

ABI Rehab Definitions Framework Self-Assessment Tool– Inpatient ABI Rehab

INTRODUCTION:

In response to a changing rehab landscape in which rehabilitation is offered in many different settings with variations in service scope, the GTA Rehab Network has recognized the need to clearly articulate the essential components of publicly-funded rehabilitation and to develop definitions for spinal cord injury and other population-specific rehab services. These rehab frameworks identify key features of rehab programs based on evidence-based practices where available to define the “gold standard” of rehab care. In the absence of literature, definitions have been derived through consensus on current clinical practices.

The overall intent of the ABI Rehab Definitions Framework is to:

- Define and promote consistency in ABI 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.

Purpose of the Self-Assessment Tool:

The GTA Rehab Network has developed a self-assessment tool that organizations can use to evaluate the capacity of their ABI rehab programs to meet the definitions in the ABI Rehab Definitions Framework. The self-assessment tool also provides a mechanism through which organizations can:

- Identify opportunities for quality improvement initiatives
- Improve the delivery of ABI rehab services
- Advocate for resources to promote consistency and equitable access to ABI rehab services.

DEDICATED ABI REHAB UNIT – SELF ASSESSMENT TOOL

Name of Organization: _____ Name of Service/Program: _____
 Primary Contact (name/telephone): _____

Definition	Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.																														
Services Provided	<ul style="list-style-type: none"> Rehab services are provided by a dedicated interdisciplinary team who has expertise in ABI rehab. 																																	
	<ul style="list-style-type: none"> Core dedicated interdisciplinary team has expertise in ABI: 																																	
	<ul style="list-style-type: none"> Core team includes: <table style="width: 100%; border-collapse: collapse;"> <tr><td>Physician</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Nursing</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Physiotherapy</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Occupational Therapy</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Speech-Language Pathology</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Social Work</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Pharmacy</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Clinical Dietician</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Therapeutic Recreation</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Chaplaincy/Pastoral Care</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> </table>	Physician	Yes	No	Nursing	Yes	No	Physiotherapy	Yes	No	Occupational Therapy	Yes	No	Speech-Language Pathology	Yes	No	Social Work	Yes	No	Pharmacy	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation	Yes	No	Chaplaincy/Pastoral Care	Yes	No			
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Clinical Dietician	Yes	No																																
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Chaplaincy/Pastoral Care	Yes	No																																
<ul style="list-style-type: none"> Consultation is available when indicated with <table style="width: 100%; border-collapse: collapse;"> <tr><td>(Neuro)Psychiatry</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>(Neuro)Psychology</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> <tr><td>Behaviour Therapy</td><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td></tr> </table>	(Neuro)Psychiatry	Yes	No	(Neuro)Psychology	Yes	No	Behaviour Therapy	Yes	No																									
(Neuro)Psychiatry	Yes	No																																
(Neuro)Psychology	Yes	No																																
Behaviour Therapy	Yes	No																																
<ul style="list-style-type: none"> Nurses participate in the therapeutic process outside of formal therapy time. 																																		
<ul style="list-style-type: none"> ABI Team is dedicated to provide rehabilitation services for ABI patients. 																																		
Specialization	<ul style="list-style-type: none"> A critical mass of 7 beds within the unit is provided to support the development and maintenance of clinical expertise among nursing, allied health and medical staff 																																	

DEDICATED ABI REHAB UNIT – SELF ASSESSMENT TOOL

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	Definition	Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.
	and the acquisition of special equipment/ resources required to treat ABI patients.				
	<ul style="list-style-type: none"> ABI beds are clustered together to enhance collaborative team approach to intervention and support the development and maintenance of expertise of ALL members of team 				
Specialization	<ul style="list-style-type: none"> Treatment provided by designated interprofessional team, including physician, with specialization in acquired brain injury. 				
Differential Criteria	<ul style="list-style-type: none"> Coordinated team approach is used with regular meetings to discuss patients’ progress, goals and discharge plans. 				
	<ul style="list-style-type: none"> The unit is self-contained with appropriate secure access. 				
	<ul style="list-style-type: none"> Intervention includes specific focus on cognitive interventions and team has expertise required to support this focus. 				
	<ul style="list-style-type: none"> Service providers are given specialized training to develop competencies in evaluation and management related to ABI. 				
	<ul style="list-style-type: none"> Training is provided on an ongoing basis. 				
	<ul style="list-style-type: none"> Typical average inpatient length of stay is 7-14 weeks. 				
Typical Duration	<ul style="list-style-type: none"> Care coordinators/key workers are assigned to ensure consistency of care 				
Key	<ul style="list-style-type: none"> Treatment is guided by clinical assessment/protocols 				

DEDICATED ABI REHAB UNIT – SELF ASSESSMENT TOOL

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	Definition	Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.															
Activities/ Nature of Services	based on Glasgow Coma Scale/ Injury Severity Measures.																			
	<ul style="list-style-type: none"> Those with moderate to severe brain injuries are referred to neuropsychology, occupational therapy, and/or speech and language pathology to evaluate cognitive functioning. 																			
	<ul style="list-style-type: none"> ABI patients are assessed for functional deficits in activities of daily living 																			
	<ul style="list-style-type: none"> ABI patients are assessed for specific impairments in: <table style="margin-left: 20px; border: none;"> <tr> <td>Cognitive function</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Psychosocial/Emotional function</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Behavioural function</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Physical function</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Medical status</td> <td>Yes</td> <td>No</td> </tr> </table> 	Cognitive function	Yes	No	Psychosocial/Emotional function	Yes	No	Behavioural function	Yes	No	Physical function	Yes	No	Medical status	Yes	No				
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	Psychosocial/Emotional function	Yes	No																	
Behavioural function	Yes	No																		
Physical function	Yes	No																		
Medical status	Yes	No																		
<ul style="list-style-type: none"> Within and between services a case management or equivalent system is in place to provide patients with an identified advocate/navigator through the continuum. 																				
<ul style="list-style-type: none"> Transitional living services are available as a component of inpatient rehabilitation 																				

ABI REHAB ON MIXED UNITS - SELF-ASSESSMENT TOOL

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

Primary Contact (name/telephone): _____

Definition	Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.																																					
Services Provided	<ul style="list-style-type: none"> A dedicated interdisciplinary team provides rehab. 																																								
	<ul style="list-style-type: none"> Core dedicated interdisciplinary team includes: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Physician</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Physiatrist</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Nursing</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Physiotherapy</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Occupational Therapy</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Speech-Language</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Pathology</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Social Work</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Pharmacy</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Clinical Dietician</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Therapeutic Recreation</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Chaplaincy/Pastoral Care</td> <td>Yes</td> <td>No</td> </tr> </table> 	Physician	Yes	No	Physiatrist	Yes	No	Nursing	Yes	No	Physiotherapy	Yes	No	Occupational Therapy	Yes	No	Speech-Language	Yes	No	Pathology	Yes	No	Social Work	Yes	No	Pharmacy	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation	Yes	No	Chaplaincy/Pastoral Care	Yes	No				
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Clinical Dietician	Yes	No																																							
Therapeutic Recreation	Yes	No																																							
Chaplaincy/Pastoral Care	Yes	No																																							
<ul style="list-style-type: none"> There is access to (neuro)psychology and (neuro) psychiatry when needed. 																																									
<ul style="list-style-type: none"> An intensive rehab program is offered that provides an average of 120 minutes of therapeutic activity per day for 5-7 days as tolerated by the patient. Therapeutic activity includes professional therapy (e.g. Occupational Therapy, Physiotherapy, OTA/PTA services under the guidance of an OT/PT and/or Speech-Language Pathology) <i>and</i> nursing activities. 																																									
<ul style="list-style-type: none"> No more than half of the therapy time is provided by an OTA or PTA. 																																									
Specialization	<ul style="list-style-type: none"> Rehab providers assess/treat a variety of 																																								

ABI REHAB ON MIXED UNITS - SELF-ASSESSMENT TOOL

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Primary Contact (name/telephone): _____

	Definition	Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.
	<p>diagnostic/rehab population groups on the unit.</p> <ul style="list-style-type: none"> Familiarity with ABI, at least in the medical staff, is facilitated. Coordinated team approach is used with regular meetings to discuss patients' progress, goals and discharge plans. 				
Differential Criteria	<ul style="list-style-type: none"> Program serves a variety of diagnostic population groups including those with mild acquired brain injury who do not present with cognitive or behavioural issues. 				
	<ul style="list-style-type: none"> Expectation is that patients will either be discharged home or to their preferred accommodation in the community or to a more specialized rehabilitation program. 				
Typical Duration	<ul style="list-style-type: none"> Typical duration is 2-8 weeks 				
Key Activities/ Nature of Services	<ul style="list-style-type: none"> Rehabilitation programs are suitable for individuals requiring an intensive interdisciplinary rehab program. 				
	<ul style="list-style-type: none"> Follow-up with Outpatient/ Community ABI services is facilitated to ensure appropriate ongoing assessment/intervention and promote re-integration to community and return to work/activities of daily living. 				

LOW TOLERANCE LONG DURATION (LTLD/SLOWSTREAM) ABI REHAB IN CCC - SELF-ASSESSMENT TOOL

Name of Organization: _____ Name of Service/Program: _____
 Primary Contact (name/telephone): _____

Definition	Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.																															
Services Provided	<ul style="list-style-type: none"> A dedicated interdisciplinary team provides rehab. 																																		
	<ul style="list-style-type: none"> There is access to a physician with expertise in ABI rehab. 																																		
	<ul style="list-style-type: none"> Core dedicated interdisciplinary team includes: <table style="width: 100%; border: none;"> <tr><td>Physician</td><td>Yes</td><td>No</td></tr> <tr><td>Nursing</td><td>Yes</td><td>No</td></tr> <tr><td>Physiotherapy</td><td>Yes</td><td>No</td></tr> <tr><td>Occupational Therapy</td><td>Yes</td><td>No</td></tr> <tr><td>Speech-Language Pathology</td><td>Yes</td><td>No</td></tr> <tr><td>Social Work</td><td>Yes</td><td>No</td></tr> <tr><td>Pharmacy</td><td>Yes</td><td>No</td></tr> <tr><td>Clinical Dietician</td><td>Yes</td><td>No</td></tr> <tr><td>Therapeutic Recreation</td><td>Yes</td><td>No</td></tr> <tr><td>Chaplaincy/Pastoral Care</td><td>Yes</td><td>No</td></tr> </table> 	Physician	Yes	No	Nursing	Yes	No	Physiotherapy	Yes	No	Occupational Therapy	Yes	No	Speech-Language Pathology	Yes	No	Social Work	Yes	No	Pharmacy	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation	Yes	No	Chaplaincy/Pastoral Care	Yes	No				
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Consultation, if warranted, is available with:																																			
<table style="width: 100%; border: none;"> <tr><td>Physiatrist</td><td>Yes</td><td>No</td></tr> <tr><td>Behaviour Therapy</td><td>Yes</td><td>No</td></tr> <tr><td>(Neuro) psychology</td><td>Yes</td><td>No</td></tr> <tr><td>(Neuro)Psychiatry</td><td>Yes</td><td>No</td></tr> </table>	Physiatrist	Yes	No	Behaviour Therapy	Yes	No	(Neuro) psychology	Yes	No	(Neuro)Psychiatry	Yes	No																							
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(Neuro)Psychiatry	Yes	No																																	
<ul style="list-style-type: none"> A low to moderately intensive rehab program is offered that provides an average of 30 minutes, 2 sessions per day, 3x per week as tolerated by the patient. Therapeutic activity includes professional therapy (e.g. Occupational Therapy, Physiotherapy, OTA/PTA services under the guidance of an OT/PT and/or Speech-Language Pathology) <i>and</i> nursing activities. 																																			
<ul style="list-style-type: none"> No more than half of therapy time is provided by an 																																			

LOW TOLERANCE LONG DURATION (LTLT/SLOWSTREAM) ABI REHAB IN CCC - SELF-ASSESSMENT TOOL

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

Primary Contact (name/telephone): _____

	Definition	Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.
	OTA or PTA.				
	<ul style="list-style-type: none"> Staffing ratios support the minimum amount of therapy recommended. 				
Specialization	<ul style="list-style-type: none"> Team specializes in persons with severe disability arising from neurological conditions (e.g. Stroke, ABI, MS, Guillian Barre, Spinal Cord Injury, West Nile virus). 				
	<ul style="list-style-type: none"> Dedicated interdisciplinary team, including physician, has expertise in acquired brain injury. 				
Differential Criteria	<ul style="list-style-type: none"> Rehab intervention is primarily for patients who require a slower-paced rehab program for a longer duration to maximize rehab potential. 				
	<ul style="list-style-type: none"> Patients are exempt from co-payment when located in complex continuing care beds while the realistic goal for them remains returning to the community. 				
	<ul style="list-style-type: none"> Coordinated team approach is used with regular team meetings/conferences to discuss patients' progress, goals and discharge plans. 				
	<ul style="list-style-type: none"> Geographically clustered beds (Neuro not ABI) 				
	<ul style="list-style-type: none"> Critical Mass of 7 Neuro (not ABI) beds is required to support the development and maintenance of clinical expertise among nursing, allied health and medical staff. 				
	<ul style="list-style-type: none"> Service Providers are given specialized training to develop competencies in evaluation and management related to ABI. This is provided on an ongoing basis 				
Typical Duration	<ul style="list-style-type: none"> Typical duration is usually around 12-24 weeks. 				
Key Activities /	<ul style="list-style-type: none"> Treatment is guided by clinical assessment/protocols based on Glasgow Coma Scale / Injury Severity Measures. 				

LOW TOLERANCE LONG DURATION (LTLD/SLOWSTREAM) ABI REHAB IN CCC - SELF-ASSESSMENT TOOL

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

Primary Contact (name/telephone): _____

	Definition	<u>Rating</u> Fully met (80% of time) (✓)	<u>Rating</u> Partially met (40 – 79% of time) (✓)	<u>Rating</u> Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.																													
Nature of Service	<ul style="list-style-type: none"> Referrals are made to neuropsychology, occupational therapy, and speech and language pathology to evaluate cognitive functioning when appropriate. 																																	
	<ul style="list-style-type: none"> ABI Patients are be assessed for functional deficits in activities of daily living 																																	
	<ul style="list-style-type: none"> ABI patients are assessed for specific impairments in: 																																	
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cognitive function</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Psychosocial/ Emotional function</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Behavioural function</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physical function</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medical status</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> </table>	Cognitive function	Yes	No				Psychosocial/ Emotional function	Yes	No				Behavioural function	Yes	No				Physical function	Yes	No				Medical status	Yes	No						
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TRANSITIONAL BEHAVIOURAL REHAB IN SPECIALIZED UNIT - SELF-ASSESSMENT TOOL

Name of Organization: _____ Name of Service/Program: _____
 Primary Contact (name/telephone): _____

Definition		<u>Rating</u> Fully met (80% of time) (✓)	<u>Rating</u> Partially met (40 – 79% of time) (✓)	<u>Rating</u> Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.																					
Services Provided	<ul style="list-style-type: none"> Intensive behavioural rehab program is provided based on principles of applied behavioural analysis 																									
	<ul style="list-style-type: none"> Core team includes: <table style="margin-left: 20px; border: none;"> <tr><td>Physician</td><td>Yes</td><td>No</td></tr> <tr><td>Psychologist</td><td>Yes</td><td>No</td></tr> <tr><td>Behaviour Therapist</td><td>Yes</td><td>No</td></tr> <tr><td>Nurses</td><td>Yes</td><td>No</td></tr> <tr><td>Occupational Therapists</td><td>Yes</td><td>No</td></tr> <tr><td>Physiotherapists</td><td>Yes</td><td>No</td></tr> <tr><td>Social Worker</td><td>Yes</td><td>No</td></tr> </table> 	Physician	Yes	No	Psychologist	Yes	No	Behaviour Therapist	Yes	No	Nurses	Yes	No	Occupational Therapists	Yes	No	Physiotherapists	Yes	No	Social Worker	Yes	No				
	Physician	Yes	No																							
	Psychologist	Yes	No																							
Behaviour Therapist	Yes	No																								
Nurses	Yes	No																								
Occupational Therapists	Yes	No																								
Physiotherapists	Yes	No																								
Social Worker	Yes	No																								
<ul style="list-style-type: none"> Consultation is available when warranted: <table style="margin-left: 20px; border: none;"> <tr><td>Occupational Therapist</td><td>Yes</td><td>No</td></tr> <tr><td>Physiotherapist.</td><td>Yes</td><td>No</td></tr> <tr><td>Physiatrist</td><td>Yes</td><td>No</td></tr> </table> 	Occupational Therapist	Yes	No	Physiotherapist.	Yes	No	Physiatrist	Yes	No																	
Occupational Therapist	Yes	No																								
Physiotherapist.	Yes	No																								
Physiatrist	Yes	No																								
<ul style="list-style-type: none"> Patient/staff ratio approaches 1:1 to support therapy required and assure patient and staff safety. 																										
Specialization	<ul style="list-style-type: none"> Team is dedicated to provide behavioural intervention for individuals with ABI. 																									
	<ul style="list-style-type: none"> All members of team have expertise in behavioural rehabilitation. 																									
Differential Criteria	<ul style="list-style-type: none"> Program appropriate for individuals with challenging behaviours, which interfere with ability to participate in rehabilitation and/or preclude access to community living options/services. 																									

TRANSITIONAL BEHAVIOURAL REHAB IN SPECIALIZED UNIT - SELF-ASSESSMENT TOOL

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

Primary Contact (name/telephone): _____

	Definition	<u>Rating</u> Fully met (80% of time) (✓)	<u>Rating</u> Partially met (40 – 79% of time) (✓)	<u>Rating</u> Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.
Typical Duration	<ul style="list-style-type: none"> Targeted LOS is 6-9 months 				
Key Activities / Nature of Service	<ul style="list-style-type: none"> Focus of rehabilitation is on understanding causes for behaviour and devising strategies to minimize challenging behaviours. 				
	<ul style="list-style-type: none"> Skill training to relearn ADL skills, and community social skills are provided. 				