

Stroke Rehab Definitions Framework Self-Assessment Tool – Acute Integrated Stroke Unit

Purpose of the Self-Assessment Tool:

The GTA Rehab Network and the GTA regions of the Ontario Stroke System have developed self-assessment tools that organizations can use to evaluate the capacity of their stroke rehab programs to meet the standards for stroke rehab developed by the GTA Rehab Network and the Ontario Stroke Rehabilitation System Consensus Panel. Self-assessment tools have been developed for acute care, inpatient rehab, outpatient/ambulatory and community-based stroke rehab services.

In addition to helping organizations monitor and evaluate achievement of stroke rehab standards, these self-assessment tools provide a mechanism through which organizations can:

- Identify opportunities for quality improvement initiatives
- Improve the delivery of stroke rehab
- Advocate for quality stroke rehab services

The Stroke Rehab Definitions Framework is attached for your reference. The framework articulates the essential components of stroke rehab based on current research findings and the recommendations of the Ontario Stroke Rehab System Consensus Panel and Canadian Stroke Strategy. The overall intent of the Stroke Rehab Definitions Framework is to:

- Define and promote consistency in rehab care across different care settings
- Increase clarity for patients, families and referrers through the use of consistent terminology
- Establish a standard of care to enable targeted discussions regarding system planning, resourcing of services and performance measurement in rehab to ensure the availability of quality rehabilitation interventions across settings.

The Ontario Stroke Rehab System Consensus Panel Standards 2007 are also attached for your reference. The Report can be found electronically at www.heartandstroke.ca/profed (Click on "Ontario Stroke System", "Professional Resources", and then "Rehabilitation").

Instructions:

- We request that all acute care hospitals that admit stroke patients complete this survey.
- Please use the self-assessment tool to rate the provision of stroke rehab services offered by your organization to patients who were admitted with a primary diagnosis of stroke *over the past 6 months*.
- You are being asked to rate yourself against the Ontario Stroke System Rehab Consensus Panel Standards 2007 and the GTA Rehab Network's Stroke Rehab Definitions Framework. Because the framework references many of the Ontario Stroke System's standards, items that are italicized reflect the definitions that are unique to the GTA Rehab Network's Stroke Rehab Definitions Framework.

ACUTE INTEGRATED STROKE UNIT

Name of Organization: _____ Name of Service/Program: _____

Primary Contact (name/telephone): _____

OSS Stroke Rehab Consensus Panel (2007) Standard #1/ *GTA Rehab Network Stroke Rehab Definition Framework*
Screening and Assessment

All patients admitted to hospital with acute stroke will have an early initial rehabilitation assessment by relevant rehabilitation professionals as soon as possible after admission within the first 24-48 hours. Weekends will not limit “time to assessment”.

Fully Met Partially Met Not Met
 (≥ 80% of time) (40-79% of time) (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization’s strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #2
Screening and Assessment

All stroke survivors (excluding TIAs) who are not admitted to hospital or who are discharged home from acute care will undergo an ambulatory or home-based screening assessment, which includes a medical, functional and cognitive assessment, by professionals with expertise in stroke, within two weeks. (Please discuss with your ER partners to answer this question.)

Fully Met	Partially Met	Not Met
(≥ 80% of time)	(40-79% of time)	(<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #3a/ GTA Rehab Network Stroke Rehab Definition Framework
Readiness

Part 1

Survivors of a severe or moderate stroke who are not initially considered eligible for inpatient stroke rehabilitation, once Rehab Ready, will be reassessed at regular intervals for their rehabilitation needs.

Fully Met	Partially Met	Not Met
(≥ 80% of time)	(40-79% of time)	(<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Part 2

Initiate rehab intervention as soon as possible and provide rehab to the extent that it is needed and the patient is able to tolerate.

Fully Met	Partially Met	Not Met
(80% of time)	(40-79% of time)	(<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #3b
Re-assessment (For those patients who have an extended stay in acute care)

As clinically indicated, a primary care practitioner, CCAC case manager, physiatrist or relevant rehabilitation professional will conduct a periodic reassessment of rehabilitation needs of the stroke survivor at six weeks, three months, one year and as needed. This assessment and client goals will provide the basis for a comprehensive plan of care to be developed, implemented and updated with the stroke survivor and family/caregivers.

Fully Met (≥ 80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #4
Reaccess to rehab

Stroke survivors should have a mechanism to access or reaccess the rehabilitation environment, if clinically indicated, regardless of the time that has elapsed since the stroke.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #5
Assessment Tools

Stroke related impairments and functional status will be evaluated by rehabilitation professionals trained in stroke rehabilitation using standardized, valid assessments (See appendix M in the Consensus Panel Final Report for outcome measures used in stroke rehab)

Fully Met (≥ 80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #6 / *GTA Rehab Network Stroke Rehab Definition Framework*
Comprehensive Rehab Plan

Part 1

The interprofessional team will develop a comprehensive rehabilitation plan with each stroke survivor that reflects the severity of the stroke, the needs and goals of the stroke survivor, and the family/caregiver and home environment.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

--	--	--

Part 2

There is a focused interprofessional assessment to determine breadth of deficits and rehab intensity required, preferably within the first 24-48 hours.

Fully Met (≥ 80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

--	--	--

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

Standards 7 to 11 focus on rehab but given our current health care environment, some acute care facilities may be providing stroke rehab services in their acute care beds. To ensure we have a full picture of the current environment, please offer comments if the following standards apply to you.

OSS Stroke Rehab Consensus Panel (2007) Standard #7 / GTA Rehab Network Stroke Rehab Definition Framework
Rehab Program

Part 1

Stroke survivors will receive the appropriate intensity and duration of clinically relevant therapies across the care continuum based on individual need and tolerance.

Moderate stroke: Survivors of a moderate stroke will receive a minimum of one hour of direct therapy time for each relevant core therapy, with an individualized treatment plan, for a minimum of 5 days per week, by the interprofessional stroke team based on individual need and tolerance.

Severe stroke: Survivors of a severe stroke who are Rehab Ready will receive the frequency and duration of therapy that can be tolerated; the interprofessional team will increase the frequency and duration as tolerance improves to a minimum target of one hour of direct therapy time for each relevant core therapy, with an individualized treatment plan, for a minimum of five days per week, by the interprofessional stroke team based on individual need and tolerance.

Fully Met (≥ 80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

Part 2

The dedicated stroke team/service on the mixed or dedicated unit provides intensive rehabilitation from the following rehab professionals for of a minimum 1 hour per day x 5 days per week as tolerated by the patient (SLP as indicated).

PT	Yes	No
OT	Yes	No
SLP	Yes	No

Where therapy includes OTA/PTA services under the guidance of OT/PT, no more than half of the therapy time is provided by an OTA/PTA.

Yes No

Part 3

Staffing ratios support the minimum amount of therapy recommended.

Fully Met (≥ 80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #8 / *GTA Rehab Network Stroke Rehab Definition Framework*
Rehab Unit

Part 1

All stroke survivors who would benefit from inpatient stroke rehabilitation will be treated in a stroke rehabilitation unit or geographically defined unit with a stimulating environment.

Fully Met (≥ 80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

Part 2

If provided on a mixed unit, a variety of diagnostic population groups are served. A critical mass of 8 beds within the unit is available to support the development and maintenance of clinical expertise among nursing, allied health and medical staff and the acquisition of special equipment/ resources required to treat stroke patients. (On a mixed rehab unit, these beds may serve patients with other types of neurological conditions.)

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #9 / GTA Rehab Network Stroke Rehab Definition Framework
Interprofessional Team

Part 1

Once it is determined that a stroke survivor will benefit from inpatient rehabilitation and once Rehab Ready, the stroke survivor will have access to an interprofessional rehabilitation team with expertise in stroke care.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #10 / GTA Rehab Network Stroke Rehab Definition Framework
Interprofessional Team**

Post-acute stroke care will be delivered using a collaborative practice model. The interprofessional team will consist of a core team with clinical expertise including the stroke survivor and family/caregivers and health care practitioners listed below.

The interprofessional team consists of:		
Primary Care Physician	Yes	No
Physiatrist	Yes	No
Other physician (e.g. Hospitalist)	Yes	No
Rehabilitation nurse	Yes	No
Nurse	Yes	No
Physiotherapist	Yes	No
Occupational Therapist	Yes	No
Social Worker	Yes	No
Speech-Language Pathologist	Yes	No
 Additional Disciplines may include:		
<i>Therapeutic Recreationist</i>	Yes	No
<i>Pharmacist</i>	Yes	No
<i>Chaplaincy/Pastoral Care</i>	Yes	No

Access to consultation from:		
(<i>Neuro</i>)psychologist	Yes	No
Recreational therapist	Yes	No
Spiritual Care Provider	Yes	No
Clinical Dietician	Yes	No
Pharmacist	Yes	No
Discharge Planner	Yes	No
<i>Neurologist</i>	Yes	No
<i>Geriatrician</i>	Yes	No
<i>Psychiatrist</i>	Yes	No

Service includes consults for:		
Vocational assessment	Yes	No
Driving assessment	Yes	No
Video fluoroscopic swallowing assessment	Yes	No
Orthoses		
Augmentative communication	Yes	No
Complex seating	Yes	No
	Yes	No

Services include screening for:		
<i>Cognitive function</i>	Yes	No
<i>Behavioural issues</i>	Yes	No
<i>Depression/mood</i>	Yes	No
<i>Falls</i>	Yes	No

<i>Nurses will participate in the therapeutic process outside of formal therapy time</i>	Yes	No
--	-----	----

Please elaborate on what you have and have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #11 / *GTA Rehab Network Stroke Rehab Definition Framework*
Rehab Environment

Part 1

Therapy will include repetitive and intense use of novel tasks that challenge the stroke survivor to acquire necessary skills during functional tasks and activities. The interprofessional team, along with the family/caregiver and volunteers, will promote the practice of skills gained in therapy into the stroke survivor's daily routine and will reinforce increased stroke survivor participation and activity.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

Part 2

Patients have the opportunity to participate in as much therapy appropriate to their needs as they are able and willing to tolerate.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #12a

Interprofessional Team – Knowledge and Skills

The interprofessional team will have access to stroke rehabilitation education and professional development modules in order to support the standards and other evidence-based practice initiatives. These educational opportunities will be evidence-based, current and user-friendly and will incorporate knowledge translation strategies.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #12b/ GTA Rehab Network Stroke Rehab Definition Framework
Patient/Family Education

Part 1

Stroke survivors, family/caregivers and volunteers should be provided with information and education at all stages of care across the continuum (prevention, acute care, rehabilitation, community reintegration). Information and education should be interactive, timely, up to date, provided in a variety of languages and formats (written, oral, counselling approach), and specific to stroke survivor and family/caregiver needs.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

Part 2

Education should address information about:

Nature of the stroke	Yes	No
Signs and symptoms	Yes	No
Impairments and their impact/management	Yes	No
Risk factors	Yes	No
Planning and decision making	Yes	No
Resources	Yes	No
Community support	Yes	No

Part 3

Stroke-specific wellness interventions should include:

<i>Health education</i>	<i>Yes</i>	<i>No</i>
<i>Goal setting</i>	<i>Yes</i>	<i>No</i>
<i>Behaviour change principles and practices to promote health and well being of the client</i>	<i>Yes</i>	<i>No</i>
<i>Secondary prevention</i>	<i>Yes</i>	<i>No</i>

If you answered no, partially met or not met to any of the above questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #14

Accessible Care

Stroke survivors of a moderate or severe stroke who are Rehab Ready and have rehabilitation goals will be given an opportunity to participate in inpatient stroke rehabilitation.

Fully Met	Partially Met	Not Met
(≥80% of time)	(40-79% of time)	(<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #17/ GTA Rehab Network Stroke Rehab Definition Framework

Community Re-engagement

Part 1

Interprofessional teams will facilitate linkages for stroke survivors and their family/caregivers after discharge to services in the community including:

Physical help	Yes	No
Caregiver training and education	Yes	No
Psychosocial counselling	Yes	No
Access to:		
Primary care practitioners	Yes	No
Case management or other system navigation service	Yes	No
Respite care	Yes	No
Educational opportunities	Yes	No
Emotional help	Yes	No
Wellness	Yes	No
Vocational counseling	Yes	No
Stroke resources	Yes	No
Driving safety evaluation	Yes	No
Transportation services	Yes	No
Peer support groups	Yes	No
Community re-integration services	Yes	No
Prevention clinic/services	Yes	No
Financial support	Yes	No

Part 2

Initiation of appropriate secondary prevention and rehab referral to inpatient or outpatient/community-based rehab as is appropriate.

Fully Met (≥80% of time) Partially Met (40-79% of time) Not Met (<40% of time)

If you answered no, partially met or not met to any of the questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

OSS Stroke Rehab Consensus Panel (2007) Standard #19
System Planning

Each stroke region will have an explicit stroke rehabilitation service provision model in place in order to facilitate optimal and timely access to rehabilitation services. (Please refer to the Service Provision Model that has been attached for your reference.)

Do you use a service provision model?

Yes No

If you do use a model, please indicate which one and if not, why?

OSS Stroke Rehab Consensus Panel (2007) Standard #20
System Planning

Clinical and service utilization data will be used to plan, coordinate, integrate and prioritize regional stroke rehabilitation services and ensure equitable access based on patient need.

Did you use data for decision-making purposes?

Yes No

If you answered no to the above question, please explain.

Status Classification:

Based on the above survey, would you classify your program as an Acute Care Integrated Stroke Unit?

(It may be helpful to review the definitions in the GTA Rehab Network's Stroke Rehab Definition Framework to help you answer this question.)

Yes No

If no, please explain:

Please identify your program's top 2-3 strengths:

Please identify your program's top 2-3 challenges:

Reflecting on your responses, what would be the top 2 initiatives/standards that would be important to address in the next 1-2 years in order to improve the system for our stroke patients?

Reflecting on your responses, what would be the top 2 initiatives/standards that would be important to address in the next 3-5 years in order to improve the system for our stroke patients?

Thank you for completing the self-assessment survey. We would appreciate your overall feedback on the use of the self-assessment tool and ask that you respond to the following questions.

Did you find the self-assessment tool easy to use?

Yes No

Do you have any other comments/feedback about the self assessment tool or process?

Thank you for your time in completing the self assessment tool. Please continue and complete the next survey tool if applicable to the programming offered by your organization.