

Geriatric Rehab Definitions Framework

Self-Assessment Tool – Outpatient/Ambulatory 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.

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:

- 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: (1) Dedicated Interprofessional Outpatient/Ambulatory Geriatric Team (2) Single Outpatient Rehab Service (3) Mixed Population Interprofessional Outpatient/Ambulatory Team. 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: The standard is met 80% of the time

Partially Met: The standard is met 40 – 79% of the time

Not Met: The standard is met less than 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.

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

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

	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.																											
Services Provided	<ul style="list-style-type: none"> Care is provided by a dedicated interprofessional team with expertise in the care of the elderly including knowledge and experience in assessing and treating patients with multiple co-morbidities, geriatric syndromes and disabilities. 																															
	<ul style="list-style-type: none"> Core team includes one or more of the following: <table border="0" data-bbox="331 779 840 1052"> <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> </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				
	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																														
<ul style="list-style-type: none"> Psychology/psychiatry is available on consultation. 																																
<ul style="list-style-type: none"> A minimum of 30 – 45 minutes of therapy per session is provided. 																																
<ul style="list-style-type: none"> Services are provided in a socially-stimulating environment to achieve maximal benefits. 																																
<ul style="list-style-type: none"> Program provides treatment of geriatric syndromes: instability or falls, isolation or depression, cognitive impairment including delirium and dementia, incontinence, immobility, poly-pharmacy and inadequate nutrition. 																																

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

Name of Organization: _____ **Name of Service/Program:** _____
Primary Contact (name/telephone): _____

	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.
	<ul style="list-style-type: none"> Individualized goals that are meaningful to patients are identified and used to guide treatment/intervention. 				
	<ul style="list-style-type: none"> Goal attainment scaling is used to measure patient and caregiver satisfaction and involvement. 				
Specialization	<ul style="list-style-type: none"> The Outpatient Dedicated Geriatric Interprofessional Team has expertise in geriatric care to address: <ul style="list-style-type: none"> Complex underlying medical and functional problems Unexplained pre-morbid problems coping at home An insult or complicated course in hospital such as delirium or pneumonia or fracture 				
Differential Criteria	<ul style="list-style-type: none"> Admission criteria include frail, elderly patients, who typically have complex, multiple co-morbid conditions and are residing in the community and/or recently discharged from hospital. 				
	<ul style="list-style-type: none"> Services are co-ordinated with regular team meetings/conferences. 				
Typical Duration	<ul style="list-style-type: none"> Typical average length of stay is 6-12 weeks, 2 times per week. 				

Based on the above definitions, would you classify your outpatient/ambulatory rehab program as a Dedicated Interprofessional Geriatric Team? Yes No

Comments:

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

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

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

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.
Services Provided	<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"> Specialized focused assessment and/or treatment is provided to resolve functional and/or psychological issues and promote re-integration to normal living or to maximize functional level. 				
Specialization	<ul style="list-style-type: none"> Some services serve a particular specialty area (e.g. Gait Clinic, Seating Clinic) 				
	<ul style="list-style-type: none"> Familiarity with the principles of geriatric care and multi-system issues is encouraged in the healthcare professionals providing care. 				
Differential Criteria	<ul style="list-style-type: none"> Admission criteria include patients residing in the community with a specific single rehab need which may be an impairment or participation issue that requires assessment and/or treatment by a health professional with expertise in geriatrics. 				
Typical	<ul style="list-style-type: none"> The typical duration of services varies depending on 				

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

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

Primary Contact (name/telephone): _____

	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.
Duration	client need. Specialty clinics may provide one or a few visits until the problem is resolved or managed. Other profession specific treatment programs may occur once or several times a week for 6-12 weeks or longer.				

Based on the above definitions, would you classify your outpatient/ambulatory service as a Single Service? Yes No

Comments:

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

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

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

	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.																														
Services Provided	<ul style="list-style-type: none"> Care is provided by an interprofessional team. 																																		
	<ul style="list-style-type: none"> Core team typically includes one or more of the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">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 colspan="3">Programs may have access to:</td> </tr> <tr> <td>Social Work</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Pharmacy Consultation</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Speech-Language Pathology</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> </table> 	Physician	Yes	No	Nursing	Yes	No	Physiotherapy	Yes	No	Occupational Therapy	Yes	No	Programs may have access to:			Social Work	Yes	No	Pharmacy Consultation	Yes	No	Speech-Language Pathology	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation	Yes	No				
	Physician	Yes	No																																
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Speech-Language Pathology	Yes	No																																	
Clinical Dietician	Yes	No																																	
Therapeutic Recreation	Yes	No																																	
<ul style="list-style-type: none"> A minimum of 45-60 minutes of therapy per session is provided. 																																			
<ul style="list-style-type: none"> Treatment is time-limited and goal directed. 																																			
<ul style="list-style-type: none"> Rehab providers assess/treat patients from a variety of diagnostic population groups. However, frail, elderly patients receive treatment by rehab providers who have an understanding in the care of the frail elderly. 																																			
Differential Criteria	<ul style="list-style-type: none"> Admission criteria include elderly patients whose functioning may be impaired but not severely 																																		

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

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Primary Contact (name/telephone): _____

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.
				compromised due to the presence of multiple comorbidities.
				<ul style="list-style-type: none"> Services are co-ordinated with regular team meetings/conferences.
Typical Duration				<ul style="list-style-type: none"> Typical average length of stay is 6-12 weeks, 2 times per week.

Based on the above definitions, would you classify your outpatient/ambulatory program as a Mixed Population Interprofessional Team? Yes No

Comments: