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The Toronto Stroke Networks

COMMUNIQUÉ JUNE 2013

Quality Based Procedures for Stroke

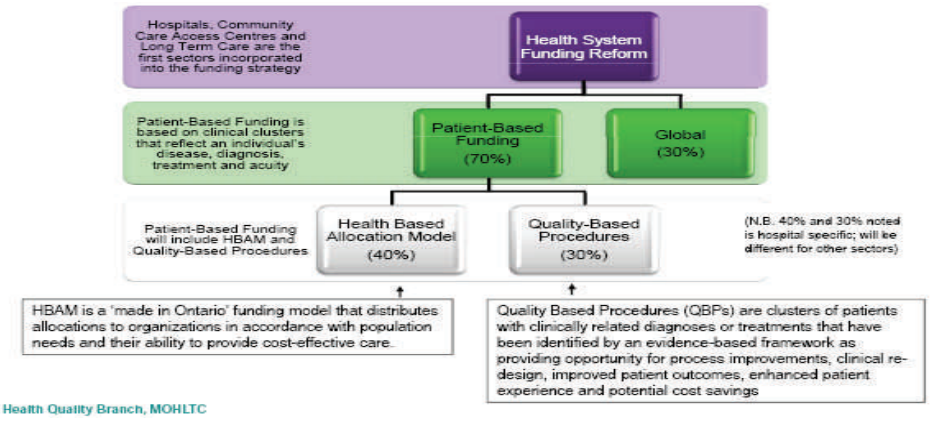
Introduction to Quality Based Procedures

In January 2012, Ontario's Action Plan for Health Care was launched with the vision of making Ontario the healthiest place in North America to grow up and grow old. Health System Funding Reform (HSFR) was established to support the Action Plan for Health and create high quality, publicly accessible and cost-effective health care.

What is Health System Funding Reform (HSFR)?

Traditionally, hospitals receive a global base amount of funding annually to support the health services they provide. Hospitals were required to effectively administer these funds and remain in budget – a 'provider centered' driven model of care delivery. This funding approach does not encourage organizations to fully maximize its overall efficiency or coordinate care beyond their own "silos" to improve the patient's experience and outcomes.

HSFR shifts 70% of the health services funding towards a 'patient centred' model called Patient-Based Funding (PBF), the remaining 30% stays as global funding. PBF is based on clinical clusters that reflect an individual's disease, diagnosis, treatment and acuity. PBF will link funding directly to patient outcomes, evidence based best practice care, and an organization's ability to provide cost-effective care. More specifically, PBF will incent health service providers toward quality improvement, collaboration with other health service organizations and with the heath system as a whole, to achieve a more integrated system of care. This will ensure Ontarians get the right care at the right time and in the right place, optimizing the patient's experience and health outcomes.



Under PBF a health service organization will receive its funding based on 2 components:
1. A health funding model under which allocations will consider the population served and clinical services provided by a hospital. (Hospital Based Allocation Model—HBAM)
2. Quality Based Procedures (QBP) which are specific modules of best practice care for clusters of patients with related diagnoses or treatments. The funding price will be based on delivery of expected practices, outcomes and the volume of patients served.

Content informed by Quality Based Procedures: Clinical Handbook for Stroke 2012, HQO and MOHLTC

Why Was Stroke Chosen for Quality Based Procedures?

Stroke was selected as a QBP for 2013/14 because it represents a patient population that has the potential to both improve quality outcomes and reduce costs to the health care system.

- Total stroke costs in acute care are approximately $191.4M, including
- 41.5 M for ALC days in acute care
- 16.6 M for readmissions to acute care
- Not captured here, are the additional costs for rehabilitation, home care and LTC.

* Available evidence: there is abundant evidence that describes stroke best practice for better outcomes
* Feasibility/capacity for change: within the stroke system, there is infrastructure support, engaged stake-holders, researchers and the availability of data to monitor performance for required improvement
* Practice Variation: wide variation in practice across all 14 Local Health Integrated Networks means there is room for standardization of care and the resulting benefits to be gained across Ontario.

What Does This Mean for Health Service Providers?

A Stroke Clinical Expert Advisory Group has created a Stroke QBP Clinical Handbook that describes:

a) Specific modules of care in acute and rehabilitation that outline the evidence based standard to be met. The modules of care cover:

Emergency/Early Assessment	Content includes early treatment and discharge planning for TIA, ischemic stroke eligible for tPA, ischemic stroke not eligible for tPA, Intra cerebral hemorrhage (ICH) and "unable to de-termine"
Inpatient Acute Care	
Inpatient Rehabilitation	

b) 13 draft performance indicators for monitoring and reporting.

What will happen next?

The Ministry of Health and Long Term Care is working towards an interim funding model for release in June 2013. A full and final funding model is being proposed for release in the Fall of 2013.
Organizations will need to work towards shifting practices to reflect the core standards described within the modules including targets and timeframes. Senior leaders have been working with the Toronto Stroke Networks and the LHINs since 2011 to fully align with the QBP expectations and to move towards this reorganized system of care. Future QBP for Stroke will focus on Early Supported Discharge and Outpatient Community Based Rehabilitation

As a front line provider you can:

* Become more familiar with the Stroke Clinical Handbook http://www.hqontario.ca/Portals/0/documents/eds/clinical-handbooks/stroke-130425-en.pdf
* Watch the OSN webcast *Taking Stroke Best Practices to the Next Level (An introduction to QBP and HQO Stroke Clinical Handbook)* http://ontariostrokenetwork.ca
* Engage your manager and review your unit or organization's performance relative to QBP and identify key areas for improvement
* Participate or champion quality improvement initiatives on your unit
* Discuss what all this means with colleagues on the TSNs VCoP at http://www.strokecommunity.ca/
* Consider your own practice relative to the patient/family experience at your organization and as they transition to the next level of care to identify ways that you can make their care exceptional.

For further information please email The Toronto Stroke Networks at info@tostroke.com
You can find the most recent versions of the Toronto Stroke Networks Best Practice Recommendation Guides at: www.tostroke.com/for-professionals/guidelines-and-recommendations/