

## Burn Rehab Definitions Framework Self-Assessment Survey – Outpatient 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 burn 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 Burn Rehab Definitions Framework is to:

- Define and promote consistency in burn 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 Burn 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 survey for burn rehab.

### PURPOSE OF THE SELF-ASSESSMENT SURVEYS:

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

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

### INSTRUCTIONS:

- Please use the following self-assessment survey to rate the burn rehab services offered by your organization to patients *admitted within the past 6 months*.
- There is 1 assessment survey included in the package to be used by burn rehab units in acute care and community hospitals.
- To determine if this self-assessment survey is relevant to your program, please refer to the Burn 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 Self Assessment Survey for Burn Rehab**

**SINGLE SERVICE OUTPATIENT/AMBULATORY BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HOSPITALS - SELF ASSESSMENT SURVEY**

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"> <li>This program is appropriate for burn patients requiring outpatient rehabilitation for a specific issue (e.g. ongoing management of a hand burn, decreased ROM in the neck, etc.).</li> </ul>                         |                                    |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>There is ongoing communication, as needed, between the inpatient or acute care therapist(s) and the outpatient therapist</li> </ul>  |                                    |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>Consultation is provided by other disciplines/team members as needed</li> </ul>  |                                    |   |                                    |   |  |
| Specialization        | <ul style="list-style-type: none"> <li>All treating professionals have experience in burn rehab; in cases where the treating therapist does not have established competencies, she/he has access to support from a Regional Burn Centre</li> </ul>          |                                    |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>At a minimum, all professionals have the following skills:</li> </ul>  |                                    |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>An understanding of precautions during each phase of wound healing</li> </ul>  | Yes No                             |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>The ability to effectively maintain tissue length using scar and contracture management strategies (e.g. ROM, splinting, pressure therapy)</li> </ul>  | Yes No                             |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>An understanding of when and how to liaise or consult with other professionals in regards to burn rehab</li> </ul>   | Yes No                             |   |                                    |   |  |
| Differential Criteria | <ul style="list-style-type: none"> <li>This program provides rehab for the following groups of burn patients:</li> </ul>  |                                    |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>Patients residing in the community with a specific rehab need which may be an impairment, performance, activity or participation issue that requires assessment and/or treatment by a health professional</li> </ul> | Yes No                             |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>Patients who did not require acute care, inpatient rehab or another outpatient rehab program</li> </ul>  | Yes No                             |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>Patients who were discharged from an inpatient rehab program, or from acute care, and who require ongoing rehab to achieve higher functional goals.</li> </ul>   | Yes No                             |   |                                    |   |  |
|                       | <ul style="list-style-type: none"> <li>Patients who are referred from family physicians or other health professionals working in the community with new issues post discharge.</li> </ul>   | Yes No                             |   |                                    |   |  |

**SINGLE SERVICE OUTPATIENT/AMBULATORY BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HOSPITALS - SELF ASSESSMENT SURVEY**

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>Time to Access and Typical Duration</b> <ul style="list-style-type: none"> <li>Access to outpatient rehab services occurs within 72 hours of referral from any source for burns to critical areas defined as: the face, hands, feet, genitalia, perineum or major joints<sup>1</sup></li> <li>Access to outpatient rehab services occurs within 7 days from referral for all other burns (non-critical).</li> <li>Length of stay in general outpatient programs is determined by time required for the participant to maintain status independently including managing skin care, exercise and return to work/school.</li> <li>Length of stay in specialty clinics is one or more visits until the problem is resolved/managed or until the functional outcome has been reached</li> <li>Length of stay for paediatric patients is until the family or caregiver is able to manage the child's care, including managing skin care, exercise and return to school.</li> <li>Patients are able to leave and return to the program over months or years as new issues need to be addressed.</li> </ul> |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    | <input type="checkbox"/> N/A                    |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
| <b>Key Activities / Nature of Service</b> <ul style="list-style-type: none"> <li>Specialized focused assessment and/or treatment is provided to resolve a functional or psychological issue and to promote re-integration to community living or to maximize functional level</li> <li>The team is able to provide all of the following if required by the patient:               <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Re-fitting of pressure garments</td> <td style="width: 20%;">Yes No</td> </tr> <tr> <td>Splint modification</td> <td>Yes No</td> </tr> <tr> <td>Contracture management in a specific joint</td> <td>Yes No</td> </tr> <tr> <td>Strength training for lost muscle mass and functional ability</td> <td>Yes No</td> </tr> <tr> <td>Regular stretching and strengthening program</td> <td>Yes No</td> </tr> <tr> <td>Scar massage and management</td> <td>Yes No</td> </tr> <tr> <td>Modalities</td> <td>Yes No</td> </tr> </table> </li> </ul>   | Re-fitting of pressure garments                               | Yes No                                      | Splint modification                | Yes No  | Contracture management in a specific joint | Yes No | Strength training for lost muscle mass and functional ability | Yes No | Regular stretching and strengthening program | Yes No | Scar massage and management | Yes No | Modalities | Yes No |  |  |  |  |
|  | Re-fitting of pressure garments                               | Yes No                                      |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  | Splint modification   | Yes No                                      |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  | Contracture management in a specific joint                    | Yes No                                      |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  | Strength training for lost muscle mass and functional ability | Yes No                                      |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  | Regular stretching and strengthening program                  | Yes No                                      |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  | Scar massage and management                                   | Yes No                                      |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  | Modalities  | Yes No                                      |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |
|  |   |   |                                    |   |  |        |   |        |  |        |                             |        |            |        |  |  |  |  |

<sup>1</sup> American Burn Association & American College of Surgeons, Committee on Trauma. (2006). *Guidelines for the Operation of Burn Centres*. Retrieved from <http://www.ameriburn.org/Chapter14.pdf>.

**SINGLE SERVICE OUTPATIENT/AMBULATORY BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HOSPITALS - SELF ASSESSMENT SURVEY**

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

|   | Definition  | Rating<br>Fully met<br>(80% of<br>time)<br>(✓)  | Rating<br>Partially met<br>(40 – 79% of<br>time)<br>(✓) | Rating<br>Not met<br>(< 40% of<br>time)<br>(✓) | If standard not fully met, provide<br>explanation. |
|---|---|---|---|--|--|
| Key Activities /<br>Nature of<br>Service<br>(cont.) | <ul style="list-style-type: none"> <li>If the referring facility has not already done so, patients are referred to other services for ongoing care (e.g. wellness programs, support programs, inpatient rehab)</li> </ul>                             | <input type="checkbox"/> N/A, this is already done by the referring facility<br><input type="checkbox"/> Yes, this program refers patients to other services for ongoing care if needed<br><input type="checkbox"/> No, this program does not refer patients to other services for ongoing care if needed |   |  |  |
|   | <ul style="list-style-type: none"> <li>If the referring facility has not already done so, patients are linked with one or more of the following:<br/>           Individual support (e.g. trained burn survivor who acts as a peer support)</li> </ul> | <input type="checkbox"/> N/A, this is already done by the referring facility<br><input type="checkbox"/> Yes, this program refers patients to other services for ongoing care if needed<br><input type="checkbox"/> No, this program does not refer patients to other services for ongoing care if needed |   |  |  |
|   | <ul style="list-style-type: none"> <li>Group support (e.g. burn summer camp for school aged children; Phoenix Society)</li> </ul>   | <input type="checkbox"/> N/A, this is already done by the referring facility<br><input type="checkbox"/> Yes, this program refers patients to other services for ongoing care if needed<br><input type="checkbox"/> No, this program does not refer patients to other services for ongoing care if needed |   |  |  |

Based on the above definitions, would you classify your outpatient rehab program as a Single Service Outpatient Burn Rehab Program?

Yes  No

Comments, including self-identified areas for improvement

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

**MIXED OR DEDICATED POPULATION INTERPROFESSIONAL OUTPATIENT BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HEALTH CENTRES/CLINICS - SELF ASSESSMENT SURVEY**

Name of Organization: \_\_\_\_\_ Name of Service/Program: \_\_\_\_\_  
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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. |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
|---|--|---|------------------------------------|---|------------------------|--------|-----------|--------|-----------------|--------|---|--------|---------------------------------|--------|------------------------------------|------------|-----------------------------------|------------|--------------------|--------|-------------------|--------|-----------|--------|--|--|--|--|
| <b>Services Provided</b> <ul style="list-style-type: none"> <li>This program serves burn patients requiring an outpatient interprofessional burn rehabilitation program, as defined as a need for 2 or more of the following modalities for more than 2 weeks at a time:               <ol style="list-style-type: none"> <li>Nursing</li> <li>Pain management</li> <li>Pressure therapy</li> <li>Splinting</li> <li>Skin care</li> <li>Social support (psych/counselling)</li> <li>PT/OT to maximize function</li> <li>Ongoing counselling/education specific to burn care</li> </ol> </li> </ul>  |  |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| <ul style="list-style-type: none"> <li>A minimum of 60 minutes of therapy is provided per session.</li> <li>Consultation is provided by other disciplines/team members as needed.</li> <li>Care is provided by an interprofessional team</li> <li>The core team includes the following:               <table border="1" data-bbox="254 1052 1010 1317"> <tr> <td>Discharge planning role (as filled by: social worker, discharge planner/coordinator, patient flow coordinator, etc.)</td> <td>Yes No</td> </tr> <tr> <td>Nurse</td> <td>Yes No</td> </tr> <tr> <td>Occupational Therapist</td> <td>Yes No</td> </tr> <tr> <td>Physician</td> <td>Yes No</td> </tr> <tr> <td>Physiotherapist</td> <td>Yes No</td> </tr> <tr> <td>Psychosocial services (e.g. psychology, social worker, psychiatrist, trained nursing staff)</td> <td>Yes No</td> </tr> </table> </li> <li>Consultation is available from:               <table border="1" data-bbox="254 1349 1010 1539"> <tr> <td>Chaplain/Pastoral Care provider</td> <td>Yes No</td> </tr> <tr> <td>Child and Youth Worker (peds only)</td> <td>Yes No N/A</td> </tr> <tr> <td>Child Life Specialist (peds only)</td> <td>Yes No N/A</td> </tr> <tr> <td>Clinical Dietitian</td> <td>Yes No</td> </tr> <tr> <td>Massage Therapist</td> <td>Yes No</td> </tr> <tr> <td>Orthotist</td> <td>Yes No</td> </tr> </table> </li> </ul> | Discharge planning role (as filled by: social worker, discharge planner/coordinator, patient flow coordinator, etc.) | Yes No                                      | Nurse                              | Yes No  | Occupational Therapist | Yes No | Physician | Yes No | Physiotherapist | Yes No | Psychosocial services (e.g. psychology, social worker, psychiatrist, trained nursing staff) | Yes No | Chaplain/Pastoral Care provider | Yes No | Child and Youth Worker (peds only) | Yes No N/A | Child Life Specialist (peds only) | Yes No N/A | Clinical Dietitian | Yes No | Massage Therapist | Yes No | Orthotist | Yes No |  |  |  |  |
| Discharge planning role (as filled by: social worker, discharge planner/coordinator, patient flow coordinator, etc.)  | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Nurse   | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Occupational Therapist  | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Physician   | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Physiotherapist   | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Psychosocial services (e.g. psychology, social worker, psychiatrist, trained nursing staff)   | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Chaplain/Pastoral Care provider   | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Child and Youth Worker (peds only)  | Yes No N/A   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Child Life Specialist (peds only)   | Yes No N/A   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Clinical Dietitian  | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Massage Therapist   | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |
| Orthotist   | Yes No   |   |                                    |   |                        |        |           |        |                 |        |   |        |                                 |        |                                    |            |                                   |            |                    |        |                   |        |           |        |  |  |  |  |

**MIXED OR DEDICATED POPULATION INTERPROFESSIONAL OUTPATIENT BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HEALTH CENTRES/CLINICS - SELF ASSESSMENT SURVEY**

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

| Definition   |  | Rating<br>Fully met<br>(80% of<br>time)<br>(✓) | Rating<br>Partially met<br>(40 – 79% of<br>time)<br>(✓) | Rating<br>Not met<br>(< 40% of<br>time)<br>(✓) | If standard not fully met,<br>provide explanation. |
|--|--|--|---|--|--|
| Services<br>Provided<br>(cont.)  | Pain service   | Yes No   |   |  |  |
|  | Paramedical Camouflage consultant  | Yes No   |   |  |  |
|  | Pharmacist   | Yes No   |   |  |  |
|  | Prosthetist  | Yes No   |   |  |  |
|  | Psychiatrist   | Yes No   |   |  |  |
|  | Return to Work Coordinator/Vocational Counselor ( <i>adults only</i> )   | Yes No N/A                                     |   |  |  |
|  | Social Worker  | Yes No   |   |  |  |
|  | Speech Language Pathologist  | Yes No   |   |  |  |
|  | Therapeutic Recreationist  | Yes No   |   |  |  |
|  | Trained/Screened Peer Visitor  | Yes No   |   |  |  |
| Specialization   | <ul style="list-style-type: none"> <li>The following members of the core team have experience in burn rehab:</li> </ul>          |  |   |  |  |
|  | Discharge planning role (as filled by: social worker, discharge planner/coordinator, patient flow coordinator, etc.)             | Yes No   |   |  |  |
|  | Nurse  | Yes No   |   |  |  |
|  | Occupational Therapist   | Yes No   |   |  |  |
|  | Physician  | Yes No   |   |  |  |
|  | Physiotherapist  | Yes No   |   |  |  |
|  | Psychosocial services specialized in burn rehab (e.g. through psychologist, social worker, psychiatrist, trained nursing)        | Yes No   |   |  |  |
|  | <ul style="list-style-type: none"> <li>The core team has established competency in treating burn patients, including:</li> </ul> |  |   |  |  |
|  | Understanding of basic wound care principles   | Yes No   |   |  |  |
|  | Ability to monitor skin health, particularly related to grafting   | Yes No   |   |  |  |
| Understanding of precautions during each phase of wound healing  | Yes No   |  |   |  |  |
| Ability to effectively maintain tissue length using scar and contracture management strategies (e.g. ROM, splinting, pressure therapy) | Yes No   |  |   |  |  |

**MIXED OR DEDICATED POPULATION INTERPROFESSIONAL OUTPATIENT BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HEALTH CENTRES/CLINICS - SELF ASSESSMENT SURVEY**

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 Primary Contact (name/telephone): \_\_\_\_\_

| Definition                                   |  | Rating<br>Fully met<br>(80% of<br>time)<br>(✓) | Rating<br>Partially met<br>(40 – 79% of<br>time)<br>(✓) | Rating<br>Not met<br>(< 40% of<br>time)<br>(✓) | If standard not fully met,<br>provide explanation. |
|--|--|--|---|--|--|
| Specialization<br>(cont.)                    | Understanding of pain medications, types of pain management and ability to liaise with the team re: impact of  | Yes No   |   |  |  |
|  | Understanding of the cognitive behavioural management of pain  | Yes No   |   |  |  |
|  | Ability to effectively educate the patient on pain management and the relationship between pain management and rehab   | Yes No   |   |  |  |
|  | Understanding of how and when to assess for custom pressure garments and other scar management modalities.   | Yes No   |   |  |  |
|  | Understanding of long term management of burn rehabilitation and prognosis   | Yes No   |   |  |  |
|  | Understanding of when/how to liaise or consult with other professionals in regards to burn rehab   | Yes No   |   |  |  |
|  | <ul style="list-style-type: none"> <li>In cases where the treating therapist does not have established competencies, she/he has access to support from a Regional Burn Centre</li> </ul>   |  |   |  |  |
| Differential<br>Criteria                     | <ul style="list-style-type: none"> <li>This program provides rehab for the burn patients who meet the following criteria:</li> </ul>   |  |   |  |  |
|  | Discharged from hospital and requiring ongoing rehabilitation to reduce impairment and maximize function at home and in the community (e.g. return to work, school)  | Yes No   |   |  |  |
|  | Patients already residing in the community who no longer need 24-hour hospital care  | Yes No   |   |  |  |
| Time to<br>Access and<br>Typical<br>Duration | <ul style="list-style-type: none"> <li>Access to outpatient rehab services occurs within 72 hours of referral from any source for burns to critical areas as defined as: the face, hands, feet, genitalia, perineum or major joints<sup>1</sup></li> </ul> |  |   |  |  |
|  | <ul style="list-style-type: none"> <li>Access to outpatient rehab services occurs within 7 days from referral for all other burns (non-critical).</li> </ul>   |  |   |  |  |
|  | <ul style="list-style-type: none"> <li>Length of stay in general outpatient programs is determined by time required for</li> </ul>   |  |   |  |  |

<sup>1</sup> American Burn Association & American College of Surgeons, Committee on Trauma. (2006). *Guidelines for the Operation of Burn Centres*. Retrieved from <http://www.ameriburn.org/Chapter14.pdf>.

**MIXED OR DEDICATED POPULATION INTERPROFESSIONAL OUTPATIENT BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HEALTH CENTRES/CLINICS - SELF ASSESSMENT SURVEY**

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. |                              |
|---|--|---|------------------------------------|---|------------------------------|
| the participant to maintain status independently including managing skin care, exercise and return to work/school.  |  |   |                                    |   |                              |
| <ul style="list-style-type: none"> <li>Length of stay takes into consideration the time required for optimal scar</li> </ul>  |  |   |                                    |   |                              |
| <ul style="list-style-type: none"> <li>Length of stay for paediatric patients is until the family or caregiver is able to manage the child's care, including managing skin care, exercise and return to school. <i>(peds only)</i></li> </ul> |  |   |                                    | <input type="checkbox"/> N/A                    |                              |
| <ul style="list-style-type: none"> <li>Patients are able to leave and return to the program over months or years as new issues need to be addressed.</li> </ul>   |  |   |                                    |   |                              |
| Key Activities/<br>Nature of Service  | <ul style="list-style-type: none"> <li>Specialized focused assessment and/or treatment is provided to resolve a functional or psychological issue and to promote re-integration to community living or to maximize functional level</li> </ul> |   |                                    |   |                              |
|   | <ul style="list-style-type: none"> <li>Interventions are goal directed</li> </ul>  |   |                                    |   |                              |
|   | <ul style="list-style-type: none"> <li>Education and information is provided to patients/families on an ongoing basis throughout the outpatient rehab program (e.g. monitoring wounds for problems)</li> </ul>                                 |   |                                    |   |                              |
|   | <ul style="list-style-type: none"> <li>Patients are expected to take on responsibility for their rehabilitation including exercises, adherence to splinting and pressure garment protocols, and maximizing independence in ADLs.</li> </ul>    |   |                                    |   |                              |
|   | <ul style="list-style-type: none"> <li>Vocational counselling and assessment of the workplace is provided if needed. <i>(adults only)</i></li> </ul>   |   |                                    |   | <input type="checkbox"/> N/A |
|   | <ul style="list-style-type: none"> <li>The team is able to provide all of the following if required by the patient:</li> </ul>   |   |                                    |   |                              |
|   | Re-fitting of pressure garments  | Yes No                                      |                                    |   |                              |
|   | Splint modification  | Yes No                                      |                                    |   |                              |
|   | Contracture management in a specific joint   | Yes No                                      |                                    |   |                              |
|   | Strength training for lost muscle mass and functional ability  | Yes No                                      |                                    |   |                              |
| Regular stretching and strengthening program  | Yes No   |   |                                    |   |                              |
| Scar massage and management   | Yes No   |   |                                    |   |                              |
| Modalities  | Yes No   |   |                                    |   |                              |

**MIXED OR DEDICATED POPULATION INTERPROFESSIONAL OUTPATIENT BURN REHAB TEAM IN ACUTE CARE, REHAB, AND COMMUNITY HEALTH CENTRES/CLINICS - SELF ASSESSMENT SURVEY**

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

| Definition  | Rating<br>Fully met<br>(80% of<br>time)<br>(✓)  | Rating<br>Partially met<br>(40 – 79% of<br>time)<br>(✓) | Rating<br>Not met<br>(< 40% of<br>time)<br>(✓) | If standard not fully met,<br>provide explanation. |
|---|---|---|--|--|
| <ul style="list-style-type: none"> <li>If the referring facility has not already done so, patients are referred to other services for ongoing care (e.g. wellness programs, support programs, inpatient rehab)</li> </ul> | <input type="checkbox"/> N/A, this is already done by the referring facility<br><input type="checkbox"/> Yes, this program refers patients to other services for ongoing care if needed<br><input type="checkbox"/> No, this program does not refer patients to other services for ongoing care if needed |   |  |  |
| <ul style="list-style-type: none"> <li>If the referring facility has not already done so, patients are linked with one or more of the following:</li> </ul>   |   |   |  |  |
| Individual support (e.g. trained burn survivor who acts as a peer support)  | <input type="checkbox"/> N/A, this is already done by the referring facility<br><input type="checkbox"/> Yes, this program refers patients to other services for ongoing care if needed<br><input type="checkbox"/> No, this program does not refer patients to other services for ongoing care if needed |   |  |  |
| Group support (e.g. burn summer camp for school aged children; Phoenix Society)   | <input type="checkbox"/> N/A, this is already done by the referring facility<br><input type="checkbox"/> Yes, this program refers patients to other services for ongoing care if needed<br><input type="checkbox"/> No, this program does not refer patients to other services for ongoing care if needed |   |  |  |

Based on the above definitions, would you classify your Outpatient rehab program as a **Mixed Population or Dedicated Interprofessional Outpatient Burn Rehab Program?**  Yes  No  
 Comments, including self-identified areas for improvement:

**Thank you for taking the time to complete the Outpatient Rehab Self Assessment Survey for Burn Rehab.**