

Oncology Rehab Definitions Framework

Self-Assessment Tool – Inpatient Rehab Survey for Oncology 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 oncology 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 Oncology Rehab Definitions Framework is to:

- Define and promote consistency in oncology 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 Oncology Rehab Definitions Framework 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 tool for oncology rehab.

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 oncology rehab services/programs to meet the definitions in the Oncology 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 oncology rehab services
- Enhance advocacy for resources to promote consistency and equitable access to oncology rehab services.

INSTRUCTIONS:

- Please use the following self-assessment tool to rate the provision of oncology rehab services offered by your organization to patients who were *admitted within the past 6 months*.
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- There are 3 assessment tools included in the package. These include self-assessment tools for (1) Inpatient Dedicated Interprofessional Oncology Rehab Team on a Mixed or Dedicated Oncology Rehab Unit; (2) Inpatient Mixed Rehab Unit and (3) Low Tolerance Long Duration (LTLD/slowstream) 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 Oncology Rehab Definitions Framework (attached) 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.

INPATIENT *DEDICATED* INTERPROFESSIONAL ONCOLOGY REHAB TEAM ON A MIXED UNIT OR A DEDICATED ONCOLOGY 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.																														
Services Provided <ul style="list-style-type: none"> A dedicated interdisciplinary team provides rehab 																																		
<ul style="list-style-type: none"> Core team¹ includes: <table border="0" style="width: 100%; margin-left: 20px;"> <tr><td>Physician</td><td>Yes</td><td>No</td></tr> <tr><td>Nurse</td><td>Yes</td><td>No</td></tr> <tr><td>Physiotherapist</td><td>Yes</td><td>No</td></tr> <tr><td>Occupational Therapist</td><td>Yes</td><td>No</td></tr> <tr><td>Speech-Language Pathologist</td><td>Yes</td><td>No</td></tr> <tr><td>Social Worker</td><td>Yes</td><td>No</td></tr> <tr><td>Pharmacist</td><td>Yes</td><td>No</td></tr> <tr><td>Clinical Dietician</td><td>Yes</td><td>No</td></tr> <tr><td>Therapeutic Recreation Specialist</td><td>Yes</td><td>No</td></tr> <tr><td>Chaplain/Pastoral Care</td><td>Yes</td><td>No</td></tr> </table> 	Physician	Yes	No	Nurse	Yes	No	Physiotherapist	Yes	No	Occupational Therapist	Yes	No	Speech-Language Pathologist	Yes	No	Social Worker	Yes	No	Pharmacist	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation Specialist	Yes	No	Chaplain/Pastoral Care	Yes	No				
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<ul style="list-style-type: none"> If services are supplemented by OTA/PTA/CDA/PSW, the assistant is under the direct supervision of respective health care professionals (e.g., OT directing OTA, PT directing PTA, etc.) as legislated by their respective colleges and therapy time provided by the assistant does not exceed 50% of total therapy time. 																																		

¹ Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of oncology rehab patients on the unit and who participate regularly in team rounds.

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<ul style="list-style-type: none"> Intensive rehab program is provided; however, the program can accommodate patients who initially may only be able to tolerate a minimum of 30 minutes sitting, unsupported but who are expected to progress to 120 minutes of therapeutic activity in total per day for 5 – 7 days per week. 				
<ul style="list-style-type: none"> Staffing ratios support, at minimum, the amount of therapy recommended. 				
<ul style="list-style-type: none"> The rehab program provides flexibility to allow for the higher incidence of medical complications in this patient population and associated modifications in goals. 				
<ul style="list-style-type: none"> The core team works collaboratively with the patient's oncologist regarding ongoing cancer treatment and care management. 				
<ul style="list-style-type: none"> Assessment and treatment are provided focussing on functional ability, co-morbid diseases, psychosocial and spiritual issues, symptom management, bowel/bladder functioning, skin care and nutrition. The rehab goals of patients with a poor prognosis may be related to facilitating the return home for end-of-life care. 				

INPATIENT *DEDICATED* INTERPROFESSIONAL ONCOLOGY REHAB TEAM ON A MIXED UNIT OR A DEDICATED ONCOLOGY REHAB UNIT – SELF ASSESSMENT TOOL

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<ul style="list-style-type: none"> The program is able to address, through direct intervention or consultative services, related co-morbidities and complexities in the oncology rehab population (e.g. CNS related diagnoses such as spinal cord injury, brain injury) 																									
<ul style="list-style-type: none"> The following services are available on consultation as required on site or arranged with an external provider: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Lymphoedema therapists</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Stoma therapists</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Oral health specialists</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Psychosexual counsellors</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Psychology/Psychiatry</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Therapy Radiographers</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> 	Lymphoedema therapists	Yes	No	Stoma therapists	Yes	No	Oral health specialists	Yes	No	Psychosexual counsellors	Yes	No	Psychology/Psychiatry	Yes	No	Therapy Radiographers	Yes	No							
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<ul style="list-style-type: none"> Administration of the following is provided: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">TPN</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Tube feeding</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Oxygen</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Suctioning</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Corked tracheostomies</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Central Venous Access (i.e. PICC, Portacath, Hickman)</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Continuous infusion and/or oral chemotherapies</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> 	TPN	Yes	No	Tube feeding	Yes	No	Oxygen	Yes	No	Suctioning	Yes	No	Corked tracheostomies	Yes	No	Central Venous Access (i.e. PICC, Portacath, Hickman)	Yes	No	Continuous infusion and/or oral chemotherapies	Yes	No				
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INPATIENT *DEDICATED* INTERPROFESSIONAL ONCOLOGY REHAB TEAM ON A MIXED UNIT OR A DEDICATED ONCOLOGY 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.
	VAC therapy Yes No				
	<ul style="list-style-type: none"> Patients are supported to participate in as much therapy as is appropriate to their needs and as they are able to tolerate. (i.e. There is flexibility around the scheduling of therapy sessions to accommodate external treatment appointments, fatigue levels etc.) 				
	<ul style="list-style-type: none"> Wellness-focussed education is offered to provide health education, goal setting, behaviour change principles and practices to promote the optimal health and well-being of the patient. 				
	<ul style="list-style-type: none"> Comprehensive discharge planning is provided to transition patients to specialized services and community support programs as needed. 				
Specialization	<ul style="list-style-type: none"> The dedicated interprofessional team providing oncology rehab has expertise in cancer care rehab and access to education/training to develop and maintain the necessary skills and knowledge base. 				
	<ul style="list-style-type: none"> On a mixed unit, there is a critical mass of 6 beds within the unit to support the development and maintenance of clinical expertise among nursing, 				

INPATIENT *DEDICATED* INTERPROFESSIONAL ONCOLOGY REHAB TEAM ON A MIXED UNIT OR A DEDICATED ONCOLOGY 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.									
	allied health, medical staff and the acquisition of special equipment/resources required to treat oncology patients.													
Differentiating Criteria	<ul style="list-style-type: none"> Admission criteria include patients with: <table style="margin-left: 20px; border: none;"> <tr> <td>Multiple medical and rehab needs</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Patients whose life expectancy may be limited (i.e. PPS² score ≥40%) and whose rehab goals are to facilitate the return to home or to family for end of life care.</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Mild cognitive impairment (i.e. patient is able to follow instructions and participate in therapy)</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> 	Multiple medical and rehab needs	Yes	No	Patients whose life expectancy may be limited (i.e. PPS ² score ≥40%) and whose rehab goals are to facilitate the return to home or to family for end of life care.	Yes	No	Mild cognitive impairment (i.e. patient is able to follow instructions and participate in therapy)	Yes	No				
	Multiple medical and rehab needs	Yes	No											
	Patients whose life expectancy may be limited (i.e. PPS ² score ≥40%) and whose rehab goals are to facilitate the return to home or to family for end of life care.	Yes	No											
	Mild cognitive impairment (i.e. patient is able to follow instructions and participate in therapy)	Yes	No											
<ul style="list-style-type: none"> The presence of metastatic disease or chemotherapy treatment should not delay admission to rehab if the patient is able to participate in therapy at least 3 days per week. 														
<ul style="list-style-type: none"> Family/significant others are recognized as key to enabling client function and attainment of rehab goals and are involved throughout the rehab process: 														

² Palliative Performance Scale

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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.
	Families/caregivers, with patient consent, are included in discussions around key treatment decisions	Yes	No				
	Families (and patients) are encouraged to participate in team meetings	Yes	No				
	Mechanisms for communication of goals and plans to patients and families/caregivers are established	Yes	No				
	<ul style="list-style-type: none"> A coordinated team approach is used with regular weekly team meetings/conferences to promote consistency in the treatment approach by reviewing the patient’s care plan, treatment goals and progress. 						
	<ul style="list-style-type: none"> The beds and patient care team are geographically clustered within the unit. 						
Typical Duration	<ul style="list-style-type: none"> Length of stay is typically 2-6 weeks; however, the length of stay is not constrained by a maximum duration, but is linked to the patient’s needs and goals. 						

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

Comments, including self-identified areas for improvement:

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

INPATIENT MIXED REHAB UNIT – SELF ASSESSMENT TOOL

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Services Provided	<ul style="list-style-type: none"> A dedicated interprofessional team provides rehab 																																		
	<ul style="list-style-type: none"> Core team³ includes: <table style="margin-left: 20px; border: none;"> <tr><td>Physician</td><td>Yes</td><td>No</td></tr> <tr><td>Nurse</td><td>Yes</td><td>No</td></tr> <tr><td>Physiotherapist</td><td>Yes</td><td>No</td></tr> <tr><td>Occupational Therapist</td><td>Yes</td><td>No</td></tr> <tr><td>Speech-Language Pathologist</td><td>Yes</td><td>No</td></tr> <tr><td>Social Worker</td><td>Yes</td><td>No</td></tr> <tr><td>Pharmacist</td><td>Yes</td><td>No</td></tr> <tr><td>Clinical Dietician</td><td>Yes</td><td>No</td></tr> <tr><td>Therapeutic Recreation Specialist</td><td>Yes</td><td>No</td></tr> <tr><td>Chaplain/Pastoral Care</td><td>Yes</td><td>No</td></tr> </table> 	Physician	Yes	No	Nurse	Yes	No	Physiotherapist	Yes	No	Occupational Therapist	Yes	No	Speech-Language Pathologist	Yes	No	Social Worker	Yes	No	Pharmacist	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation Specialist	Yes	No	Chaplain/Pastoral Care	Yes	No				
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³ Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of oncology rehab patients on the unit and who participate regularly in team rounds.

INPATIENT MIXED 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.
	<ul style="list-style-type: none"> Intensive rehab program is provided for patients where the program is able to provide a minimum of 120 minutes of therapy per day for 5-7 days per week. 				
	<ul style="list-style-type: none"> Staffing ratios support, at minimum, the amount of therapy recommended. 				
	<ul style="list-style-type: none"> Wellness-focussed education is offered to provide health education, goal setting, behaviour change principles and practices to promote the optimal health and well-being of the patient. 				
	<ul style="list-style-type: none"> Comprehensive discharge planning is provided to transition patients to specialized services and community support programs as needed. 				
Specialization	<ul style="list-style-type: none"> Rehab providers assess/treat a variety of diagnostic/rehab population groups and there is no dedicated interprofessional oncology rehab team. 				
Differentiating Criteria	<ul style="list-style-type: none"> Admission criteria include patients who require a non-specialized rehab program to address general deconditioning pre- and post- cancer surgery/treatment (i.e. up to 3 times per week). 				
	<ul style="list-style-type: none"> The presence of metastatic disease, if it does not preclude participation, should not delay admission to rehab. 				
	<ul style="list-style-type: none"> A coordinated team approach is used with regular weekly team meetings/conferences to promote consistency in the treatment approach by reviewing 				

INPATIENT MIXED REHAB UNIT – SELF ASSESSMENT TOOL

Name of Organization: _____ **Name of Service/Program:** _____
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	the patient’s care plan, treatment goals and progress.				
	<ul style="list-style-type: none"> Family/significant others are recognized as key to enabling client function and attainment of rehab goals and are involved throughout the rehab process: Families/caregivers, with patient consent, are included in discussions around key treatment decisions Yes No Families (and patients) are encouraged to participate in team meetings Yes No Mechanisms for communication of goals and plans to patients and families/caregivers are established Yes No 				
	<ul style="list-style-type: none"> Patients and families are encouraged to participate in team meetings and mechanisms for communication of goals and plans are established. 				
	<ul style="list-style-type: none"> The beds/teams are geographically clustered within the unit. 				
Typical Duration	<ul style="list-style-type: none"> 2-4 weeks; however, the length of stay is not constrained by a maximum duration, but is linked to the patient’s needs and goals. 				

Based on the above definitions, would you classify your inpatient rehab program as an Inpatient Mixed Rehab Unit? Yes No

Comments, including self-identified areas for improvement:

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

INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB FOR ONCOLOGY PATIENTS SELF ASSESSMENT TOOL

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

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Services Provided	<ul style="list-style-type: none"> A dedicated interdisciplinary team provides rehab 																																		
	<ul style="list-style-type: none"> Core team⁴ includes: <table style="width: 100%; border: none;"> <tr><td>Physician</td><td>Yes</td><td>No</td></tr> <tr><td>Nurse</td><td>Yes</td><td>No</td></tr> <tr><td>Physiotherapist</td><td>Yes</td><td>No</td></tr> <tr><td>Occupational Therapist</td><td>Yes</td><td>No</td></tr> <tr><td>Speech-Language Pathologist</td><td>Yes</td><td>No</td></tr> <tr><td>Social Worker</td><td>Yes</td><td>No</td></tr> <tr><td>Pharmacist</td><td>Yes</td><td>No</td></tr> <tr><td>Clinical Dietician</td><td>Yes</td><td>No</td></tr> <tr><td>Therapeutic Recreation Specialist</td><td>Yes</td><td>No</td></tr> <tr><td>Chaplain/Pastoral Care</td><td>Yes</td><td>No</td></tr> </table> 	Physician	Yes	No	Nurse	Yes	No	Physiotherapist	Yes	No	Occupational Therapist	Yes	No	Speech-Language Pathologist	Yes	No	Social Worker	Yes	No	Pharmacist	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation Specialist	Yes	No	Chaplain/Pastoral Care	Yes	No				
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Services Provided	<ul style="list-style-type: none"> Low to moderately intensive rehab program is provided where the program is able to accommodate patients who initially may only be able to tolerate a minimum of 30 minutes of therapy per day, building up to 5 hours of therapy per week. 				
	<ul style="list-style-type: none"> Staffing ratios should support, at minimum, the amount of therapy recommended. 				
	<ul style="list-style-type: none"> The core team works collaboratively with the patient's oncologist regarding ongoing cancer treatment and care management. 				
	<ul style="list-style-type: none"> Assessment and treatment are provided focussing on functional ability, co-morbid diseases, psychosocial and spiritual issues, symptom management, bowel/bladder functioning, skin care and nutrition. 				
	<ul style="list-style-type: none"> The program is able to address, through direct intervention or consultative services, related co-morbidities and complexities in the oncology rehab population (e.g. CNS related diagnoses such as spinal cord injury, brain injury) 				
	<ul style="list-style-type: none"> The following services are available on consultation as required on site or arranged with an external provider: <p style="margin-left: 40px;">Lymphoedema therapists Yes No Stoma therapists Yes No</p>				

INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB FOR ONCOLOGY PATIENTS SELF ASSESSMENT TOOL

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	Psychology/Psychiatry	Yes	No																									
	Therapy Radiographers	Yes	No																									
	<ul style="list-style-type: none"> Administration of the following is provided: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TPN</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Tube feeding</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Oxygen</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Suctioning</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Corked tracheostomies</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Central Venous Access (i.e. PICC, Portacath, Hickman)</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Continuous infusion and/or oral chemotherapies</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>VAC therapy</td> <td>Yes</td> <td>No</td> </tr> </table> 	TPN	Yes	No	Tube feeding	Yes	No	Oxygen	Yes	No	Suctioning	Yes	No	Corked tracheostomies	Yes	No	Central Venous Access (i.e. PICC, Portacath, Hickman)	Yes	No	Continuous infusion and/or oral chemotherapies	Yes	No	VAC therapy	Yes	No			
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VAC therapy	Yes	No																										
	<ul style="list-style-type: none"> Patients are supported to participate in as much therapy as is appropriate to their needs and as they are able to tolerate. (i.e. There is flexibility around the scheduling of therapy sessions to accommodate external treatment appointments, fatigue levels etc.) 																											
	<ul style="list-style-type: none"> Wellness-focussed education is offered to provide health education, goal setting, behaviour change principles and practices to promote the optimal health and well-being of the patient. 																											

INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB FOR ONCOLOGY PATIENTS 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"> Comprehensive discharge planning is provided to transition patients to specialized services and community support programs as needed. 				
Specialization	<ul style="list-style-type: none"> The interprofessional team has expertise in assessment and treatment of medical complexities, multi-system illness and co-morbid conditions seen in the oncology rehab population. 				
Differentiating Criteria	<ul style="list-style-type: none"> Admission criteria include patients with multiple medical and rehab needs and who require a slower-paced rehab program for a longer duration to maximize rehab potential. Patients admitted may include those who are undergoing chemotherapy treatment 5 days per week. 				
	<ul style="list-style-type: none"> The presence of metastatic disease or chemotherapy treatment (i.e. up to 5 times per week) should not delay admission to rehab if the patient is able to participate in therapy at least 3 days per week. 				
	<ul style="list-style-type: none"> A coordinated team approach is used with regular weekly or bi-weekly team meetings/conferences depending on the medical complexity of the patient to promote consistency in the treatment approach by reviewing the patient's care plan, treatment goals and progress. 				
	<ul style="list-style-type: none"> Family/significant others are recognized as key to enabling client function and attainment of rehab 				

INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB FOR ONCOLOGY PATIENTS 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.
Differentiating Criteria	goals and are involved throughout the rehab process: Families/caregivers, with patient consent, are included in discussions around key treatment decisions Yes No Families (and patients) are encouraged to participate in team meetings Yes No Mechanisms for communication of goals and plans to patients and families/caregivers are established Yes No				
	<ul style="list-style-type: none"> Patients and families are encouraged to participate in team meetings and mechanisms for communication of goals and plans are established. 				
	<ul style="list-style-type: none"> The beds/teams are geographically clustered within the unit. 				
	<ul style="list-style-type: none"> If a patient with rehab goals is able to tolerate 10 or more hours of therapy per week, it is recommended that the patient be considered for transfer to a higher tolerance dedicated oncology rehab program, dependent on needs. (Ideally the higher tolerance rehab program should be located within the same organization to optimize the continuity of care.) 				

**INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB FOR ONCOLOGY PATIENTS
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"> Patients are exempt from co-payment when located in CCC while the realistic goal for them remains returning to the community. 				
Typical Duration <ul style="list-style-type: none"> Length of stay is typically 3-6 months; however, the length of stay is not constrained by a maximum duration, but is linked to the patient’s needs and goals. 				

Based on the above definitions, would you classify your inpatient rehab program as a LTLD Rehab Program? Yes No

Comments, including self-identified areas for improvement: