



News Release

For Immediate Release

December 10, 2013

LACK OF CO-ORDINATED HOSPITAL REHAB SYSTEM, AUDITOR GENERAL SAYS

(TORONTO) The lack of a provincially co-ordinated system for rehabilitation services means that patients may be treated differently depending on where they live in Ontario, Auditor General Bonnie Lysyk says in her *2013 Annual Report*.

“Individual hospitals generally determine which inpatient and outpatient rehab services they will offer,” Lysyk said today after the release of the Report. “Each hospital also establishes its own policies for determining whether a patient is eligible for its services. A patient deemed eligible for services at one hospital might not be eligible for similar services at another,” she added.

Hospital rehabilitation services may be required by patients after certain kinds of surgery and by those who suffer injuries or who have chronic conditions and disabilities. The Ministry of Health and Long-Term Care has begun several initiatives aimed at improving the rehabilitation system, something that will be increasingly important as the population ages.

Following are some of the Auditor General’s other significant findings:

- There is a wide variation in the supply of short-term rehabilitation inpatient beds across the province, which means patients could have to travel outside their areas to get the services they need.
- Lack of information on the use or outcomes of long-term inpatient rehabilitation or on outpatient rehabilitation means the Ministry does not know if those services are sufficient or effective.
- Patients who no longer require hospital care may be occupying beds needed by other patients. The Ontario Hospital Association reports that as of March 2013, about 2,300 alternative-level-of-care patients who were ready to be discharged were waiting in acute-care hospital beds for arrangements to be made. Of these, 25% were waiting for short-term rehabilitation or complex continuing care, which includes longer-term rehabilitation.
- With the exception of stroke, for most conditions requiring rehabilitation, there are few best-practice standards in Ontario for such matters as when therapy should start and frequency of treatment. As a result, practices varied at the hospitals visited during the audit.

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For more information, please contact:
Bonnie Lysyk
Auditor General
(416) 327-1326