BENEFITS REALIZATION:
STROKE REHABILITATION REFERRALS

System Coordinated Access

The System Coordinated Access (SCA) program is working to create a seamless experience for patients and providers moving between different parts of our complex health care system, by leveraging existing infrastructure and an innovative technology solution to connect referral sources to providers in a timely, barrier-free manner. The end goal of these system planning efforts is to create a model that will support faster access to services and more integrated, coordinated care for our residents.

In 2016, the SCA program transitioned to the eHealth Centre of Excellence (eCE), a division of the Centre for Medicine Family Health Team (CFFM FHT).

The Centre for Family Medicine
Family Health Team

Benefits realization (BR) is a key component of the projects supported through the eCE. The BR team has adopted an approach to evaluation that is linked with the change management and adoption process. The purpose is to identify the processes that produce organizational and clinical value in health workflows and how the use of different e-tools can yield increased value. The BR team examines academic research and documented best practice guidelines to understand the clinical value propositions that should motivate specific clinical workflows to adopt change.

This BR case is part of a series of case studies which describe the clinical value of adopting a new referral process within the Waterloo Wellington Local Health Integration Network (WWLHIN). The work of the eCE BR program is ongoing as the SCA program evolves. Many of the BR cases raise questions which invite further investigation, and clinicians are encouraged to participate in that dialogue in order to develop the answers.

Value Statement

The introduction of an electronic referral and booking system is enabling better, more seamless transitions for stroke patients who are moving from acute care at Grand River Hospital (GRH) to outpatient rehab.

Clinical Best Practice for Stroke Rehab Referrals

In Canada, stroke is the leading cause of adult disability. 85% of patients who have a stroke survive, and therefore rehabilitation is essential in maximizing stroke recovery and minimizing costs and burden [1]. Current best practice literature supports the need for facility or community-based rehabilitation for all stroke survivors with ongoing rehab goals [2]. In 2014, the Ministry of Health and Long-Term Care (MOHLTC) developed 20 quality-based performance (QBP) indicators for stroke care in Ontario, one of which measures the proportion of stroke patients discharged from acute care with a referral to outpatient rehab, with the provincial benchmark being 12.8%.

GRH Using Online Booking and Referral Process for Outpatient Stroke Rehab

Historically, if a patient was appropriate for outpatient rehab at the time of discharge from the stroke unit at GRH, a referral form would be faxed to the outpatient rehab clinic (ORC) and the patient would go home not knowing when they would be assessed. It could have been days, and in some cases, weeks, before patients would receive a call indicating their outpatient assessment was now booked. There were also numerous occasions when the fax would be misplaced, misdirected, or otherwise not received by the ORC, and unless the patient followed up, the referral could be

overlooked. In the fall of 2015, the stroke team within GRH began using an online booking system that allows the acute care clinician to book the patient for an outpatient assessment appointment at the time of discharge. At this point in time, although the assessment appointment was booked, the actual referral form was still sent to the ORC by fax; if that fax was misplaced, however, the patient was not overlooked as their appointment was still booked, and the therapist would know to follow up on the location of the fax. In December 2015, this referral process was improved again: now both the appointment booking *and* referral form can be done electronically, eliminating the need to fax documents. The acute care stroke team reports that these improvements have eliminated lost referrals, decreased wait times to outpatient rehab assessment, and increased patient and clinician confidence in the care plan.

In the 2014 Ontario Stroke Report Card, it was reported that in 2012/2013, 13% of stroke patients in the Waterloo Wellington Local Health Integrated Network (WWLHIN) were referred for Outpatient Stroke Rehab, just above the provincial benchmark of 12.8%, and an increase from their previous three year average of 7.3% [3]. One month prior to implementing the online referral system at GRH, only 6% of acute stroke discharges had an outpatient rehab referral. **Since that time, the number of patients discharged with a referral to ORC has steadily increased, and is currently over 16%.**
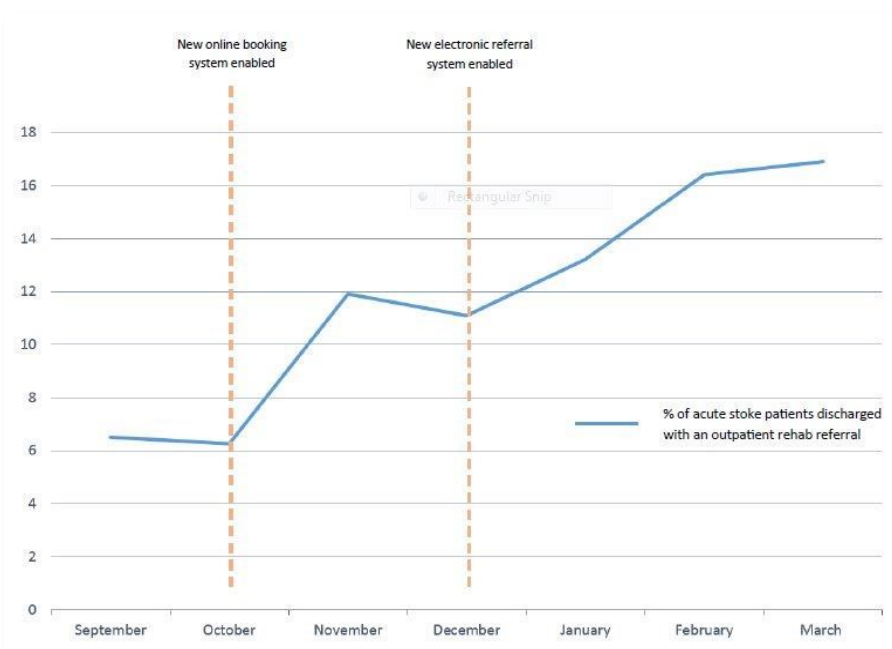
Testimonial

"In the past when there were lengthy wait lists for the outpatient clinic, patients were sometimes referred to inpatient rehab for a short stay because there was not timely access to outpatient therapy. Now, with first appointments being booked and the therapists knowing when their patient will be seen, there has been an improvement in getting patients to the right place. Having patients in the right place greatly impacts on flow across the continuum of care.

Electronic submission of referrals has been fantastic – gone are the worries about lost faxes and patients falling through the cracks!"

- Julie Weir, Waterloo Wellington
Stroke Navigator, GRH

For questions, comments, or to participate in eCE's BR program, please contact:
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References

1. Langstaff, C., et al., Enhancing community-based rehabilitation for stroke survivors: creating a discharge link. Top Stroke Rehab, 2014. 21(6): p. 510-9.
2. Hebert, D., et al., Canadian stroke best practice recommendations: Stroke rehabilitation practice guidelines, update 2015. Int J Stroke, 2016. 11(4): p. 459-84.
3. Hall R., et al., Ontario and LHIN 2013/14 Stroke Report Cards and Progress Report Cards: driving knowledge exchange and implementing stroke best practices. Institute for Clinical Evaluative Sciences, 2015.