

## **Trillium Health Centre Interview Summary Notes**

Monday, August 8, 2005

**Interview Participant:** Susan Bisailon, Director of Neurosciences and Musculoskeletal Services

**Interviewer:** Leslie Soever, Manager Rehabilitation, Hospital Report Research Collaborative

### **System Integration & Change Quadrant**

#### Interdisciplinary Integration of Care Indicator

- In 1998 with health services restructuring, Trillium went to a health system model and rehab got put under the present program
- Programs were aligned so that rehab' could support them e.g. short-term rehab' is situated with orthopaedics right next to the acute care unit which facilitates the teams knowing each other well
- Have a rehab' readiness tool that is very clinically-based; patients are given a score as assessed by someone from the rehab' unit; this was presented as a poster at the GTA Rehab Network Day
- Teams are aligned to specific populations; are trying to get specialized teams that deal with specialized populations e.g. stroke unit the team members are all stroke specialists; the patient does not actually move beds/rooms as they enter the rehab' phase but the patient does get more rehab' staff involved in their care
- Have 14 beds for longer term patients at the Queensway Site; neurorehab and cardiac
- Staff have become comfortable with their populations; there is lots of education to the teams to develop expertise
- Have one physiatrist who works in the General Rehab' Unit

#### Evidence of Client-Centred Care Indicator

- Patients come in to the stroke unit directly as long as they are stable as opposed to going to ICU then acute care then rehab'
- The emphasis is on getting care in the right place at the right time
- Three years ago, best practices projects were initiated for specific populations; they looked at what practices they were doing and why; this led to lots of internal changes

#### Best Practices Indicator

- Have published on stroke and best practices

#### Coordination and Continuity of Care Across the Continuum Indicator

- Trillium is one of the designated sites for Regional Stroke Program
- New practices have been initiated to ensure no gaps in care
- Trillium works with CCACs e.g. on changing length of stay on rehab' unit for total hip and total knee patients
- Have good relationships with CCACs and links to community partners e.g. aphasia group, Mississauga Stroke Breakers

- Orthopaedic patients come back to outpatient rehab' which is publicly-funded department with over 65,000 visits/year for ambulatory rehab'
- Also have day hospital for stroke patients and MS patients
- Just opened new outpatient ambulatory spine centre staffed with kinesiologist, physiotherapist, occupational therapist, massage therapist and physicians (General practitioners, orthopaedic surgeons, neurosurgeons, neurologists)
- Have dedicated MRI spots and other diagnostics

#### Evidence of Organizational Client-Centredness Indicator

- Have 6 strategic initiatives and one priority is patient-centred care and integrated care
- Integrated care means seamless care across the continuum; patient sees the right people at the right time
- Look at things from a population health perspective
- If care is totally client-centred it will be integrated
- Trillium felt that with the introduction of LHINs they need to be integrated
- They are looking at providing rehab' closer to home; in the community where don't need to come back to hospital per se but could go to a community-based rehab' centre e.g. the right place for ambulatory care could be in a centre with a wellness focus

#### Organizational Commitment to Staff Development Indicator

- Focus on staff development at Trillium
- With changes to programs have dedicated resources to help these programs
- There is lots of knowledge on the doorstep
- Participate in local conferences
- Have annual bursary programs
- Leaning towards staff being specialized which think leads to greater efficiencies

#### **Clinical Utilization and Outcomes Quadrant**

- Results fit with Best Practice projects
- Looked at ambulation, narcotics, dysphagia screening
- Review FIM scores quite regularly and do regular presentations with staff and look at how is affecting functionality and length of stay
- Have found that FIM scores have been a boost to staff morale

#### Total Orthopaedic Conditions

- With total hip and knee patients, are revising care maps with CCACs to decrease length of stay
- Will identify populations who are at risk and CCAC will provide more support to this group
- Have had 16-18 meetings with CCAC in last three months
- Trying to see if can identify patients at risk at preadmission
- Total knees spend 2-3 days in acute care and total hips spend 3-4 days in acute care and then move to rehab' unit that is close to acute care; presently these

patients do move beds to rehab' but Trillium is looking at model with stroke unit where don't move patients from bed to bed because are seeing benefits of this model

#### Total Stroke

- Stroke unit is quite unique because don't have to change beds; have a specialized team
- A brand new unit has been redesigned
- Have 4 neurologists who specialize in stroke and are the only ones who admit to this unit
- Have very set admission criteria
- A case study of a 40 year old stroke patient is being published in Rehab' and Community Care Journal in September 2005
- As more people get to know that Trillium has a really good rehab' unit, they are getting more requests for publications

#### All RCGs Indicators

- Need to service a lot of people and do it efficiently
- Look at their stats regularly
- In last year have had a 15% increase in admissions
- Are not discharging people who are not well
- Having the whole continuum of care as well as a good relationship with CCAC has helped a lot
- Always looking at ways to be innovative
- Have added staff to rehab' as opposed to lay-offs
- Don't have high turnover of staff; good staff loyalty; positive culture
- Created patient-centred units
- Realize that if don't have good rehab' services including outpatients, then won't have the flow through the continuum (this is a focus)