

MSK Rehab Definitions Framework - hip fractures Self assessment Survey – Outpatient Rehab

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 hip fractures and other population-specific rehab services, incorporating evidence-based standards of practice where available.

The overall intent of the MSK Rehab Definitions Framework for Hip Fractures is to:

- Define and promote consistency in hip fracture 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 MSK Rehab Definitions Framework for Hip Fractures 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

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 hip fracture rehab services to meet the definitions in the MSK Rehab Definitions Framework for Hip Fractures. The self assessment surveys also provide a mechanism through which organizations can:

- Identify opportunities for quality improvement initiatives
- Improve the delivery of rehab services for hip fractures
- Advocate for resources to promote consistency and equitable access to rehab services for hip fractures.

INSTRUCTIONS:

- Please use the following self assessment survey to rate the provision of rehab services offered by your organization to patients with hip fractures who were *admitted within the past 6 months*.
- Note that there are 2 surveys in this package: (1) Single service outpatient rehab; (2) Mixed or dedicated interprofessional outpatient rehab. Please complete all those which are applicable to your organization.
- A combination of questions is used: (1) A rating scale based on the guidelines below. **NB: Check only one rating for each standard!!**
 - Fully Met:** The standard is met at least 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
- (2) Yes/No questions. These do not require ratings.
- If the standard is not fully met, please explain the reasons that account for difficulties in meeting the standard fully.

**HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB
SINGLE SERVICE IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS**

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"> Specialized focused assessment and/or treatment are provided to resolve functional and/or psychological issues and promote re-integration to community living and maximize return to pre-fracture functional level. 													
	<ul style="list-style-type: none"> There is a mechanism for consult with other professions/services as required (e.g. with OT, referring facility). 													
	<ul style="list-style-type: none"> If there is a need for more than one single service, there is communication between the professionals. 													
Specialization	<ul style="list-style-type: none"> All rehab providers have expertise in senior focused care, including all of the following: <table border="1" data-bbox="304 901 1050 1063"> <tr> <td>Appropriate communication with cognitively impaired persons</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Ability to assess and implement a safe environment</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Ability to assess and support patients' informed decision making</td> <td>Yes</td> <td>No</td> </tr> </table> 	Appropriate communication with cognitively impaired persons	Yes	No	Ability to assess and implement a safe environment	Yes	No	Ability to assess and support patients' informed decision making	Yes	No				
	Appropriate communication with cognitively impaired persons	Yes	No											
	Ability to assess and implement a safe environment	Yes	No											
	Ability to assess and support patients' informed decision making	Yes	No											
<ul style="list-style-type: none"> All rehab providers have expertise in management of pre-morbid conditions (e.g. cardiac, dementia). 														
Differential Criteria	<ul style="list-style-type: none"> Given basic principles of muscle strengthening, all patients referred from inpatient rehab are accepted for single service outpatient rehab unless <ul style="list-style-type: none"> a) interprofessional outpatient services are required due to the presence of cognitive impairments or b) other circumstances (e.g. geography, transportation) necessitate other levels of rehab (e.g. interprofessional outpatient rehab or community rehab). 													
	<ul style="list-style-type: none"> Referrals are accepted from the following sources: <table border="1" data-bbox="304 1477 1050 1510"> <tr> <td>Internal referrals sources</td> <td>Yes</td> <td>No</td> </tr> </table> 	Internal referrals sources	Yes	No										
Internal referrals sources	Yes	No												

**HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB
SINGLE SERVICE IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS**

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.
	External referral sources	Yes No			
	Acute care	Yes No			
	Inpatient rehab	Yes No			
	Community/CCAC	Yes No			
	Family physicians/surgeons	Yes No			
	Other health professionals	Yes No			
Typical Duration	<ul style="list-style-type: none"> Patient care (as defined by delivery of direct services by OT and/or PT) is started: 				
	Within 48 hours of discharge from acute care	Yes No			
	Within 48 hours of discharge from inpatient rehab	Yes No			
	Within 1 week of referral from other sources.	Yes No			
	<ul style="list-style-type: none"> Patients are discharged when they have achieved their discharge goals, or they have reached a plateau. 				
	<ul style="list-style-type: none"> Discharge is not based on a specified maximum number of visits. 				
Key Activities / Nature of Service	<ul style="list-style-type: none"> Assessments and treatment are focused on patient safety at home as well as physical and functional abilities for daily activities. 				
	<ul style="list-style-type: none"> Consultation occurs with referring providers for patients with multiple comorbidities, as needed. 				
	<ul style="list-style-type: none"> PT intervention include all of the following: 				
	Assessment for and development of individual therapy plans (i.e. 1:1 or group settings)	Yes No			
	Exercises for ROM and strength, including home exercises	Yes No			
	Functional training (e.g., gait, stairs, balance, transfers), including home exercises	Yes No			
	Hands on therapy as required	Yes No			
	Pain management	Yes No			
	<ul style="list-style-type: none"> Patients are screened for falls risk based on personal and environmental risk factors. 				

**HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB
SINGLE SERVICE IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS**

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.	
Key Activities / Nature of Service (cont.)	<ul style="list-style-type: none"> Those at increased risk are offered multiple interventions OR are referred to a falls prevention program or lifestyle management program (e.g. Arthritis society, YMCA) with their caregiver, if needed. These interventions or programs address the following: 	/	/	/		
	Osteoporosis management					Yes No
	Exercise and balance re-training					Yes No
	Modification of falls risk factors/hazards					Yes No
	Education re: falls prevention	Yes No				
	<ul style="list-style-type: none"> Communication with both the patient’s surgeon and family physician is established around the time of discharge to support the patient’s long term osteoporosis management, falls prevention and rehabilitation plans. 					
	<ul style="list-style-type: none"> There is a mechanism in place to assess the patient/family’s learning needs. 					
	<ul style="list-style-type: none"> Education on all of the following topics is available and reviewed with patients/families as appropriate: 	/	/	/		
	Caregiver training					Yes No
	Safe activity resumption					Yes No
	Delirium management					Yes No
	Medication					Yes No
	Mobility					Yes No
	Expected progress					Yes No
	Pain management					Yes No
Sources of help	Yes No					
Falls prevention/management	Yes No					
Osteoporosis management	Yes No					
<ul style="list-style-type: none"> Appropriate outcome measures are used to document progress and recovery and guide treatment selection including 	/	/	/			
Performance measures					Yes No	

**HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB
SINGLE SERVICE IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS**

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

Primary Contact (name/telephone): _____

Standard			Rating	Rating	Rating	If standard not fully met, provide explanation.
	Yes	No	Fully met (80% of time) (✓)	Partially met (40 – 79% of time) (✓)	Not met (< 40% of time) (✓)	
Self-report measure	Yes	No				
Clinical measures	Yes	No				

Based on the above definitions, would you classify your unit as a Single Service Outpatient Rehab Program for Hip Fractures? Yes No

Comments:

Thank you for taking the time to complete the Single Service Outpatient Rehab Self Assessment Survey for Hip Fractures

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

**HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB
MIXED OR DEDICATED POPULATION INTERPROFESSIONAL TEAM IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS**

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"> Specialized focused assessment and/or treatment are provided to resolve functional and/or psychological issues and promote re-integration to community living and maximize return to pre-fracture functional level. 					
	<ul style="list-style-type: none"> Care is provided by a coordinated, interprofessional team. 					
	<ul style="list-style-type: none"> The core team¹ includes all of the following professionals: 					
	Occupational Therapist	Yes No				
	Physiotherapist	Yes No				
	<ul style="list-style-type: none"> Consultation² is available from all of the following: 					
	Chiropracist/Podiatrist	Yes No				
	Dietitian	Yes No				
	Geriatric Nurse	Yes No				
	Geriatrician	Yes No				
	Pharmacist	Yes No				
	Physiatrist	Yes No				
Social Worker	Yes No					
Wound Care specialist	Yes No					
<ul style="list-style-type: none"> Where a client has more than one rehab need (e.g. ABI & MSK) there is a mechanism in place to cross consult to another rehab service to acquire expertise in other rehab areas. 						
Specialization	<ul style="list-style-type: none"> All core and consult team members have expertise in senior focused care, which includes all of the following: Appropriate communication with cognitively 	Yes No				

¹ Core Team refers to the team members who are essential, actively involved in the assessment and treatment of MSK patients on the unit. In acute care, although team members collaborate closely, they may not participate regularly in team rounds due to the nature of this setting.

² Consultation is expected to be available within 24 hours in acute care and within 48 hours in rehab.

HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB

MIXED OR DEDICATED POPULATION INTERPROFESSIONAL TEAM IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS

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.
	impaired persons				
	A team approach to assess and implement a safe environment	Yes No			
	Ability to assess and support patients' informed decision making	Yes No			
	<ul style="list-style-type: none"> All core team members have expertise in management of pre-morbid conditions (e.g. cardiac, dementia). 				
	<ul style="list-style-type: none"> The core team is competent in treating patients with hip fractures; specifically, they have competency in each of the following areas: 				
	Pain management	Yes No			
	Osteoporosis management	Yes No			
	Recognizing and managing multiple sequelae and comorbidities	Yes No			
	Falls prevention	Yes No			
	Competence in assessment, treatment and management of cognitive impairments as a team with respect to functional goals in the home and community.	Yes No			
A team approach to focusing on the individual's personhood (i.e. their unique needs and interests)	Yes No				
Differential Criteria	<ul style="list-style-type: none"> Given basic principles of muscle strengthening and complexities of cognitive rehabilitation, all hip fracture patients discharged from inpatient rehab with a cognitive impairment are accepted for interprofessional outpatient services. 				
	<ul style="list-style-type: none"> Patients whose pre-morbid residence was a long term care facility and who need interprofessional outpatient rehab services can access this program. 				
	<ul style="list-style-type: none"> Referrals are accepted from the following sources: 				

HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB

MIXED OR DEDICATED POPULATION INTERPROFESSIONAL TEAM IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS

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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.
	Internal referrals sources Yes No				
	External referral sources Yes No				
	Acute care Yes No				
	Inpatient rehab Yes No				
	Community/CCAC Yes No				
	Family physicians/surgeons Yes No				
	Other health professionals Yes No				
	<ul style="list-style-type: none"> Co-ordinated services are provided with regular team meetings/conferences. 				
Typical Duration	<ul style="list-style-type: none"> Patient care (as defined by delivery of direct services by OT and/or PT) is started: Within 48 hours of discharge from acute care Yes No 				
	<ul style="list-style-type: none"> Within 48 hours of discharge from inpatient rehab Yes No 				
	<ul style="list-style-type: none"> Within 1 week of referral from other sources Yes No 				
	<ul style="list-style-type: none"> Patients are discharged when they have achieved their discharge goals, or they have reached a plateau. 				
Key Activities / Nature of Service	<ul style="list-style-type: none"> Discharge is not based on a specified maximum number of visits. 				
	<ul style="list-style-type: none"> Assessments and treatment are focused on patient safety at home as well as physical and functional abilities for daily activities. 				
	<ul style="list-style-type: none"> Consultation occurs with referring providers for patients with multiple comorbidities, as needed. 				
	<ul style="list-style-type: none"> Patients are screened for falls risk based on personal and environmental risk factors. 				
	<ul style="list-style-type: none"> Those at increased risk are offered multiple interventions OR are referred to a falls prevention program or lifestyle management program (e.g. Arthritis society, YMCA) with their caregiver, if needed. These interventions or programs address the following: 				

HIP FRACTURE SELF ASSESSMENT SURVEY – OUTPATIENT REHAB

MIXED OR DEDICATED POPULATION INTERPROFESSIONAL TEAM IN ACUTE CARE, REHAB AND COMMUNITY HEALTH CENTRES, CLINICS, FAMILY HEALTH TEAMS

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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.
	Osteoporosis management	Yes No			
	Exercise and balance re-training	Yes No			
	Modification of falls risk factors/hazards	Yes No			
	Education re: falls prevention	Yes No			
	<ul style="list-style-type: none"> Communication with both the patient’s surgeon and family physician is established around the time of discharge to support the patient’s long term osteoporosis management, falls prevention and rehabilitation plans. 				
	<ul style="list-style-type: none"> There is a mechanism in place to assess the patient/family’s learning needs. 				
	<ul style="list-style-type: none"> Education on all of the following topics is available and reviewed with patients/families as appropriate: 				
	Caregiver training	Yes No			
	Safe activity resumption	Yes No			
	Delirium management	Yes No			
	Medication	Yes No			
	Mobility	Yes No			
	Expected progress	Yes No			
	Pain management	Yes No			
	Sources of help	Yes No			
	Falls prevention/management	Yes No			
	Osteoporosis management	Yes No			
	<ul style="list-style-type: none"> Appropriate outcome measures are used to document progress and recovery and guide treatment selection including 				
	Performance measures	Yes No			
	Self-report measure	Yes No			
	Clinical measures	Yes No			

Based on the above definitions, would you classify your unit as Mixed/Dedicated Interprofessional Outpatient Rehab for Hip Fractures? Yes No

Comments:

Thank you for taking the time to complete the Mixed/Dedicated Interprofessional Outpatient Rehab Self Assessment Survey for Hip Fractures