

## **Pulmonary Rehab Definitions Framework**

### **Self-Assessment Tool – Inpatient Rehab Survey for Pulmonary 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 pulmonary 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 Pulmonary Rehab Definitions Framework is to:

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

#### **INSTRUCTIONS:**

- Please use the following self-assessment tool to rate the provision of pulmonary 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 Mixed Rehab Units in Acute Care and Rehab Hospitals; (2) Dedicated Rehab Units in Acute Care and Rehab Hospitals; and (3) Low Tolerance Long Duration (LTLTD) Rehab in CCC and Rehab Hospitals.
- **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 Pulmonary 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.

**Thank you for taking the time to complete the Inpatient Rehab Survey for Pulmonary Rehab.**

## INTERPROFESSIONAL TEAM WITHIN A *MIXED* INPATIENT REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS 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.
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>A dedicated interdisciplinary team provides rehab.</li> </ul>					
	<ul style="list-style-type: none"> <li>Core team<sup>1</sup> includes:</li> </ul>					
	Respirologist	Yes No				
	Nurse	Yes No				
	Physiotherapist	Yes No				
	Respiratory Therapist	Yes No				
	Occupational Therapist	Yes No				
	<ul style="list-style-type: none"> <li>Consultation is available from:</li> </ul>					
	Social Worker	Yes No				
	Care Coordinator	Yes No				
	Therapeutic Recreationist	Yes No				
	Clinical Dietitian	Yes No				
	Pharmacist	Yes No				
	Speech Language Pathologist	Yes No				
	Psychologist	Yes No				
	Chaplain/Pastoral Care provider	Yes No				
	Palliative Care	Yes No				
	<ul style="list-style-type: none"> <li>If services are supplemented by OTA/PTA/CDA/PSW, the</li> </ul>					

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

**INTERPROFESSIONAL TEAM WITHIN A MIXED INPATIENT REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS  
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.
<b>Services Provided (cont.)</b>	assistant is under the direct supervision of the respective health care professionals (e.g. OT directing OTA, PT directing PTA) as legislated by their respective colleges <i>and</i> therapy time provided by the assistant does not exceed 50% of total therapy time.				
	<ul style="list-style-type: none"> <li>Where a client has more than one rehab need, a mechanism is in place to cross consult to another rehab service to acquire expertise in other rehab areas</li> </ul>				
	<ul style="list-style-type: none"> <li>An intensive rehab program is provided, with a minimum of 90 minutes of therapy per day, 5-6 days per week.</li> </ul>				
	<ul style="list-style-type: none"> <li>Amount of therapy provided is flexible, allowing for the fact that newly admitted patients may have a lower tolerance for rehab until their status improves</li> </ul>				
	<ul style="list-style-type: none"> <li>Staffing ratios support, at minimum, the amount of therapy recommended.</li> </ul>				
<b>Specialization</b>	<ul style="list-style-type: none"> <li>Rehab providers, including Physiotherapists and Respiratory Therapists should have demonstrated competency in assessing and treating patients with primary pulmonary diagnosis</li> </ul>				
	<ul style="list-style-type: none"> <li>One or more member of the core team fulfills the role of COPD educator.</li> </ul>				
	<ul style="list-style-type: none"> <li>A critical mass of 6 beds is maintained for pulmonary rehab patients on the unit</li> </ul>				
	<ul style="list-style-type: none"> <li>A dedicated space exists for exercise and education for</li> </ul>				

**INTERPROFESSIONAL TEAM WITHIN A MIXED INPATIENT REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS  
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.
	pulmonary patients				
<b>Differential Criteria</b>	<ul style="list-style-type: none"> <li>The team uses a coordinated approach with regular team meetings and conferences.</li> </ul>				
	<ul style="list-style-type: none"> <li>Patients and families are encouraged to participate in team meetings.</li> </ul>				
	<ul style="list-style-type: none"> <li>There is a clear mechanism for communication of patient goals and plans.</li> </ul>				
	<ul style="list-style-type: none"> <li>A mechanism is in place to transfer patients to a slower paced rehab program if they are no longer appropriate for this level (i.e. LTLD program).</li> </ul>				
<b>Typical Duration</b>	<ul style="list-style-type: none"> <li>Typical duration is 4-6 weeks; however length of stay is not constrained by a maximum duration but is linked to patients needs and goals</li> </ul>				
<b>Key Activities/ Nature of Service</b>	<ul style="list-style-type: none"> <li>Program components include:</li> </ul>				
	Aerobic exercise				
	Strength training				
	Breathing exercises				
	Self management training				
	Psychosocial support				

**INTERPROFESSIONAL TEAM WITHIN A MIXED INPATIENT REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS  
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.
Key Activities/ Nature of Service (cont.)	Training in ADL			
	Energy conservation			
	Nutritional support			
	Smoking cessation			
	Home exercise prescription			
	Self management education includes:			
	Disease specific education			
	Counselling			
	Behaviour modification			
	Symptom monitoring and management			
	End of life decision making			

Based on the above definitions, would you classify your inpatient rehab program as a Dedicated Pulmonary Rehab Team within a Mixed Rehab Program?  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 *DEDICATED* SPECIALIZED PULMONARY REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS 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.
<b>Services Provided</b>	• A dedicated interprofessional team provides rehab				
	• Core team <sup>2</sup> includes:				
	Respirologist	Yes No			
	Nurse	Yes No			
	Physiotherapist	Yes No			
	Respiratory Therapist	Yes No			
	Occupational Therapist	Yes No			
	• Consultation is available from a:				
	Social Worker	Yes No			
	Care Coordinator	Yes No			
	Therapeutic Recreationist	Yes No			
	Clinical Dietitian	Yes No			
	Pharmacist	Yes No			
	Speech Language Pathologist	Yes No			
	Palliative Care	Yes No			
Psychologist	Yes No				
Chaplain/Pastoral Care provider	Yes No				

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

**INPATIENT *DEDICATED* SPECIALIZED PULMONARY REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS  
SELF ASSESSMENT TOOL**

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

	<b>Definition</b>	<b>Rating Fully met (80% of time) (✓)</b>	<b>Rating Partially met (40 – 79% of time) (✓)</b>	<b>Rating Not met (&lt; 40% of time) (✓)</b>	<b>If standard not fully met, provide explanation.</b>
<b>Services Provided (cont.)</b>	<ul style="list-style-type: none"> <li>If services are supplemented by OTA/PTA/CDA/PSW, the assistant is under the direct supervision of the respective health care professionals (e.g. OT directing OTA, PT directing PTA) as legislated by their respective colleges and therapy time provided by the assistant does not exceed 50% of total therapy time.</li> </ul>				
	<ul style="list-style-type: none"> <li>An intensive pulmonary rehab program is provided, with a minimum of 90 minutes of therapy per day, 5-6 days per week.</li> </ul>				
	<ul style="list-style-type: none"> <li>The program accepts those who may, initially, be able to tolerate less than 90 min of rehab but whose tolerance is expected to increase to at least 90min/day</li> </ul>				
	<ul style="list-style-type: none"> <li>Staffing ratios support, at minimum, the amount of therapy recommended.</li> </ul>				
	<ul style="list-style-type: none"> <li>Where a client has more than one rehab need, a mechanism is in place to cross consult to another rehab service to acquire expertise in other rehab areas</li> </ul>				
	<ul style="list-style-type: none"> <li>Comprehensive discharge planning is provided to transition patients to specialized services and community support programs as needed.</li> </ul>				
<b>Specialization</b>	<ul style="list-style-type: none"> <li>The interdisciplinary team has access to education/training to develop and maintain necessary skills and knowledge in Pulmonary rehab</li> </ul>				

**INPATIENT *DEDICATED* SPECIALIZED PULMONARY REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS  
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"> <li>One or more member of the core team fulfills the role of COPD educator</li> </ul>							
<b>Differentiating Criteria</b>	<ul style="list-style-type: none"> <li>Referral criteria include:</li> </ul>							
	<table border="1"> <tr> <td>Primary diagnosis is pulmonary</td> <td>Yes No</td> </tr> <tr> <td>Function significantly limited by dyspnea</td> <td>Yes No</td> </tr> </table>	Primary diagnosis is pulmonary	Yes No	Function significantly limited by dyspnea	Yes No			
	Primary diagnosis is pulmonary	Yes No						
Function significantly limited by dyspnea	Yes No							
<ul style="list-style-type: none"> <li>A coordinated team approach is used with regular weekly team meetings/conferences.</li> <li>Patients and families are encouraged to participate in team meetings.</li> <li>There is a clear mechanism for communicating goals and plans.</li> <li>A mechanism is in place to transfer patients to a slower stream rehab if they are no longer appropriate for this level.</li> </ul>								
<b>Typical Duration</b>	<ul style="list-style-type: none"> <li>Typical duration is 4-6 weeks; however length of stay is not constrained by a maximum duration but is linked to patient's needs and goals</li> </ul>							
<b>Key Activities/ Nature of Service</b>	<ul style="list-style-type: none"> <li>Program components include:</li> </ul>							
	Aerobic exercise							
	Strength training							
	Breathing exercises							

**INPATIENT *DEDICATED* SPECIALIZED PULMONARY REHAB UNIT IN ACUTE CARE OR REHAB HOSPITALS  
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.
Key Activities/ Nature of Service (cont.)	Self management training			
	Psychosocial support			
	Training in ADL			
	Energy conservation			
	Nutritional support			
	Smoking cessation			
	Home exercise prescription			
	• Self management education includes:			
	Disease specific teaching			
	Counselling			
	Behaviour modification			
	Symptom monitoring and management			
	End of life decision making			

Based on the above definitions, would you classify your inpatient rehab program as an Inpatient Dedicated Specialized Pulmonary 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 SELF ASSESSMENT TOOL

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

Definition			<b>Rating</b> Fully met (80% of time) (✓)	<b>Rating</b> Partially met (40 – 79% of time) (✓)	<b>Rating</b> Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.
<b>Services Provided</b>	• An interdisciplinary team provides rehab.					
	• At a minimum, the core team <sup>3</sup> consists of a physician plus two or more of the other professionals listed:					
	Physician	Yes No				
	Nurse	Yes No				
	Physiotherapist	Yes No				
	Respiratory Therapist	Yes No				
	Occupational Therapist	Yes No				
	• All professionals listed above who are not available on the core team are available for consultation	Yes No				
	• At a minimum, consultation is available from:					
	Social Worker	Yes No				
	Respirologist	Yes No				
	• Consultation may also be available from:					
	Care Coordinator	Yes No				
	Psychiatrist	Yes No				
	Psychologist	Yes No				
Pharmacist	Yes No					

<sup>3</sup> Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of pulmonary rehab patients on the unit and who participate regularly in team rounds.

## INPATIENT *LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB* 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.
<b>Services Provided (cont.)</b>	Speech Language Pathologist	Yes No			
	Clinical Dietitian	Yes No			
	Palliative Care	Yes No			
	<ul style="list-style-type: none"> <li>If services are supplemented by OTA/PTA/CDA/PSW, the assistant is under the direct supervision of the respective health care professionals (e.g., OT directing OTA, PT directing PTA) as legislated by their respective colleges and therapy time provided by the assistant does not exceed 50% of total therapy time.</li> </ul>				
	<ul style="list-style-type: none"> <li>Where a client has more than one rehab need, a mechanism is in place to cross consult to another rehab service to acquire expertise in other rehab areas</li> </ul>				
	<ul style="list-style-type: none"> <li>A low to moderately intensive rehab program is provided with a minimum of 30 minutes of therapy per session, at least twice per day, building up to 5 hours of therapy per week.</li> </ul>				
	<ul style="list-style-type: none"> <li>Staffing ratios should support, at minimum, the amount of therapy recommended.</li> </ul>				
<b>Specialization</b>	<ul style="list-style-type: none"> <li>All rehab providers, including physiotherapists and respiratory therapists, have demonstrated competency in assessing and treating patients with a primary pulmonary diagnosis.</li> </ul>				
	<ul style="list-style-type: none"> <li>The program is able to address, either through direct intervention or through consultative services, related co-morbidities and complexities in the pulmonary rehab population (e.g. Diabetes, Stroke)</li> </ul>				
<b>Differentiating</b>	<ul style="list-style-type: none"> <li>A coordinated team approach is used with regular weekly team</li> </ul>				

**INPATIENT LOW TOLERANCE LONG DURATION (SLOWSTREAM) REHAB  
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.
Criteria				
meetings and conferences.				
• Patients/families are encouraged to participate in team meetings.				
• There is a clear mechanism for communicating goals and plans.				
• A mechanism is in place to transfer patients to a higher level of rehab if their needs and abilities change during their stay in the rehab program				
• Patients are exempt from co-payment when located in CCC while the realistic goal for them remains returning to the community.				
Typical Duration				
• Typical duration is 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.				
Key Activities/ Nature of Service				
• Program components include:				
Aerobic exercise				
Strength training				
Breathing exercises				
Self management training				
Psychosocial support				
Training in ADL				
Key Activities/ Energy conservation				

**INPATIENT *LOW TOLERANCE LONG DURATION* (SLOWSTREAM) REHAB  
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.
Nature of Service (cont.)	Nutritional support			
	Smoking cessation			
	Home exercise prescription			
	• Self management education includes:			
	Disease specific teaching			
	Counselling			
	Behaviour modification			
	Symptom monitoring and management			
End of life decision making				

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

Comments, including self-identified areas for improvement: