

## Amputee Rehab Definitions Framework

### Self-Assessment Tool –Outpatient/Ambulatory Care 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 Outpatient 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 provision of amputee rehab services offered by your organization to patients who were *admitted within the past 6 months*.
- The rating scale is based on the following guidelines (**NB: Check only one rating for each standard!!**)

<b>Fully Met</b>	Standard is met 80% of the time	<b>Partially Met</b>	Standard is met 40-79% of the time	<b>Not Met</b>	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 Outpatient Rehab Survey for Amputee Rehab.**

## OUTPATIENT AMPUTEE REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HEALTH CENTRES/CLINICS 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.												
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>Core Team consists of:               <table border="1" style="margin-left: 20px; width: 100%;"> <tr> <td style="width: 80%;">Physician</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Prosthetist</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Physiotherapist</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Occupational Therapist</td> <td>Yes</td> <td>No</td> </tr> </table> </li> </ul>	Physician	Yes	No	Prosthetist	Yes	No	Physiotherapist	Yes	No	Occupational Therapist	Yes	No					
		Physician	Yes	No														
		Prosthetist	Yes	No														
		Physiotherapist	Yes	No														
	Occupational Therapist	Yes	No															
	<ul style="list-style-type: none"> <li>This program provides <i>one or more</i> of the following:               <ul style="list-style-type: none"> <li>Specialized focused assessment and/or treatment to resolve a functional or psychological issue and to promote re-integration to normal living or to maximize functional level</li> <li>Prosthetic fitting, if not completed in an inpatient program</li> <li>Gait training</li> <li>Assessment and treatment of seating issues</li> <li>Provision of ADP equipment, as needed</li> </ul> </li> </ul>																	
		<ul style="list-style-type: none"> <li>Consultation is available from an ADP authorizer.</li> </ul>																
		<ul style="list-style-type: none"> <li>At least one member of the team is an ADP Rehab Assessor</li> </ul>	Yes	No														
		<ul style="list-style-type: none"> <li>The program has an ADP clinic number</li> </ul>	Yes	No														
		<ul style="list-style-type: none"> <li>This program provides rehab for the patients who meet               <ul style="list-style-type: none"> <li>Patients who reside in the community with a specific rehab need which may be an impairment, performance, activity, or a participation issue that requires assessment and/or treatment by a health professional (e.g. prescription of a mobility aid).</li> </ul> </li> </ul>	Yes	No														

## OUTPATIENT AMPUTEE REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HEALTH CENTRES/CLINICS 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.
<b>Specializa- tion (cont.)</b>	Patients who do not require an inpatient or other outpatient rehab programs.	Yes No			
	Patients who were discharged from an inpatient rehab program, or from acute care, and who require ongoing rehab to achieve higher functional goals.	Yes No			
	Patients who are referred from acute care, rehabilitation, family physicians, or other health professionals working in the community.	Yes No			
<b>Typical Duration</b>	<ul style="list-style-type: none"> <li>Patients are able to leave and return to the program over months or years as new issues arise and need to be addressed.</li> </ul>				
	<ul style="list-style-type: none"> <li>Outpatient rehab begins within one week of discharge from inpatient rehab/acute care</li> </ul>				

**Based on the above definitions, would you classify your inpatient rehab program as an Outpatient/Ambulatory Amputee Rehab Program?**

Yes  No

**Comments, including self-identified areas for improvement:**