

ABI Rehab Definitions Framework Self-Assessment Tool – Outpatient/Ambulatory ABI Rehab

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 to improve the delivery of ABI rehab and to advocate for ABI rehab services to promote consistency and equitable access to rehab services.

OUTPATIENT / AMBULATORY DEDICATED INTERPROFESSIONAL ABI TEAM - SELF-ASSESSMENT TOOL

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

Standard		<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.																																																												
Staffing	<ul style="list-style-type: none"> Care is provided by a dedicated interdisciplinary team with expertise in neuro/ABI rehabilitation including knowledge and experience in assessing and treating patients with complex physical, cognitive, and psychosocial needs. 																																																																
	<ul style="list-style-type: none"> Core team depends on client needs but typically includes: 																																																																
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Physician</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physiatrist</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nursing</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physiotherapy</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Occupational Therapy</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Speech-Language Pathology</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Social Work</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacy</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Clinical Dietician</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Therapeutic Recreation</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> </table>	Physician	Yes	No				Physiatrist	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							
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<ul style="list-style-type: none"> Consultation is available if needed <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Behaviour Therapy</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Neuro)psychology</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Neuro)psychiatry</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> </tr> </table>	Behaviour Therapy	Yes	No				(Neuro)psychology	Yes	No				(Neuro)psychiatry	Yes	No																																																		
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Services	<ul style="list-style-type: none"> A minimum of 45-60 minutes of therapy per service is provided. 																																																																
	<ul style="list-style-type: none"> Services are coordinated with regular team meetings/conferences. 																																																																
	<ul style="list-style-type: none"> Within and between services, case management or equivalent system is provided, giving persons with brain injury an identified advocate/navigator through the continuum of care. 																																																																

OUTPATIENT / AMBULATORY DEDICATED INTERPROFESSIONAL ABI TEAM - SELF-ASSESSMENT TOOL

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

Standard		<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.
	<ul style="list-style-type: none"> Access to outpatient therapy is provided within 5 business days) 				
Specialization / Non-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). 				
Differential Criteria	<ul style="list-style-type: none"> Suitable for patients already residing in the community who no longer need 24-hour hospital care and require less intensive therapy than provided in inpatient unit. 				
Typical Duration	<ul style="list-style-type: none"> Typical average length of stay is 6-12 weeks, 2 times per week. 				

OUTPATIENT / AMBULATORY SINGLE SERVICE ABI REHAB - SELF-ASSESSMENT TOOL

Name of Organization: _____

Name of Service/Program: _____

Standard		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.
Staffing	<ul style="list-style-type: none"> Care is provided by health professionals in keeping with their scope of practice as dictated by their professional college. 				
	<ul style="list-style-type: none"> Professional staff have awareness of issues associated with ABI and are able to refer to specialized ABI providers as required. 				
Services	<ul style="list-style-type: none"> Health professionals provide: <ul style="list-style-type: none"> a) a specialty service for a specific impairment or disability (e.g. gait, mobility, hearing) or b) general profession-specific assessment, treatment plan recommendations or implementation of treatment plan and/or referral to other service providers 				
	<ul style="list-style-type: none"> Some services serve a particular specialty area (e.g. Seating Clinic or Gait Clinic). Other services are profession specific which may or may not be specialized for particular interventions or diagnostic groups. 				
	<ul style="list-style-type: none"> Specialized focused assessment and/or treatment is provided to resolve a functional or psychological issue and to promote re-integration to normal living or to maximize functional level. 				
Differential Criteria	<ul style="list-style-type: none"> Patients are residing in the community with a specific rehab need which may be an impairment or participation issue that requires assessment and/or treatment by a health professional. 				
Typical Duration	<ul style="list-style-type: none"> Varies depending on the type of service/program. Specialty clinics provide access to clinic until the problem is resolved or managed. 				

OUTPATIENT / AMBULATORY MIXED POPULATION INTERPROFESSIONAL TEAM - SELF-ASSESSMENT TOOL

Name of Organization: _____

Name of Service/Program: _____

Standard		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.															
Staffing	<ul style="list-style-type: none"> Care is provided by an interdisciplinary team who assess/treat patients from a variety of diagnostic population groups. However, ABI patients receive treatment by rehab providers who have an understanding in the care of the ABI/Neurological patients. 																			
	<ul style="list-style-type: none"> Core team depends on client needs but typically includes: 																			
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Pharmacy	Yes	No																		
Clinical Dietician	Yes	No																		
Therapeutic Recreation	Yes	No																		
Services	<ul style="list-style-type: none"> A minimum of 45-60 minutes of therapy per session is provided. 																			
	<ul style="list-style-type: none"> Therapy sessions are offered 2-3 times per week 																			
	<ul style="list-style-type: none"> Programs are time limited and goal directed. 																			
	<ul style="list-style-type: none"> Coordinated services with regular team meetings/ conferences is provided. 																			
Differential Criteria	<ul style="list-style-type: none"> Individuals attending the program reside in the community and/or were recently discharged from hospital 																			
	<ul style="list-style-type: none"> Program serves a variety of diagnostic population groups including those with mild acquired brain injury who do NOT 																			

OUTPATIENT / AMBULATORY MIXED POPULATION INTERPROFESSIONAL TEAM - SELF-ASSESSMENT TOOL

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	present with cognitive or behavioural issues.				
Typical Duration	<ul style="list-style-type: none"> 6-12 weeks 				