

Geriatric Rehab Definitions Framework Self-Assessment Tool – Inpatient Geriatric 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 geriatric 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 Geriatric Rehab Definitions Framework is to:

- Define and promote consistency in geriatric 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.

1. 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 geriatric rehab programs to meet the definitions in the Geriatric 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 geriatric rehab services
- Advocate for resources to promote consistency and equitable access to geriatric rehab services.

Instructions for completion of the Self-Assessment Tool(s):

- Please use the relevant self-assessment tool(s) to rate the provision of geriatric rehab services offered by your organization to patients who were admitted *within the past 6 months*.
- There are 3 assessment tools included in the package. These include self-assessment tools for (1) Inpatient Dedicated Geriatric Assessment/Rehab Unit; (2) Inpatient Geriatric Rehab on a Mixed Unit and (3) Inpatient Low Tolerance Long Duration (LTLT/slowstream) Geriatric 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 Geriatric Rehab Definitions Framework to help you.
- The rating scale is based on the following guidelines:

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

- **NB: Check only one rating for each standard!!**
- If the standard is not fully met, please explain the reasons that account for difficulties in meeting the standard fully.

DEDICATED GERIATRIC 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 interprofessional team including a physician who has expertise in the care of the elderly and is familiar with the comprehensive geriatric approach. 																																		
	<ul style="list-style-type: none"> Core dedicated interprofessional team has expertise in the care of the elderly and includes: <table style="margin-left: 40px; 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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Pharmacy	Yes	No																																	
Clinical Dietician	Yes	No																																	
Therapeutic Recreation	Yes	No																																	
Chaplaincy/Pastoral Care	Yes	No																																	
<ul style="list-style-type: none"> Geriatric and psychogeriatric consultation is available. 																																			
<ul style="list-style-type: none"> Rehabilitation includes assessment and treatment of geriatric syndromes that include: <ul style="list-style-type: none"> Instability or falls Cognitive impairment including delirium and dementia Immobility Inadequate nutrition Isolation or depression 																																			

DEDICATED GERIATRIC REHAB 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.
<ul style="list-style-type: none"> • Incontinence • Poly-pharmacy 				
<ul style="list-style-type: none"> • The program offers a moderately-paced rehab program <ul style="list-style-type: none"> • Average amount of therapy provided is 120 minutes per patient with a minimum of 60 minutes of therapeutic activity, 5 - 7 days per week. Therapeutic activity includes professional therapy (e.g. Occupational Therapy, Physiotherapy, OTA/PTA services under the guidance of an OT/PT and/or Speech Language Therapy) <i>and</i> nursing activities. 				
<ul style="list-style-type: none"> • Program provides a Comprehensive Geriatric Assessment to determine a frail older person’s medical, psychosocial and functional capacities and limitations. 				
<ul style="list-style-type: none"> • A coordinated and integrated plan for treatment and follow-up is developed. 				
<ul style="list-style-type: none"> • Patients are systematically evaluated at key stages using well-validated standardized measures which embody aspects of impairment, disability or dependency (e.g. Mini Mental State Exam, Geriatric Depression Scale, Goal Attainment Scaling). 				
<ul style="list-style-type: none"> • Nutritional screening is provided. 				

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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.	
	<ul style="list-style-type: none"> Wellness-focussed education is offered to provide health education, goal setting, behaviour change principles and practices to promote health and well-being, including secondary prevention. 				
Specialization	<ul style="list-style-type: none"> The dedicated interprofessional team has knowledge and experience in assessing and treating patients with multiple comorbidities, geriatric syndromes and disabilities. 				
	<ul style="list-style-type: none"> The physician has expertise in the care of the elderly and is familiar with the comprehensive geriatric approach. 				
Differential Criteria	<ul style="list-style-type: none"> Admission criteria include patients with: <ul style="list-style-type: none"> Pre-existing frailty and/or Complex underlying medical and functional problems Unexplained pre-morbid problems coping at home An insult or complicated course in hospital (e.g. delirium or pneumonia) and/or with multi-system needs Moderate cognitive impairment Reduced motivation secondary to depression 				
	<ul style="list-style-type: none"> Coordinated team approach is used with at 				

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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.
least one formal meeting per week to discuss patients’ progress, goals and discharge plans.				
<ul style="list-style-type: none"> Beds/teams are geographically clustered. 				
Typical Duration <ul style="list-style-type: none"> Typical average inpatient length of stay is 4-12 weeks. 				

Based on the above definitions, would you classify your inpatient rehab program as a Dedicated Geriatric Rehab Unit? Yes No

Comments:

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

GERIATRIC 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"> An interprofessional team provides rehab. 																																		
	<ul style="list-style-type: none"> Core dedicated interprofessional team has expertise in the care of the elderly and includes: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Physician</td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">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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Therapeutic Recreation	Yes	No																																	
Chaplaincy/Pastoral Care	Yes	No																																	
<ul style="list-style-type: none"> There is access to a physician with expertise in medical complexities and familiarity with the principles of geriatric care. 																																			
<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"> Wellness-focussed education is offered to 																																			

GERIATRIC 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.
	provide health education, goal setting, behaviour change principles and practices to promote health and well-being, including secondary prevention.				
Specialization	<ul style="list-style-type: none"> • Rehab providers assess/treat a variety of diagnostic/rehab population groups on the unit. 				
	<ul style="list-style-type: none"> • Specialization in multi system issues and familiarity with the principles of geriatric care at least in the medical staff is encouraged where there is a sufficient critical mass to support the development and maintenance of clinical expertise. 				
	<ul style="list-style-type: none"> • A critical mass of 8 beds within the unit is maintained to develop/maintain clinical expertise in the principles of geriatric care and assessing/treating medical complexities. 				
Differential Criteria	<ul style="list-style-type: none"> • Admission criteria include Geriatric patients: <ul style="list-style-type: none"> • Whose primary diagnosis or rehab needs falls outside of the other rehab population groupings (e.g. ABI, MSK, Stroke) • Whose premorbid functioning was no more than mildly impaired¹ • Who may have current multi-system needs • Who are able to tolerate a higher intensity 				

¹ See Premorbid Function Screen developed by the GTA Rehab Network in the Appendix, page 16.

GERIATRIC REHAB ON MIXED UNITS - 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.	
<ul style="list-style-type: none"> rehab program (i.e. ≥ 120 minutes daily, 5 days per week) • Coordinated team approach is used with at least one formal meeting per week to discuss patients' progress, goals and discharge plans. • Beds/teams are geographically clustered. 					
Typical Duration	<ul style="list-style-type: none"> • Typical duration is 2-8 weeks 				

Based on the above definitions, would you classify your inpatient rehab program as a Geriatric Rehab Program on a Mixed Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:

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

LOW TOLERANCE LONG DURATION (LTLD/SLOWSTREAM) GERIATRIC 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.																															
Services Provided	<ul style="list-style-type: none"> • An interprofessional team provides rehab. 																																		
	<ul style="list-style-type: none"> • There is access to a physician with expertise in medical complexities and familiarity with the principles of geriatric care. 																																		
	<ul style="list-style-type: none"> • Core dedicated interprofessional team includes: <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 25%;">Physician</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">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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Social Work	Yes	No																																	
Pharmacy	Yes	No																																	
Clinical Dietician	Yes	No																																	
Therapeutic Recreation	Yes	No																																	
Chaplaincy/Pastoral Care	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"> • Wellness-focussed education is offered to provide health education, goal setting, behaviour change principles and practices to promote health and well-being, including 																																			

LOW TOLERANCE LONG DURATION (LTLD/SLOWSTREAM) GERIATRIC 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.	
	secondary prevention.				
Specialization	<ul style="list-style-type: none"> Rehab providers assess/treat a variety of diagnostic/rehab population groups on the unit. 				
	<ul style="list-style-type: none"> Specialization in multi system issues and familiarity with the principles of geriatric care at least in the medical staff is encouraged where there is a sufficient critical mass to support the development and maintenance of clinical expertise. 				
	<ul style="list-style-type: none"> A critical mass of 8 beds within the unit is required to develop/maintain clinical expertise in the principles of geriatric care and assessing/treating medical complexities. 				
Differential Criteria	<ul style="list-style-type: none"> Rehab intervention is primarily for patients who have experienced a complicated course in hospital or a recent multi-system illness requiring a longer period of rehabilitation of lower intensity than that offered in dedicated geriatric rehab programs or in mixed rehab programs. 				
	<ul style="list-style-type: none"> Admission criteria include patients whose pre-morbid functioning may have been impaired but whose primary rehab need is to address current multi-system needs through a slower-paced, longer duration rehab program. 				

LOW TOLERANCE LONG DURATION (LTLD/SLOWSTREAM) GERIATRIC 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.	
<ul style="list-style-type: none"> There is access to medical staff has expertise in geriatrics and multi-system issues. 					
<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"> Patients are exempt from co-payment when located in complex continuing care beds while the realistic goal for them remains returning to the community. 					
Typical Duration	<ul style="list-style-type: none"> Typical duration is 3-6 months. 				

Based on the above definitions, would you classify your inpatient rehab program as a <u>Low Tolerance Long Duration Geriatric Rehab Program?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

APPENDIX: Premorbid Function Screen*

1. Nutrition

Has patient had unanticipated weight loss in the last year (i.e. clothes fit loosely or weight loss \geq 5% of body weight)? **Yes** **No**

2. General Health Status

Has patient had two or more admissions to hospital in the last year? **Yes** **No**

3. Medication use

Did patient use 5 or more prescription medications on a regular basis? **Yes** **No**

4. Functional Independence

Did patient need help with 3 or more of the following: (meal preparation, shopping, transportation, telephone, housekeeping, laundry, managing money, taking medications)? **Yes** **No**

5. Continence

Did patient have a problem with losing control of his/her urine? **Yes** **No**

6. Mobility

Has patient had a fall in past year? **Yes** **No**

Score = Total # of Yes answers.

Rating key: Mild Pre-morbid Challenges (1-2); Moderate Pre-Morbid Challenges (3-4); Severe (5-6)

* Screening tool is derived from the Edmonton Frail Scale (EFS) (see below). The following items used in the EFS were not included: Cognition, Social Support, Mood and Functional Performance. However these areas are addressed in the Inpatient Rehab Referral Guidelines of the GTA Rehab Network. The rating key is not part of the published tool.

References:

Bergman H, Beland F, Karunanathan S et al. Development of a framework for understanding and studying frailty. *Gerontologie et Societe* 2004;109:15-29.

Fried LP, Tangen CM, Walson J, et al. Frailty in older adults: evidence for a phenotype. *J. Gerontology A Biol Sci Med Sci*2002;57A(3):M146-M156.

Naglie G, Gill SS. A systematic review of risk factors for functional disability in older adults. Toronto Rehabilitation Institute, University Health Network, University of Toronto, Toronto, Ont. and Queen’s University, Kingston, Ont. Abstract.

Rockwood K, Hogan DB, MacKnight C. Conceptualization and measurement of frailty in elderly people. *Drugs Aging* 2000; 17:295-302.

Rolfson D.,Majumdar, Tsuyuki R, Tahir A, Rockwood K. Validity and reliability of the Edmonton Frail Scale. doi:10.1093/aging/afl041. Published electronically 6 June 2006.