

Amputee Rehab Definitions Framework Self-Assessment Tool – Inpatient Rehab Survey for Amputee 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 amputee 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 Amputee Rehab Definitions Framework is to:

- Define and promote consistency in amputee 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 Amputee Rehab Definitions Framework is attached for your reference.

ACTION REQUESTED:

As part of this initiative, we are asking your clinical team to complete the **Inpatient Rehab** self-assessment tool for amputee rehab.

PURPOSE OF THE SELF-ASSESSMENT TOOLS:

The GTA Rehab Network has developed self-assessment tools that organizations can use to evaluate the capacity of their amputee rehab services/programs to meet the definitions in the Amputee Rehab Definitions Framework. The self-assessment tools also provide a mechanism through which organizations can:

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

INSTRUCTIONS:

- Please use the following self-assessment tool to rate the amputee rehab services offered by your organization to patients *admitted within the past 6 months*.
- There are 3 assessment tools included in this package: (1) Inpatient Mixed Rehab Units; (2) Dedicated Rehab Units; and (3) Low Tolerance Long Duration Rehab.
- **Please make sure that you complete a self-assessment survey for each type of rehab program that your organization provides.**
- To determine which self-assessment tool is most relevant to your program, please refer to the Amputee Rehab Definitions Framework (attached) to help you.
- The rating scale is based on the following guidelines (**NB: Check only one rating for each standard!!**)

Fully Met

Standard is met 80% of the time

Partially Met

Standard is met 40-79% of the time

Not Met

Standard is met < 40% of the time

- If the standard is not fully met, please explain the reasons that account for difficulties in meeting the standard fully.

Thank you for taking the time to complete the Inpatient Rehab Survey for Amputee Rehab.

**INPATIENT *MIXED* INTERPROFESSIONAL REHAB TEAM IN ACUTE CARE OR REHAB HOSPITALS
SELF ASSESSMENT TOOL**

Name of Organization: Primary Contact (name/telephone):		Name of Service/Program:			
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"> Core team¹ includes: 				
	Physician	Yes No			
	Nurse	Yes No			
	Physiotherapist	Yes No			
	Occupational Therapist	Yes No			
	Prosthetist	Yes No			
	Social Worker	Yes No			
	Pharmacist	Yes No			
	<ul style="list-style-type: none"> Consultation is available from: 				
	Chaplain/Pastoral Care provider	Yes No			
	Chiropracist	Yes No			
	Psychiatrist/ Psychologist	Yes No			
	Trained Peer Visitor	Yes No			
	Therapeutic Recreationist	Yes No			
Clinical Dietitian	Yes No				
<ul style="list-style-type: none"> A mechanism is in place to transfer patients to a slower paced rehab program if they are no longer appropriate for this level (i.e. LTLD program). 					

¹ Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of Amputee rehab patients on the unit and who participate regularly in team rounds.

**INPATIENT MIXED INTERPROFESSIONAL REHAB TEAM IN ACUTE CARE OR REHAB HOSPITALS
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 (cont.)	<ul style="list-style-type: none"> A mechanism is in place to cross consult to another rehab service (e.g. trauma, mental health) to acquire expertise in other areas if a patient has more than one rehab need. 				
	<ul style="list-style-type: none"> An intensive rehab program is provided with at least 1-2 hours of therapy per day, 5-7 days per week. 				
	<ul style="list-style-type: none"> Staffing ratios support, at a minimum, the amount of therapy recommended 				
	<ul style="list-style-type: none"> The program accommodates patients who may initially have a lower tolerance for rehab, although the goal is to work up to the recommended amount of therapy prior to discharge. 				
Specializa- tion	<ul style="list-style-type: none"> There is a critical mass of <i>at least</i> 50 new amputee cases per year (across both inpatient and outpatient programs) to support the development and maintenance of clinical expertise among the team and the acquisition of special equipment and other resources required to treat amputee patients. 				
	<ul style="list-style-type: none"> Amputee beds are geographically clustered on the unit. 				
	<ul style="list-style-type: none"> At least one member of the team is an ADP assessor 	Yes	No		
	<ul style="list-style-type: none"> The Amputee team has an ADP clinic number 	Yes	No		
Differential Criteria	<ul style="list-style-type: none"> There is a <i>dedicated</i> interprofessional team that treats patients with amputees 				
	<ul style="list-style-type: none"> The clinical team, including the physician, has demonstrated competency in amputee rehab. 				

**INPATIENT MIXED INTERPROFESSIONAL REHAB TEAM IN ACUTE CARE OR REHAB HOSPITALS
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.																																				
	<ul style="list-style-type: none"> The team uses a collaborative approach with regular team meetings and conferences. Patients and families are encouraged to participate in meetings pertaining to their care and discharge. A mechanism is in place to communicate goals between the patient/family and the clinical team. 																																								
Typical Duration	<ul style="list-style-type: none"> Length of stay is not constrained by a maximum duration, but is linked to the patient’s needs and goals. 																																								
Key Activities/ Nature of Services	<ul style="list-style-type: none"> Rehab services include assessment and intervention for: <table border="1" data-bbox="367 974 997 1440"> <tr> <td>Prosthetic potential and prescription where appropriate</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Physical/mobility ability and needs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>ADLs and IADL performance</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Psychological functioning</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Sexuality</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Complex pain management</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Self management of residuum</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Management of co-morbid conditions</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Management of nutritional needs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Discharge planning</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Health education</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Goal setting</td> <td>Yes</td> <td>No</td> </tr> </table> 	Prosthetic potential and prescription where appropriate	Yes	No	Physical/mobility ability and needs	Yes	No	ADLs and IADL performance	Yes	No	Psychological functioning	Yes	No	Sexuality	Yes	No	Complex pain management	Yes	No	Self management of residuum	Yes	No	Management of co-morbid conditions	Yes	No	Management of nutritional needs	Yes	No	Discharge planning	Yes	No	Health education	Yes	No	Goal setting	Yes	No				
Prosthetic potential and prescription where appropriate	Yes	No																																							
Physical/mobility ability and needs	Yes	No																																							
ADLs and IADL performance	Yes	No																																							
Psychological functioning	Yes	No																																							
Sexuality	Yes	No																																							
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Management of nutritional needs	Yes	No																																							
Discharge planning	Yes	No																																							
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Goal setting	Yes	No																																							

**INPATIENT *MIXED* INTERPROFESSIONAL REHAB TEAM IN ACUTE CARE OR REHAB HOSPITALS
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.
	Behaviour change principles and practice	Yes No	/	/	
	Secondary prevention	Yes No	/	/	
	End of life decision making, where appropriate	Yes No	/	/	

Based on the above definitions, would you classify your program as an Amputee Rehab Program in a Mixed Rehab Unit? Yes No

Comments, including self-identified areas for improvement:

...Please continue and complete the next survey tool(s) if applicable to the programming offered by your organization.

**INPATIENT DEDICATED SPECIALIZED AMPUTEE REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS
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"> Dialysis is provided on site for patients who require it. 				
	<ul style="list-style-type: none"> A dedicated interprofessional team provides rehab. 				
	<ul style="list-style-type: none"> Core team¹ includes: 				
	Physician	Yes No			
	Nurse	Yes No			
	Physiotherapist	Yes No			
	Occupational Therapist	Yes No			
	Prosthetist	Yes No			
	Social Worker	Yes No			
	Pharmacist	Yes No			
	<ul style="list-style-type: none"> Consultation is available from: 				
	Chiropodist	Yes No			
	Clinical Dietitian	Yes No			
	Psychiatrist/Psychologist	Yes No			
	Therapeutic Recreationist	Yes No			
Chaplain/Pastoral Care provider	Yes No				
Trained Peer Visitor	Yes No				

¹ Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of Amputee rehab patients on the unit and who participate regularly in team rounds.

**INPATIENT DEDICATED SPECIALIZED AMPUTEE REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS
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 (cont.)	<ul style="list-style-type: none"> A mechanism is in place to transfer patients to a slower paced rehab program if they are no longer appropriate for this level. 					
	<ul style="list-style-type: none"> A mechanism is in place to cross consult to another rehab service (e.g. trauma, mental health) to acquire expertise in other areas if a patient has more than one rehab need. 					
	<ul style="list-style-type: none"> An intensive rehab program is provided with a minimum of 1-2 hours of therapeutic activity per day, 5-7 days per week. 					
	<ul style="list-style-type: none"> Staffing ratios support, at a minimum, the amount of therapy recommended. 					
	<ul style="list-style-type: none"> This program can accommodate patients who may initially have a lower tolerance for rehab, although the goal is to work up to the recommended amount of therapy prior to discharge. 					
Specializa-tion	<ul style="list-style-type: none"> The Amputee rehab program has an ADP clinic number. 	Yes No				
	<ul style="list-style-type: none"> At least one member of the team is an ADP assessor. 	Yes No				
	<ul style="list-style-type: none"> An interprofessional team, including the physician, has expertise in amputee rehab and access to education/training to develop and maintain necessary skills and knowledge base. 					
Differential	<ul style="list-style-type: none"> The team uses a collaborative approach with regular team 					

**INPATIENT DEDICATED SPECIALIZED AMPUTEE REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS
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.																								
Criteria	meetings/conferences.																												
	<ul style="list-style-type: none"> Patients and families are encouraged to participate in team meetings pertaining to their care and discharge planning. 																												
	<ul style="list-style-type: none"> A mechanism is in place to communicate goals between the patient/family and the clinical team. 																												
Typical Duration	<ul style="list-style-type: none"> Length of stay is not constrained by a maximum duration, but is linked to the patient’s needs and goals. 																												
Key Activities/ Nature of Service	<ul style="list-style-type: none"> Rehab services include assessment and intervention as <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Prosthetic potential and prescription</td> <td>Yes No</td> </tr> <tr> <td>Physical/mobility ability and needs</td> <td>Yes No</td> </tr> <tr> <td>ADLs and IADL performance</td> <td>Yes No</td> </tr> <tr> <td>Psychological functioning</td> <td>Yes No</td> </tr> <tr> <td>Sexuality</td> <td>Yes No</td> </tr> <tr> <td>Complex pain management</td> <td>Yes No</td> </tr> <tr> <td>Self management of residuum</td> <td>Yes No</td> </tr> <tr> <td>Management of co-morbid conditions</td> <td>Yes No</td> </tr> <tr> <td>Management of nutritional needs</td> <td>Yes No</td> </tr> <tr> <td>Discharge planning</td> <td>Yes No</td> </tr> <tr> <td>Health education</td> <td>Yes No</td> </tr> <tr> <td>Goal setting</td> <td>Yes No</td> </tr> </table> 	Prosthetic potential and prescription	Yes No	Physical/mobility ability and needs	Yes No	ADLs and IADL performance	Yes No	Psychological functioning	Yes No	Sexuality	Yes No	Complex pain management	Yes No	Self management of residuum	Yes No	Management of co-morbid conditions	Yes No	Management of nutritional needs	Yes No	Discharge planning	Yes No	Health education	Yes No	Goal setting	Yes No				
	Prosthetic potential and prescription	Yes No																											
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	Self management of residuum	Yes No																											
	Management of co-morbid conditions	Yes No																											
	Management of nutritional needs	Yes No																											
	Discharge planning	Yes No																											
	Health education	Yes No																											
Goal setting	Yes No																												

**INPATIENT *DEDICATED* SPECIALIZED AMPUTEE REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS
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.
Behavioural change principles	Yes No				
Secondary prevention	Yes No				
End of life decision making, as appropriate	Yes No				

Based on the above definitions, would you classify your program as an Inpatient Dedicated Amputee Rehab Unit? Yes No

Comments, including self-identified areas for improvement:

...Please continue and complete the next survey tool if applicable to the programming offered by your organization.

**INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB IN COMMUNITY AND REHAB HOSPITALS
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 team¹ includes: 				
	Physician	Yes	No		
	Nurse	Yes	No		
	Physiotherapist	Yes	No		
	Occupational Therapist	Yes	No		
	Clinical Dietitian	Yes	No		
	Social Worker	Yes	No		
	Chaplain/Pastoral Care provider	Yes	No		
	Therapeutic Recreationist	Yes	No		
	<ul style="list-style-type: none"> Consultation is available from: 				
	Pharmacist	Yes	No		
	Prosthetist	Yes	No		
<ul style="list-style-type: none"> A mechanism is in place for re-assessment and transfer to an active rehab program if the patient's status changes. 					
<ul style="list-style-type: none"> A mechanism is in place to cross consult to another rehab service (e.g. trauma) to acquire expertise in other areas if a patient has more than one rehab need. 					

¹ Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of Amputee rehab patients on the unit and who participate regularly in team rounds.

**INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB IN COMMUNITY AND REHAB HOSPITALS
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 (cont.)	<ul style="list-style-type: none"> This program can provide a minimum of 30 minutes of therapeutic activity in total per day, 5-7 days per week 				
	<ul style="list-style-type: none"> Staffing ratios support, at a minimum, the amount of therapy recommended. 				
	<ul style="list-style-type: none"> Comprehensive discharge planning is provided to transition patients to specialized services and community support programs as needed. 				
Specialization	<ul style="list-style-type: none"> All rehab providers, including the physician, have demonstrated competency in assessing and treating patients with amputations. 				
	<ul style="list-style-type: none"> The Amputee rehab program has an ADP clinic number 	Yes No			
	<ul style="list-style-type: none"> At least one member of the team is an ADP assessor 	Yes No			
	<ul style="list-style-type: none"> If these two criteria are not met, the LTLD program has a partnership with an ADP clinic. 	Yes No N/A			
Differential Criteria	<ul style="list-style-type: none"> The team uses a collaborative approach with regular weekly team meetings and conferences. 				
	<ul style="list-style-type: none"> Patients/families are encouraged to participate in meetings pertaining to their care and discharge planning. 				
	<ul style="list-style-type: none"> A mechanism is in place to communicate goals between the patient/family and the clinical team. 				
	<ul style="list-style-type: none"> Amputee beds are geographically clustered on the unit. 				

**INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB IN COMMUNITY AND REHAB HOSPITALS
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.																																													
<ul style="list-style-type: none"> Patients are exempt from co-payment when located in CCC while the realistic goal for them remains returning to the community. 																																																	
Typical Duration <ul style="list-style-type: none"> Length of stay is not constrained by a maximum duration but is linked to the patient's needs and goals. 																																																	
Key Activities/ Nature of Services <ul style="list-style-type: none"> Rehab services include assessment and intervention for the following, as appropriate for each patient: <table border="1" data-bbox="283 857 966 1432"> <tr> <td>Prosthetic potential and prescription</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Physical/mobility ability and needs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>ADLs and IADL performance</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Psychological functioning</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Sexuality</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Complex pain management</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Self management of residuum</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Management of co-morbid conditions</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Management of nutritional needs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Discharge planning</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Health education</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Goal setting</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Behavioural change principles</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Secondary prevention</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>End of life decision making, where appropriate</td> <td>Yes</td> <td>No</td> </tr> </table> 	Prosthetic potential and prescription	Yes	No	Physical/mobility ability and needs	Yes	No	ADLs and IADL performance	Yes	No	Psychological functioning	Yes	No	Sexuality	Yes	No	Complex pain management	Yes	No	Self management of residuum	Yes	No	Management of co-morbid conditions	Yes	No	Management of nutritional needs	Yes	No	Discharge planning	Yes	No	Health education	Yes	No	Goal setting	Yes	No	Behavioural change principles	Yes	No	Secondary prevention	Yes	No	End of life decision making, where appropriate	Yes	No				
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End of life decision making, where appropriate	Yes	No																																															

Based on the above definitions, would you classify your inpatient rehab program as a LTLD Amputee Rehab Program? Yes No

Comments, including self-identified areas for improvement:

Thank you for taking the time to complete the Inpatient Rehab Survey for Amputee Rehab.