

## MSK Rehab Definitions Framework – elective, primary or revision Total joint replacement (TJR) Self assessment Survey – Inpatient 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 total joint replacement and other population-specific rehab services, incorporating evidence-based standards of practice where available.

The overall intent of the MSK Rehab Definitions Framework for total joint replacements is to:

- Define and promote consistency in total joint replacement 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 total joint replacements is attached for your reference.

### **ACTION REQUESTED:**

As part of this initiative, we are asking your clinical team to complete the **Inpatient 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 rehab services/programs to meet the definitions in the MSK Rehab Definitions Framework for total joint replacements. 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 total joint replacements
- Advocate for resources to promote consistency and equitable access to rehab services for total joint replacements

### **INSTRUCTIONS:**

- Please use the following self assessment survey to rate the provision of rehab services offered by your organization to patients with total joint replacements who were *admitted within the past 6 months*.
- 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.

**TOTAL JOINT REPLACEMENT (TJR) SELF ASSESSMENT SURVEY – INPATIENT REHAB  
MIXED OR DEDICATED POPULATION HIGH TOLERANCE SHORT DURATION (HTSD) REHAB UNIT**

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"> <li>Care is provided by a coordinated, interprofessional team.</li> </ul>				
	<ul style="list-style-type: none"> <li>The core team<sup>1</sup> includes all of the following professionals:</li> </ul>				
	Discharge planning role (e.g. care coordinators, patient flow coordinators, social worker)	Yes No			
	Nurse	Yes No			
	Occupational Therapist	Yes No			
	Pharmacist	Yes No			
	Physician	Yes No			
	Physiotherapist	Yes No			
	Social Worker	Yes No			
	<ul style="list-style-type: none"> <li>Consultation<sup>2</sup> is available from all of the following:</li> </ul>				
	Chaplain/pastoral care provider	Yes No			
	Clinical Dietitian	Yes No			
	Geriatrician	Yes No			
	Psychiatrist and/or Psychologist	Yes No			
	Therapeutic recreationist	Yes No			
<ul style="list-style-type: none"> <li>At a minimum, staffing levels are sufficient to support an intensive rehabilitation program which provides 7 days a week of therapy, where therapeutic activity includes professional therapy (e.g. OT, PT, OTA/PTA) and nursing activities.<sup>3</sup></li> </ul>					
<ul style="list-style-type: none"> <li>Services may be supplemented by OTA/PTA/CDA/PSW/RA under the direct supervision of respective health care professionals (e.g. OT directing OTA) as legislated by their respective colleges. Assistants</li> </ul>					

<sup>1</sup> 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.

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

<sup>3</sup> The therapy levels indicated in this framework are not to be interpreted as admission criteria, but rather as an indication of the minimum amount of therapy the program should be able to provide.

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Services Provided (cont.)	can provide support to the therapists, but the overall care is directed by the regulated health professional and the OTA/PTA/CDA/PSW/RA usually does not exceed 50% of therapy time.				
	<ul style="list-style-type: none"> <li>A mechanism exists for re-assessment and change of discharge plan if patient's status changes during course of therapy.</li> </ul>				
	<ul style="list-style-type: none"> <li>A mechanism exists for re-assessment and change of discharge plan if the patient's status changes during the course of therapy.</li> </ul>				
	<ul style="list-style-type: none"> <li>Where a client has more than one rehab need (e.g. geriatric &amp; MSK) there is a mechanism in place to cross consult to another rehab service to acquire expertise in other rehab areas.</li> </ul>				
Specializa- tion	<ul style="list-style-type: none"> <li>More than one <b>MSK related</b> population (e.g. fracture, arthritis) is served in this program. <i>If yes, please indicate which populations are served in the comments section.</i></li> </ul>	Yes No			
	<ul style="list-style-type: none"> <li>More than one <b>non-MSK related</b> population (e.g. stroke, pulmonary) is served in this program. <i>If yes, please indicate which populations are served in the comments section.</i></li> </ul>	Yes No			
	<ul style="list-style-type: none"> <li><b>For mixed and dedicated population units:</b> There is a dedicated interprofessional MSK/Ortho team which treats the MSK/Ortho population.</li> </ul>				
	<ul style="list-style-type: none"> <li><b>For mixed and dedicated population units:</b> The interprofessional team has general knowledge about the total joint replacement rehab assessment and treatment process and the appropriate clinical pathways.</li> </ul>				
	<ul style="list-style-type: none"> <li><b>For mixed and dedicated population units:</b> The dedicated interprofessional team has access to skills/training to develop and maintain the necessary skills and knowledge base.</li> </ul>				
	<ul style="list-style-type: none"> <li><b>For mixed population units only:</b> Beds are geographically clustered with other MSK/Ortho patients.</li> </ul>				<input type="checkbox"/> N/A
Differential Criteria	<ul style="list-style-type: none"> <li>This program is suitable for individuals requiring an intensive</li> </ul>				

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Differential Criteria (cont.)	interprofessional rehab program.				
	<ul style="list-style-type: none"> <li>All patients with mild to moderate cognitive impairment are considered equally with those who are cognitively intact with regards to admission to inpatient rehab.</li> </ul>				
	<ul style="list-style-type: none"> <li>A coordinated team approach is used with regular team meetings/conferences.</li> </ul>				
	<ul style="list-style-type: none"> <li>Patients and families are encouraged to participate in interprofessional family meetings.</li> </ul>				
	<ul style="list-style-type: none"> <li>A mechanism is in place for the communication of goals between the patient/family and the rehab team.</li> </ul>				
	<ul style="list-style-type: none"> <li>Determination of appropriateness for inpatient rehab (irrespective of whether the patient has a primary, revision, or bilateral replacement) takes into consideration the following:               <ul style="list-style-type: none"> <li>Limited or no access to adequate social supports to supports for discharge to a home environment that allows patients to safely recover <b>AND</b> limited or no access to alternate levels of rehab</li> <li>Poor pre-operative function and/or comorbidities which impact functional status and may slow recovery</li> <li>High risk of developing complications (e.g. bone quality issues, deconditioning)</li> </ul> </li> </ul>				
Typical Duration	<ul style="list-style-type: none"> <li>Current care pathways recommend a length of stay of about 7 days; however, ideally the length of stay is not constrained by a maximum duration, but is linked to the patient’s needs and goals.</li> </ul>				
Key Activities /	<ul style="list-style-type: none"> <li>PT intervention includes:  Assessment for and development of individualized</li> </ul>	Yes	No		

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

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Nature of Service	therapy plans (i.e. 1:1 or group settings)				
	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			
Key Activities / Nature of Service (cont.)	<ul style="list-style-type: none"> <li>Principles of healthy lifestyles and active living are incorporated into the rehabilitation program. This may include providing resources or referrals to external programs (e.g. Arthritis Society, YMCA).</li> </ul>				
	<ul style="list-style-type: none"> <li>There is a mechanism in place to assess the patient’s learning needs.</li> </ul>				
	<ul style="list-style-type: none"> <li>Education on all of the following topics is available and reviewed with patients/families as appropriate:</li> </ul>				
	Caregiver training	Yes No			
	Safe activity resumption	Yes No			
	Medication	Yes No			
	Mobility	Yes No			
	Expected progress	Yes No			
	Pain management	Yes No			
	Source of help	Yes No			
	<ul style="list-style-type: none"> <li>Appropriate outcome measures are used to document progress and recovery and guide treatment selection</li> </ul>				
	Performance measures	Yes No			
	Self-report measure	Yes No			
	Clinical measures	Yes No			
<ul style="list-style-type: none"> <li>Communication with the patient’s surgeon <b>AND</b> family physician is established around the time of discharge to support continuity of care and support long term total joint replacement rehabilitation plans as</li> </ul>					

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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.
needed.				
<ul style="list-style-type: none"> <li>Comprehensive discharge planning is provided in a timely manner.</li> </ul>				

**Based on the above definitions, would you classify your unit as a Mixed or Dedicated Inpatient Rehab Program for TJR?  Yes  No**

**Comments:**

**Thank you for taking the time to complete the Inpatient Rehab Self Assessment Survey**