

HOSPITAL REPORT 2005: REHABILITATION

Hospitals are a vital part of Ontario's health care system. They serve communities large and small, and provide a variety of services for patients including acute care, emergency department care, complex continuing care as well as rehabilitation care.

Hospitals participate voluntarily in the hospital report process because they see the potential for the project to lead to better health care. Not all hospitals participate in every report, however, 45 out of 54 hospital corporations with designated, publicly funded, adult inpatient rehabilitation beds participated in *Hospital Report 2005: Rehabilitation*. The report does not include information on rehabilitation services in acute care, or outpatient or community settings, or home-based care.

First issued in 1998 by the Ontario Hospital Association (OHA) and issued jointly since 2001 by the OHA and the Ministry of Health and Long-Term Care, Hospital Reports are a quality improvement tool. The information for all reports is gathered and analyzed independently by researchers from the Hospital Report Research Collaborative (based at the University of Toronto).

Hospital boards and senior leaders use these reports to compare their hospitals' performance with other hospitals of the same size or those that provide the same type of services. Strengths and areas for improvement can be identified, and changes made to bring about improved services. In turn, health care providers use the reports to learn what other hospitals are doing and also assess whether any changes they have implemented have led to improvements.

Government uses the reports to help ensure hospitals are accountable for their use of public resources. The public uses the reports to understand more about how their local hospitals are doing.

For the first time, the report identifies "benchmark" hospitals – those that have performed above average in more than one area of the scorecard. Benchmark hospitals are: Penetanguishene General Hospital/North Simcoe Hospital Alliance, Providence Continuing Care Centre (Kingston), St. John's Rehabilitation Hospital (Toronto), Trillium Health Centre (Mississauga), and West Park Healthcare Centre (Toronto).

This report includes scores for individual hospitals as well as a provincial average. Results are reported by region as designated by the Ontario Hospital Association.

Some of the key findings from *Hospital Report 2005: Rehabilitation*:

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Clinical Utilization and Outcomes (Patient care)

Overall, patients recovering from stroke, hip fracture, and total joint replacement are achieving significant improvement in function.

Patients with stroke or hip fracture require a longer length of stay to achieve the same progress in function as patients undergoing elective joint replacement. Overall for all rehabilitation inpatients, the provincial average for active rehabilitation length of stay (a measure of the number of days clients required an inpatient stay to become ready for discharge) was 26.4 days.

Client Perspective (How patients feel about their care)

Patients indicate that they are satisfied with the care they have received in hospital. However, the scores for continuity and transition to community (continued care after transition to community) are significantly lower than for other indicators. Hospitals could be performing better with respect to providing patients with the information they need to manage their conditions after being discharged.

System Integration and Change (Dealing with change)

Most hospitals are performing well with staff development – an improvement from results indicated in the report on rehabilitation services in 2003. There is considerable variation across the province in performance for best practices, continuity of care and client-centredness (focus on the client), suggesting a potential for improvement among a number of facilities.

Financial Performance and Condition

Hospitals with designated rehabilitation beds are concentrating more of their efforts toward patient care. They spend 75 per cent of their expenses on direct patient care. While this percentage has remained fairly constant over the last four years, the actual dollars spent on direct patient care has increased by 42 per cent since 1999/2000. Eighty-five per cent of the hours worked by nurses and therapists are spent on patient care activities.

Women's Health Perspective

More women than men use inpatient rehabilitation care – for example, 70 per cent of orthopedic patients are women. Women generally have a less favourable perception of the quality of care than men for inpatient services and post-discharge care transition. Also, women spend an average of five days less in hospital for rehabilitation care than do men.

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