Inpatient Rehabilitation Length of Stay Efficiency

Name

Inpatient Rehabilitation Length of Stay Efficiency

Short/Other Names

Inpatient Rehabilitation LOS Efficiency

Description

The average change in Total Function Score per day of client participation in the inpatient rehabilitation program.

Function Scores referenced herein are based on data collected using the FIM® instrument. The 18-item FIM® instrument is the property of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

Interpretation

A higher value indicates that clients experienced greater improvements in Total Function Score per day of inpatient rehabilitation, on average; a lower value indicates less improvement. As such, a higher average value is desirable.

HSP Framework Dimension

Health System Outputs: Efficiently delivered

Areas of Need

Getting Better

Geographic Coverage

All provinces/territories except Quebec

Reporting Level/Disaggregation

National

Indicator Results

https://apps.cihi.ca/mstrapp/asp/Main.aspx?server=apmstrextprd_i.cihi.ca&project=Quick+Stats&uid=pce_pub_en&pwd=&evt=2048001&visualizationMode=0&documentID=17A948724521C2D5E03AD6839AF7BE81&hiddensections=header,path,dockTop,dockLeft,footer

Identifying Information

Name

Inpatient Rehabilitation Length of Stay Efficiency

Short/Other Names

Inpatient Rehabilitation LOS Efficiency

Indicator Description and Calculation

Description

The average change in Total Function Score per day of client participation in the inpatient rehabilitation program.

Function Scores referenced herein are based on data collected using the FIM® instrument. The 18-item FIM® instrument is the property of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

Calculation: Description

This indicator is calculated annually for the most recently completed seven fiscal years. Calculation is based on Total Function Score Change (Total Function Score at Discharge from inpatient rehabilitation minus Total Function Score at Admission to inpatient rehabilitation) divided by inpatient rehabilitation length of stay (LOS) for each client, averaged over the number of clients for whom such Function Scores have been recorded.

Periods within the rehabilitation episode during which a client did not participate in therapy due to an acute change in health status (Service Interruption Days) are removed from the calculation of rehabilitation LOS used in this formula.

Excludes clients with incomplete admission and discharge Function Scores

Unit of Analysis: Episode of care

Calculation: Geographic Assignment

Place of service

Calculation: Type of Measurement

Average or mean

Calculation: Adjustment Applied

None

Calculation: Method of Adjustment

Not applicable

Description:

Total number of clients discharged from an NRS-participating inpatient rehabilitation facility with complete admission and discharge Total Function Scores

Exclusions:

1. Clients with incomplete admission and discharge Function Scores

Description:

Change in Total Function Score per day of client participation in the rehabilitation program, summed across all clients discharged from an NRS-participating inpatient rehabilitation facility with complete admission and discharge Function Scores recorded.
Numerator

Exclusions:
1. Clients with incomplete admission and discharge Function Scores
2. Days of client participation in the rehabilitation program = LOS minus days spent on therapy service interruption (client not receiving rehabilitation)

Background, Interpretation and Benchmarks

Rationale
The LOS Efficiency indicator is based on two other NRS indicators—change in Total Function Score and LOS—both of which are commonly referenced measures of rehabilitation service performance. This indicator provides a means of normalizing the amount of function change occurring by the amount of time spent in rehabilitation.

A higher value indicates that clients experienced greater improvements in Total Function Score per day of inpatient rehabilitation, on average; a lower value indicates less improvement. As such, a higher average value is desirable.

Interpretation
A higher value indicates that clients experienced greater improvements in Total Function Score per day of inpatient rehabilitation, on average; a lower value indicates less improvement. As such, a higher average value is desirable.

HSP Framework Dimension
Health System Outputs: Efficiently delivered

Areas of Need
Getting Better

Targets/Benchmarks
There are no pan-Canadian benchmarks.

References
Not applicable

Availability of Data Sources and Results

Data Sources
NRS

Type of Year:
Fiscal

First Available Year:
2011

Last Available Year:
2017

Geographic Coverage
All provinces/territories except Quebec

Reporting Level/Disaggregation
National

Result Updates
Every year

Update Frequency

Indicator Results

Web Tool:
Quick Stats

URL:
https://apps.cihi.ca/mstrapp/asp/Main.aspx?
server=apmstrextprd_i.cihi.ca&project=Quick+Stats&uid=pce_pub_en&pwd=&evt=2048001&visualizationMode=0&documentID=17A948724521C2D5E03AD6839AF7BE61&hiddensections=header,path,dockTop,dockLeft,footer

Updates
Not applicable

Quality Statement
Geographic Coverage does not include the territories, as there are no inpatient rehabilitation facilities in Yukon, the Northwest Territories or Nunavut.

The NRS frame does not currently contain all inpatient rehabilitation units/facilities in all provinces and territories. Coverage is less than 100% in all jurisdictions except Newfoundland and Labrador, Prince Edward Island, Ontario and Saskatchewan.

Caveats and Limitations
The LOS Efficiency indicator is based on two other NRS indicators — change in Total Function Score and LOS — both of which can be influenced by multiple factors. Care should be exercised when comparing this indicator between facilities or jurisdictions.

Since 2006, the number of facilities and jurisdictions submitting to the NRS has fluctuated slightly. As well, some policies have changed in some provinces, which may have influenced average LOS, such as interests in decreasing LOS and/or the amount of client function change that is possible. These may include changes affecting characteristics of the inpatient rehabilitation population that is admitted and changes affecting the clinical status at which people are deemed suitable for discharge. Due to these changes, any indicator trends identified need to be interpreted carefully, as they may reflect changes in the underlying population or service levels rather than actual changes in rehabilitation effectiveness.

In addition to the average (mean) Length of Stay Efficiency, the Quick Stats report NRS Length of Stay and Length of Stay Efficiency of Inpatient Rehabilitation Clients also provides the median Length of Stay (in days) and the number of cases (episodes) being included in both calculations.
The number of cases, mean and median values in this report can be further subdivided by Rehabilitation Client Group (the rehabilitation condition that best describes the primary reason for admission to the rehabilitation program) and by fiscal year.

Rehabilitation Client Groups (RCGs) referenced in the Quick Stats report *NRS Distribution of Days Waiting for Admission to Inpatient Rehabilitation* are adapted with permission from the UDSMR impairment codes. Copyright 1997 Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc., all rights reserved.