

Consolidating Community Rehabilitation Services under a Provincial Home Care Program - What works? What Doesn't?
Cheryl Hansen, New Brunswick Extra-Mural Program
Carmen McKell, Evalu-Plan Consulting Inc.

Panel 1: **Introduction**

The Rehabilitation Services Plan (RSP) was implemented in New Brunswick in 1997 to “systematically guide the development of a coordinated, regionalized system of institutional and community-based rehabilitation services to meet the changing needs of New Brunswickers.”

One of the major strategies identified in the RSP was the consolidation of community based rehabilitation resources under the auspices of the Extra – Mural Program. The consolidation of community rehabilitation services was designed to help ensure equitable access for all New Brunswickers by bringing all community rehabilitation resources under the management of one organization. A consistent referral process between sectors and regions was also established. Consolidation would allow consumers to recognize the type of services available (what is available); the service provider (who delivers the service) and the avenue of access (the referral process).

Consolidation of community based services was accompanied by the following key system changes:

- ❑ Elimination of target groups for rehabilitation services. The service population became "*New Brunswickers of all ages whose needs can be addressed through the provision of rehabilitation services.*"
- ❑ Development of provincial rehabilitation service delivery guidelines identifying a consistent process for referral, intake, prioritization, caseload management, intervention and discharge, for rehabilitation services.
- ❑ Focus on an appropriate balance of rehabilitation interventions; education, consultation and treatment.
- ❑ Focus on servicing the client in the appropriate environment - institutional or community setting.
- ❑ Focus on the provision of rehabilitation services that are client centred, goal oriented and time limited.

Panel 2: **Evaluation**

The Health Transition Fund (HTF) was established in 1997 as a joint effort between the federal, provincial and territorial governments to “support projects which evaluate models of care or approaches to service delivery” (Health Transition Fund Guidelines Appendix C). The New Brunswick Department of Health & Community Services received funding from the HTF to support a portion of the activities associated with the implementation and evaluation of selected RSP strategies. The majority of RSP strategies were implemented over the past three years. Currently, the Department is conducting a comprehensive, improvement oriented evaluation which is designed to evaluate the implementation and subsequent impact of the strategies implemented as part of the Rehabilitation Services Plan in N.B. Data collection for the evaluation is expected to be complete by April of 2000.

While the overall evaluation framework covers many RSP strategies, this presentation will focus specifically on the evaluation of the consolidation of community rehabilitation resources under the provincial home health care program.

The specific evaluation questions are as follows:

- Was the consolidation of community resources successfully implemented?
- What worked and what did not work during the implementation?
- What have we learned from the implementation process?
- What was the impact of the consolidation on access? On the referral process?
- How can rehabilitation services in the community be improved?

Panel 3: Data Sources/Methods

The majority of information describing the consolidation of community rehabilitation resources has yet to be collected. To date, data have been obtained from the managers of rehabilitation services and the rehabilitation consultants within the Department of Health & Community Services. Additional evaluation projects, outside the scope of the HTF evaluation, have also provided information about the impact of the consolidation on nursing homes.

The table below highlights the data sources, methods, data types and current status of the evaluations to date that contribute to our knowledge about the consolidation of community rehabilitation resources.

Data Source	Method	Data Type	Status
Management of Rehabilitation Services	Cross sectional surveys (Online & Paper)	Quantitative/Qualitative	Ongoing
Department of Health & Community Services (DHCS) Consultants	Focus Group	Qualitative	Completed
DHCS Documentation	Documentation Review	Quantitative/Qualitative	Ongoing
Nursing Home Administrators <i>(Note: Not funded by HTF)</i>	Cross sectional survey Pre/Post	Quantitative/Qualitative	Completed
Referral Sources	Cross sectional survey	Quantitative/Qualitative	Ongoing
Rehabilitation Service Providers (AUD, OT, PT, SLP)	Cross sectional survey	Quantitative/Qualitative	Future
Rehabilitation Clients	Cross sectional survey	Quantitative/Qualitative	Ongoing

Panel 4: **Preliminary Results Regarding the Implementation**

Preliminary finding revealed a number of successful strategies used to facilitate the consolidation of community rehabilitation resources. These strategies include:

- Establishing stakeholder committees with representation from all levels (e.g. government, region and organizations)
- Developing communications plans prior to implementation to target all stakeholders affected by the consolidation
- Ensuring ongoing communication before, during and after the implementation

Rehabilitation managers and staff faced numerous challenges during the implementation process. Some of these challenges are listed below:

- provision of adequate office space
- availability of supplies and equipment
- provision of adequate orientation
- difficulty recruiting new staff
- reclassifications for new positions
- assignment of vehicles for new staff

Additional insights are expected to be collected once the rehabilitation service providers, referral sources and clients have an opportunity to contribute to the evaluation results.

Panel 5: **Lessons Learned From the Implementation Process:**

To date, the following lessons have been learned by managers and Department of Health & Community Services consultants:

- The receiving organization must be prepared to:
 - accommodate the philosophies and culture of professionals being integrated into a pre-existing culture and work environment realizing that a new culture may emerge as a result of the new mix of providers/services;
 - Be patient; consolidation of professionals into a new culture takes time;
 - Be aware that consolidation affects everyone in the organization, either directly or indirectly.
- Ongoing and effective communication using a variety of methods is essential.
- Involvement of all stakeholders in the process is critical.
- Establishment of clear evaluation criteria prior to implementation.
- With a significant system redesign of this nature pilot testing prior to implementation should be done.
- Involvement of rehabilitation service providers in all aspects of the consolidation process is necessary to ensure adequate understanding and “buy in” of the rationale for system change.
- Implementation should be timed to avoid significant service disruption.
- Sufficient time for orientation, education and training of rehabilitation service providers and referral sources must be allowed.
- An appropriate structure for clinical leadership / management, performance review should be firmly established by the receiving organization prior to implementation.
- Expectations of referral sources should not be raised prior to having a minimum resource level and pool of competent service providers.
- Appropriate resources should be put in place to meet the increased demand created by the consolidation of services; when fragmented programs are consolidated, the expectations that the full mandates of each program will be met raises the demand for services. This should be projected prior to implementation and strategies to address it put in place. The potential for reclassification of service providers should be carefully investigated and planned.
- Skill development for providing new types of care must be made available for service providers affected by the consolidation (e.g. service providers new to community care or pediatric specialists now serving adults)
- Funding for continuing education is essential for service providers working with new clientele.

Panel 6: Anticipated Impact on Community Rehabilitation Services

It is anticipated that the consolidation of community rehabilitation services will result in...

- ❑ Improved access to OT and SLP for Nursing Home residents
- ❑ An increase in the total number of rehabilitation professionals providing service to Nursing Homes
- ❑ Improved access to OT and PT for preschoolers and children in the school system
- ❑ An overall improvement in access to community based services for New Brunswickers
- ❑ Improved education to referral sources regarding the availability of rehabilitation services
- ❑ Increased knowledge base and skill level of rehabilitation service providers

Additional information describing the actual impact of the consolidation of community based resources will be made available as the evaluation continues. Detailed results will be presented in the final report scheduled for release in 2000.

Panel 7: **Future Directions**

Upon completion, results from this evaluation of the consolidation of community rehabilitation resources may be used to...

- help determine the appropriate mix of generalist and specialist service providers in the community necessary to meet the needs of a diverse population
- assist in determining the resource level required to meet the mandate of the EMP rehabilitation service
- identify and address issues relating to the provision of services to the education system from a healthcare organization
- investigate the potential for utilization of rehabilitation support personnel in the community

Panel 8: **About the New Brunswick Extra-Mural Program**

The New Brunswick Extra-Mural Program is a provincial home healthcare program that provides comprehensive healthcare services to New Brunswickers in their home and/or community. The Extra-Mural Program provides quality healthcare services through professional service providers including:

- clinical nutritionists
- nurses
- occupational therapists
- physiotherapists
- respiratory therapists
- social workers
- speech language pathologists

Home care nursing services are provided on a 24/7 basis through actual nursing shifts or, at a minimum, on call services of a nurse.

Support services, primarily homemaking services, are provided on a limited, purchased service basis when required. The majority of support services are accessed through our partner Division Family and Community Social Services (see diagram above)

As an integral part of the healthcare system, the Extra-Mural Program is involved in a variety of partnerships with external and service providers in order to provide comprehensive services to clients within their home/community.

