invitations to complete the survey were sent via email to identified contacts in the physiotherapy, occupational therapy or rehabilitation departments. Survey recipients were informed that this online survey asked questions about access to outpatient therapy services for specific patient populations including referral, case loads and clinical programming. Both quantitative and qualitative questions were included. If the person contacted was not the appropriate person to complete this survey, they were encouraged to forward the invitation or to contact the survey partners with correct contact information. It was requested that a multi-site facility complete one survey per site. The survey was conducted between September 2010 and January 2011.

While the survey requested greater detail regarding musculoskeletal treatment programs, there were also survey questions about publicly-funded service, human resources available, referral criteria, other clinical ambulatory rehabilitation services, reductions in rehabilitation resources and changes in referral and visit volumes. A preliminary analysis of the survey data focused more on the musculoskeletal perspective and was presented to the Orthopaedic Expert Panel Forum in March 2011. The following report provides a system level analysis of the survey data and provides system level recommendations based on the findings.

## **Survey Results**

### ***Responses***

120 unique hospital sites provided complete responses to the 183 surveys distributed resulting in a response rate of 66%.

### ***Outpatient Rehabilitation Resources***

Of the 120 sites that responded, 112 (93%) identified that they provided some publicly-funded outpatient rehabilitation services. Physiotherapy and occupational therapy were provided as follows:

- 59 sites provided both physiotherapy and occupational therapy
- 50 provided physiotherapy only
- 3 provided occupational therapy only

Across the province the sum of reported full-time equivalent staffing working within the hospital based outpatient sector was 482.19. This included physiotherapists (279.3 FTEs), occupational therapists (105 FTEs) and rehabilitation support work personnel (98.4 FTEs). Analysis was parsed by LHIN and is presented in Table 1, with the caveat that the rate of response to the survey varied by LHIN with some LHINs not well represented because a number of sites in their LHIN did not respond to the survey.

**Table 1: Outpatient Rehabilitation Resources**

LHIN ID	LHIN	Respondents that provide publicly-funded outpatient therapy services	Services Provided (number of sites)			Resources Reported			
			OT	PT	OT + PT	OT_FTE	PT_FTE	RSWP_FTE	Total FTEs (all)
1	ESC	3 of 3			3	11	14.7	9.1	34.8
2	SW	19 of 20		10	9	12	38.3	10.5	60.75
3	WW	4 of 6		2	2				
4	HNHB	7 of 7		2	5	6.3	19.5	10.3	36.1
5	CW	3 of 3	1		2	7.05	12.1	4	23.15
6	MH	1 of 1			1	11.7	15.22	2.8	29.67
7	TC	11 of 11	1	2	8	16.3	33.7	3.6	53.6
8	C	3 of 4		1	2	9.4	15.06	17.7	42.19
9	CE	9 of 10		5	4	7.7	29.0	5.6	42.3
10	SE*	7 of 8		4	3	1.3	6.75	3.3	11.35
11	CHM	16 of 17	1	10	5	5.05	45.52	12.5	63.1
12	NSM	7 of 7		4	3	5.5	12	7.85	24.85
13	NE	11 of 12		5	6	9.4	18.97	7.2	35.57
14	NW	11 of 11		5	6	1.85	18.45	3.96	24.26
	Total	112 of 120 (93.3%)	3	50	59	105	279.3	98.4	482.19

\* Providence St. Mary's on the Lake did not respond--major rehab centre

1 - Erie St. Clair, 2 - South West, 3 - Waterloo Wellington, 4 - Hamilton Niagara Hamilton Brant, 5 - Central West, 6 - Mississauga Halton, 7 - Toronto, Central, 8 - Central, 9 - Central East, 10 - South East, 11 - Champlain, 12 - North Simcoe Muskoka, 13 - North East, 14 - North West

### ***Additional Funding***

The information that was collected in this survey reflects publicly-funded outpatient services. However, hospital sites were also asked whether they provided outpatient services that were not funded under the hospital's global budget. Two thirds of hospital sites accessed some level of funding through the Workplace Safety and Insurance Board, while some also collected additional funding through billing of automobile insurance or extended health insurance services. 36% of all sites surveyed did not access any additional funding.

Payor	Percentage of sites
WSIB	61.3%
MVA	23.6%
EHB	18.9%

## Referral Source

Referral source questions were asked in order to gauge the mechanism by which patients were accessing care in outpatient therapy.

Table 2 provides a detailed breakdown of the responses by LHIN. Of note, many sites that provide outpatient services accept referrals from family physicians and specialists including surgeons external to their hospital, with the exception of Toronto Central and the Champlain LHINs which have fewer sites who accept referrals from outside sources.

*“There are many private clinics in the area but the focus is on orthopaedics.*

*Very few options for patients with neurological conditions such as stroke.”*

*- Hospital with recently closed outpatient rehab*

**Table 2: Referral Source**

LHIN ID	LHIN	Respondents that provide publicly-funded outpatient therapy services	Accept external referrals	Number of sites that accept referrals to OT, PT or both						Caveat statements (made by individual sites; 2 reporter observations)
				From orthopaedic surgeons in hospital	From plastic surgeons in hospital	From emergency MDs in hospital	Family MDs with admitting privileges	Outside surgeons	Family MDs in community	
1	ESC	3 of 3	3	3	2	3	3	3	3	
2	SW	19 of 20	14	13	11	15	14	15	14	Nurse practitioners refer
3	WW	4 of 6	2			1	2	2	2	4 largest sites do not accept external referrals
4	HNHB	7 of 7	4	7	6	5	5	5	5	Family MDs to regional spinal program Rehab, neuro, neurosurgery
5	CW	3 of 3	3	1	1	1	2	2	1	
6	MH	1 of 1	1	1	1			1		Only accept external when wait list short
7	TC	11 of 11	5	6	4	3	4	6	7	Rheumatology, geriatrics, ABI, stroke, neuro, sports medicine
8	C	3 of 4	3	2	2	2	2	3	3	
9	CE	9 of 10	8	9	5	7	8	7	7	
10	SE*	7 of 8	7	6	1	7	4	7	3	Limit specialist referrals to patients who have family MD with privileges
11	CHM	16 of 17	12	10	9	13	11	8	7	3 sites identify referring MD must have privileges Physiatrists, cardiac and neuro
12	NSM	7 of 7	5	5	3	5	4	5	4	
13	NE	11 of 12	9	7	4	6	10	9	8	
14	NW	11 of 11	10	5	2	9	10	10	7	Nurse practitioners refer

Qualitative data collected showed the acceptance of referrals by some sites to clinical rehabilitation services through cardiologists, neurologists and neurosurgeons, physiatrists, geriatricians and nurse practitioners, although the majority of sites required them to have hospital privileges at their site.

*“Our [admission] criteria are too limiting. Stroke patients, sprains and strains, frozen shoulder, etc. cannot access publicly funded outpatient therapy”*

## Services provided

While outpatient rehabilitation services associated with hospital specialty programs such as spinal cord injury, acquired brain injury, stroke, respiratory and cardiac do exist, they are not as prevalent as outpatient support for musculoskeletal disorders. Table 3 is a service profile by LHIN developed from survey responses.

**Table 3: Service Profile**

LHIN ID	LHIN	Respondents that provide publicly-funded outpatient therapy services	Service Profile (number of sites offering the service)							
			Not for 0 to 18 years (paediatrics)	Elective MSK (may include hip, knee or shoulder replacement, foot /ankle reconstructions, spinal surgery, soft tissue repairs or arthroscopy)	Fractures	Trauma / surgical soft tissue	Specialized (hand therapy, splinting)	Cardiac	Neurological	Respiratory
1	ESC	3 of 3	0	The vast majority of outpatient rehab support the MSK population. Variation in access to specialty focus (hand, spine etc) Some sites do give preference or set criteria to include post-surgery, discharge from hospital, and fracture care.	0	3	3	2		
2	SW	19 of 20	0		2	15	8	1		
3	WW	4 of 6	1		0	0	1	0		
4	HNHB	7 of 7	2		2	3	2	1		
5	CW	3 of 3	1		1	2	0	0		
6	MH	1 of 1	0		1	1	1	1		
7	TC	11 of 11	9		1	6	0	0		
8	C	3 of 4	2		1	2	2	0		
9	CE	9 of 10	0		0	6	2	0		
10	SE	7 of 8	3		2	3	3	0		
11	CHM	16 of 17	9		3	9	5	3		
12	NSM	7 of 7	1		3	4	2	0		
13	NE	11 of 12	0		3	11	7	2		
14	NW	11 of 11	1		7	7	8	3		
		112 of 120	26%	107 of 112 (96%)						

Musculoskeletal services include therapy related to surgeries for joint replacement, ligament and soft tissue conditions, foot and ankle, spinal, hand therapy, fracture, splinting and arthroscopy. 96% of sites (107 of 112) provided some level of therapy for one or multiple musculoskeletal conditions, however not all sites offer care for all conditions. Some sites give preference to referrals for post-surgical or post hospitalization or fracture care. 74% of respondent sites provide services for paediatric individuals (0 to 18 years of age) as well as adults.

## System Capacity Changes

50% of sites responded that they had reduced outpatient rehabilitation services over the past two years and 16% indicated that additional planned reductions would occur in the next year. (Table 4) During the same time period the following percentage of total respondents have seen increases in the:

- Number of referrals to their services (58%)
- Geographic catchment area (39%)
- Number of therapy visits (32%)

In the same time period the following percentage of total respondents have seen decreases in:

- Number of referrals to their services (23%)
- Number of therapy visits per patient (31%)

*“Patients often remain in hospital as ALC patients, waiting for the next continuum of care sector/service which is either available in limited form, with long wait lists or does not exist at all.”*

The qualitative data suggests that these reported changes are due to multiple factors in a changing and complex health system. Reasons given for increases in referrals and visits were the aging population, complexity of patients and closures of other local services while decreases were related to restrictions on eligibility requirements, narrowing of referral base and restrictions to the number of therapy visits due to reduced resources.

## Teaching, Community and Small Hospitals

There was no difference found between teaching, community or

**Table 4: Service reductions**

LHIN ID	LHIN	Respondents that provide publicly-funded outpatient therapy services	Sites that have or will reduce service	
			Occurred within the past two years	Planned (may indicate further reductions)
1	ESC	3 of 3	0	2
2	SW	19 of 20	13 (68%)	3
3	WW	4 of 6	4 (100%)	0
4	HNHB	7 of 7	5 (71%)	2
5	CW	3 of 3	1 (33%)	0
6	MH	1 of 1	1 (100%)	0
7	TC	11 of 11	5 (45%)	0
8	C	3 of 4	1 (33%)	0
9	CE	9 of 10	2 (22%)	3
10	SE	7 of 8	2 (29%)	0
11	CHM	16 of 17	9 (56%)	4
12	NSM	7 of 7	6 (86%)	2
13	NE	11 of 12	3 (27%)	0
14	NW	11 of 11	4 (36%)	2
			<b>50%</b>	<b>16%</b>

small sites in the percentage of respondents who provided outpatient rehabilitation and the percentage of those who had reduced services over the past two years.

## Best Practices

A majority of respondents employ some level of best practices to help guide treatment and facilitate discharge. Most commonly cited tools included the use of outcome measures, particularly for MSK including elective and trauma. However the data finds that less outpatient departments utilize clinical protocols and have standard discharge criteria suggesting that there may be opportunity to improve patient flow in some areas.

*“We have only one [DPC] in all of Bruce and Grey Counties. The four South Grey hospitals have all closed their outpatient departments and so for many of the residents of these communities, there is no publicly funded service available”*

**Table 5: Best Practices**

	Survey respondents that provide services for: (N)	Percentage using outcome measures	Percentage that use written clinical protocols / pathways	Percentage who have standard discharge criteria
<b>Elective MSK</b>				
Hip replacement	92	79.3	57.6	35.9
Knee replacement	93	81.7	57.0	39.8
Shoulder replacement	84	76.2	45.2	17.9
Upper extremity soft tissue repair	84	79.8	46.4	15.5
Lower extremity soft tissue repairs	85	72.9	35.3	14.1
Upper extremity arthroscopy	74	75.7	32.4	17.6
Lower extremity arthroscopy	82	72.0	29.3	17.1
Foot / ankle reconstruction	72	62.5	26.4	16.7
Spinal surgery	72	72.2	29.2	15.3
<b>Fractures</b>				
Upper extremity fractures	94	70.2	21.3	10.6
Lower extremity fractures	90	70.0	21.1	13.3
<b>Trauma / surgical soft tissue</b>				
Upper extremity tendon injuries	91	72.5	35.2	17.6
Lower extremity tendon t injuries	84	71.4	25.0	15.5
Upper extremity ligament injuries	92	66.3	20.7	14.1
Lower extremity ligament injuries	85	70.6	17.6	12.9
<b>Specialized services</b>				
Hand therapy	64	64.1	42.2	25.0
Splinting	49	38.8	26.5	22.4
<b>Non-MSK patients</b>				
Cardiac	26	53.8	38.5	30.8
Neurological	72	68.1	13.9	13.9
Respiratory	44	38.6	18.2	22.7
Mental health	13	53.8	15.4	23.1

## ***Additional Survey Findings***

### **Qualitative analysis**

The survey included opportunities to elaborate on various questions. The following represents some of the themes from those responses:

- Respondent-identified barriers to timely, accessible outpatient therapy services included reduction in funding, increasing wait lists, reductions to health human resources, increased restriction for eligibility requirements to access services.
- Respondent-identified gaps in outpatient therapy services included limited services for chronic conditions and complex needs of seniors with non-surgical orthopaedic conditions as well as a lack of treatment programs to refer to following screening and triage programs.
- 94 respondents identified an interest in formal or informal networks as an opportunity to share best practices.
- The availability of rehabilitation for neurology and cardio respiratory patients is extremely variable across LHINs as reported through this survey.
- A majority of survey respondents (74%) identified that they believed that wait lists for outpatient therapy delays timely access to care.

### **Additional information**

It was evident from the responses and the follow up discussions with the respondents that access to some elements of the survey, specifically related to caseloads, volumes of patients and patient visits was difficult to provide as many outpatient therapy centres do not have an IT infrastructure which easily provides this information.

## ***Summary of Survey Results***

This survey, with a 66% response rate, provides a non-exhaustive current state of outpatient physiotherapy and occupational therapy rehabilitation treatment services available in hospitals. These outpatient rehabilitation personnel are associated with acute care, rehabilitation or complex continuing care hospitals across Ontario.

### **Key Findings**

- Almost 500 FTEs of human resources are reported to be involved in the provision of outpatient rehab therapy with 93% of responding hospital sites providing either physiotherapy, occupational therapy, or both.
- Acceptance of referrals from family physicians and specialists external to the hospital is a common practice across LHINs with the exception of Toronto Central and Champlain LHINs.

- There is a marked increase in reductions/closures of outpatient services in the past two years. 3% of respondents reported having no services, and 50% of respondent sites who had indicated they provide outpatient services having reduced those services within the past two years. Additionally 16% indicated planned reductions in the coming year.
- A significant number of respondents reported an increase in referrals, their geographic catchment area and the number of therapy visits per patient due to patient age and higher complexity of the patients' conditions.
- Those respondents who reported a decrease in referrals (23%) and number of therapy visits (31%) often cited additional restrictions on eligibility requirements, narrowing of referral base and restrictions on the number of therapy visits due to reduced resources.
- A majority of survey respondents (74%) identified that they believed that wait lists for outpatient therapy delays timely access to care.
- The availability of services in all outpatient programs are inconsistent across LHINs. Although this survey focused on musculoskeletal from the responses there are also significant variations in other areas including neurology and cardiology.

## Recommendations

Over the last few years the Ministry of Health and Long-Term Care and LHINs have developed a systems approach to patient care which has been targeted at access and has included a number of provincial initiatives to improve the measurement of the patient's experience in the acute care sector. This approach has been enhanced through the recent proclamation of the Excellent Care for All Act and Ontario is moving towards a new quality agenda within healthcare. This survey data, although not exhaustive, demonstrates that there is a core publicly funded outpatient treatment sector across the province. Although it is difficult to quantify the capacity related to number of factors including the lack of coordinated IT infrastructure, all indications are that services are highly variable and are vulnerable to reductions and to ultimate closures. The following recommendations are therefore being made:

### 1) *Stabilize the system*

In order to be able to effectively plan for current and future patient care there is the need to quantify service capacity. For many procedures patients are required to move beyond their local hospital to receive care in regional centres, trauma centres, or based on their choice or surgeon. Access variations through reductions and closures in regions across Ontario therefore has the potential to have a detrimental effect on the programming in other health service provider organizations. The system therefore needs to be stabilized by stopping reductions to current outpatient rehabilitation services so that service planning across the province can be made effectively.

### 2) *Inventory the system*

Undertake a comprehensive inventory of all publicly-funded outpatient treatment rehabilitation services available across the province to identify the services available including all service specialties and provider types.

**3) *System monitoring***

Develop a strategy to monitor resource capacity, services provided and outcomes of therapy. Monitoring may need to begin with a mix of manual and electronic reporting with an eventual move to an electronic reporting system that captures all relevant data by all providers across Ontario.

**4) *Promotion of best practices***

There are many examples of best practice documents including toolkits and clinical guidelines for the management of a number of different conditions including musculoskeletal care and other patient populations. Any initiative focused on improving quality for outpatient rehabilitation treatments should promote the use of these best practices including outcome measures, clinical care maps and standardized discharge planning.

**5) *Capacity planning***

Work needs to be undertaken to define the system needs for the use of outpatient rehabilitation treatment programs at a local level along the continuum of care in order to determine the capacity requirements for equitable, timely access to outpatient rehabilitation services. Accessibility also needs to be considered including travel distance and hours of operation as well as best use of resources such as the use of group sessions.

**6) *Ensure a provincial approach to equitable access to quality care for elective surgery***

As many patients travel to undergo their elective surgery it is recommended that a provincial approach is used to ensure equitable access across the province to timely evidence-based care as close to home as possible.

## Appendix 1: Survey Text

### Orthopaedic and Trauma Outpatient Services (OT & PT)

#### 1. Introduction

The following survey is a joint effort between the Orthopaedic Expert Panel, the Ontario Physiotherapy Association and the Ontario Society of Occupational Therapists. The objectives of this survey are:

1. To quantify publicly funded outpatient occupational therapy and physiotherapy services available to patients who have experienced orthopaedic trauma or elective orthopaedic surgery.
2. To identify service gaps across the province where patients who have had orthopaedic surgeries or interventions are not able to access necessary publicly funded therapy services close to home.
1. To identify barriers to access to services within communities, LHINs and across LHIN boundaries.
3. To identify resources/approaches in use by therapists treating orthopaedic trauma and elective surgery patients that increase efficiency in the health care system.
4. To support the development of networks of therapists in order to promote and facilitate sharing of best practice, peer advice/consultation, etc.

The survey should take approximately 20 minutes to complete.

In order to ensure clarity of information, we ask that a separate survey be completed for each hospital site, where multiple sites exist. The survey must be completed in one sitting; if you exit the survey before completing it, your answers will not be saved.

If you would prefer a paper copy of the survey, please contact [jenniferh@opa.on.ca](mailto:jenniferh@opa.on.ca).

Thank you in advance for your participation.

#### 2. Demographics

1. Hospital Name (and Site name if applicable). ***Please note that if you are completing this survey on behalf of multiple hospital sites, a separate survey needs to be completed for each site.*** \_\_\_\_\_

2. What is your LHIN? \_\_\_\_\_

3. Do you provide publicly-funded outpatient therapy services?

- No (You will be skipped to section #9)
- Yes Occupational and Physical Therapy
- Yes Occupational Therapy only
- Yes Physical Therapy only

### 3. Service reductions

1. Has your hospital reduced publicly funded outpatient therapy services in the last 2 years?

- Yes
- No

If yes, please specify reduction: \_\_\_\_\_

2. Is there an anticipated reduction in publicly-funded outpatient therapy in your hospital within this fiscal year?

- Yes
- No

If yes, please explain: \_\_\_\_\_

### 4. FTE's and Service Hours

1. What is the number of FTE's working for the outpatient service in your facility?

Occupational Therapists: \_\_\_\_\_

Physiotherapists: \_\_\_\_\_

Rehabilitation Support Worker Personnel: \_\_\_\_\_

2. Do you offer outpatient services outside of typical business hours?

- Early morning services are offered
- Evening services are offered
- Weekend services are offered
- Services are only offered during typical business hours

If there are different hours for different programs, please let us know:

3. Do you offer outpatient services not covered under the hospital global budget?

- N/A
- Motor Vehicle Accident Insurance
- WSIB
- Extended health benefits
- Other (please specify): \_\_\_\_\_

## 5. Patient Populations

We would like to know more about the patient populations that you currently treat. Most of the sections focus on MSK, but there is a section at the end relating to non-MSK patients. Please check off whether or not you provide physiotherapy (PT) or occupational therapy (OT) services through your publicly-funded outpatient services for the following patient populations.

<b>1. What are the age ranges of the patients you treat in your outpatient therapy program(s)?</b>		
	<b>OT</b>	<b>PT</b>
0-18 years	€	€
19-64 years	€	€
65 years +	€	€
<b>2. a) Elective MSK Procedures</b>		
	<b>OT</b>	<b>PT</b>
Hip Replacement	€	€
Knee Replacement	€	€
Shoulder Replacement	€	€
Upper Extremity Soft Tissue Repairs	€	€
Lower Extremity Soft Tissue Repairs	€	€
Upper Extremity Arthroscopy	€	€
Lower Extremity Arthroscopy	€	€
Foot/Ankle Reconstruction	€	€
Spinal Surgery	€	€
Other (please specify)		
<b>3. b) Fractures</b>		
	<b>OT</b>	<b>PT</b>
Upper extremity fractures	€	€
Lower extremity fractures	€	€
Other (please specify)		
<b>4. c) Trauma/Surgical Soft Tissue</b>		
	<b>OT</b>	<b>PT</b>
Upper extremity tendon injuries	€	€
Lower extremity tendon injuries	€	€
Upper extremity ligament injuries	€	€
Lower extremity ligament injuries	€	€
Other (please specify)		

5. d) Specialized Services		
	OT	PT
Hand Therapy	€	€
Splinting	€	€
Other (please specify)		
6. d) Other non-MSK patients		
	OT	PT
Cardiac	€	€
Neurological	€	€
Respiratory	€	€
Mental Health	€	€
Other (please specify)		

## 6. Referral to Therapy

1. Do you accept external referrals to your outpatient service?

	Yes	No
OT	€	€
PT	€	€

Comments: \_\_\_\_\_

2. On average, what was the percentage of internal vs. external referrals for **physiotherapy** outpatients seen in the fiscal year 2009/2010? Percentages must total 100%. Where data is not available, please estimate. Do not include the % sign in your answer.

Internal referrals for physiotherapy: \_\_\_%

External referrals for physiotherapy: \_\_\_%

3. On average, what was the percentage of internal vs. external referrals for **occupational therapy** outpatients seen in the fiscal year 2009/2010? Percentages must total 100%. Where data is not available, please estimate. Do not include the % sign in your answer.

Internal referrals for occupational therapy: \_\_\_%

External referrals for occupational therapy: \_\_\_%

4. From whom does your publicly-funded outpatient service accept referrals?

	<b>OT</b>	<b>PT</b>	<b>N/A</b>
Your orthopaedic surgeons	€	€	€
Your plastic surgeons	€	€	€
Your emergency physicians	€	€	€
Other surgeons OUTSIDE your hospital	€	€	€
Family Physicians with admitting privileges	€	€	€
Other family physicians in the community	€	€	€
Other sources (please specify):			

5. How many new referrals were received by your outpatient service in the 2009/2010 fiscal year? Where data is not available, please estimate.

New referrals for OT: \_\_\_\_\_

New referrals for PT: \_\_\_\_\_

6. How many of those new referrals were seen by your outpatient service in the 2009/2010 fiscal year? Where data is not available, please estimate.

Seen by an OT: \_\_\_\_\_

Seen by a PT: \_\_\_\_\_

7. How many unique patients in total (including new patients and those carried forward from the previous year) were treated by your outpatient therapy service in the 2009/2010 fiscal year? Where data is not available, please estimate.

Patients requiring OT: \_\_\_\_\_

Patients requiring PT: \_\_\_\_\_

8. How many visits/treatments were provided by OT and PT in the 2009/2010 fiscal year? Where data is not available, please estimate.

OT Services: \_\_\_\_\_

PT Services: \_\_\_\_\_

## 7. Best Practices

We would like to know what best practice tools you use, if any, when planning the discharge of the following patient populations. Please check off all that apply:

<b>1. a) Elective MSK Procedures</b>			
	Outcome Measures	Written Clinical Protocols / Pathways	Standardized Discharge Criteria
Hip Replacement	€	€	€
Knee Replacement	€	€	€
Shoulder Replacement	€	€	€
Upper Extremity Soft Tissue Repairs	€	€	€
Lower Extremity Soft Tissue Repairs	€	€	€
Upper Extremity Arthroscopy	€	€	€
Lower Extremity Arthroscopy	€	€	€
Foot/Ankle Reconstruction	€	€	€
Spinal Surgery	€	€	€
Other (please specify):			
<b>2. b) Fractures</b>			
	Outcome Measures	Written Clinical Protocols / Pathways	Standardized Discharge Criteria
Upper extremity fractures	€	€	€
Lower extremity fractures	€	€	€
Other (please specify):			
<b>3. c) Trauma/Surgical Soft Tissue</b>			
	Outcome Measures	Written Clinical Protocols / Pathways	Standardized Discharge Criteria
Upper extremity tendon injuries	€	€	€
Lower extremity tendon injuries	€	€	€
Upper extremity ligament injuries	€	€	€
Lower extremity ligament injuries	€	€	€
Other (please specify):			
<b>4. d) Specialized Services</b>			
	Outcome Measures	Written Clinical Protocols / Pathways	Standardized Discharge Criteria
Hand Therapy	€	€	€
Splinting	€	€	€
Other (please specify):			
<b>5. d) Other non-MSK patients</b>			

	Outcome Measures	Written Clinical Protocols / Pathways	Standardized Discharge Criteria
Cardiac	€	€	€
Neurological	€	€	€
Respiratory	€	€	€
Mental Health	€	€	€
Other (please specify):			

6. What methods, if any, are used for follow up post-discharge?(check all that apply)

- No follow up services are provided
- Phone call to patient
- Follow up if/when the patient calls
- Based on provider's discretion
- Other (please specify): \_\_\_\_\_

7. Is there an established mechanism for re-entry to this program/service after discharge?

- Yes
- No

8. If yes, please describe the method(s) of re-entry to this program/service after discharge:

\_\_\_\_\_

## 8. Service Trends

1. Have you noticed a change in the following over the past two years?

	Increased	Decreased	Stayed the same
Number of new referrals	€	€	€
Total patient workload per therapist	€	€	€
Geographic catchment area (where your patients live)	€	€	€
Number of therapy visits	€	€	€

Comments: \_\_\_\_\_

## 9. No Outpatient Therapy Service

If you currently provide BOTH occupational and physical therapy as a publicly-funded outpatient service, please skip all questions on this page.

1. If you do not currently provide publicly funded outpatient services, when did you last provide them? Please enter the year.

Occupational Therapy: \_\_\_\_\_

Physical Therapy: \_\_\_\_\_

2. In the absence of a publicly funded outpatient therapy clinic, do your inpatient therapists ever provide some services to outpatients?

€ N/A

€ Yes

€ No

If yes, please explain: \_\_\_\_\_

## 10. Service Gaps

1. In your opinion, what are the major gaps you are seeing in outpatient services in your area?

€ There is no access to a local orthopaedic surgeon

€ There is no access to local publicly-funded outpatient physiotherapy services

€ There is no access to local publicly-funded outpatient occupational therapy services

€ Publicly-funded outpatient therapy services do not accept referrals from surgeons out of region

€ Wait lists for outpatient services delay timely access to therapy

€ There are unfilled vacancies limiting HHR for occupational therapy

€ There are unfilled vacancies limiting HHR for physiotherapy

2. Please identify any additional barriers to timely, accessible outpatient therapy services:

\_\_\_\_\_

3. Do you have any other information or comments about outpatient therapy services that you would like to share with us?

\_\_\_\_\_

## 11. Making Links

1. One of the objectives of this project is to support the development of networks of therapists, or communities of practice, in order to promote and facilitate sharing of best practice, peer advice/consultation, etc. Would you be interested in participating with others across Ontario as part of a formal or informal community of practice?

- € Yes, as part of a formal network
- € Yes, as part of an informal network
- € No, I would not be interested in participating

Any comments about networking? \_\_\_\_\_

2. If you are interested in participating in a network, please let us know the best way to contact you: \_\_\_\_\_

Thank you! Those are all the questions we have for you.

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<sup>i</sup> Canadian Best Practice Recommendations for Stroke Care. Retrieved June 13, 2011.  
<http://www.strokebestpractices.ca/index.php/managing-stroke-care-transitions-new-for-2010/early-supported-discharge-new-for-2010/>