

Pulmonary Rehab Definitions Framework

Self-Assessment Tool – outpatient/Ambulatory care 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 [Outpatient/Ambulatory Care 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 2 assessment tools included in the package applicable to acute care hospitals, rehab hospitals, and community health centres/clinics. These include self-assessment tools for (1) Dedicated interprofessional team; and (2) Mixed population interprofessional 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 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 Outpatient/Ambulatory Care Rehab Survey for Pulmonary Rehab.

**OUTPATIENT/AMBULATORY DEDICATED INTERPROFESSIONAL PULMONARY REHAB TEAM
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.
Services Provided	<ul style="list-style-type: none"> A dedicated interdisciplinary team provides rehab. 				
	<ul style="list-style-type: none"> At a minimum, the core team¹ 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			
	<ul style="list-style-type: none"> All professionals who are listed above but not available as part of the core team are available for consultation 	Yes No			
	<ul style="list-style-type: none"> At a minimum, consultation is available from: 				
	Social Worker	Yes No			
	Respirologist	Yes No			
	<ul style="list-style-type: none"> Consultation may also be available from the following professionals: 				
Pharmacist	Yes No				

¹ 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.

**OUTPATIENT/AMBULATORY DEDICATED INTERPROFESSIONAL PULMONARY REHAB TEAM
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.	
Services Provided (cont.)	Care Coordinator					
	Palliative Care					
	Clinical Dietitian	Yes No				
	Psychiatrist	Yes No				
	Psychologist	Yes No				
	<ul style="list-style-type: none"> One or more member of the core team fulfills the role of COPD Educator 					
	<ul style="list-style-type: none"> This program provides 1-2 hours of therapy per session (including education, exercise and psychological support). 					
	<ul style="list-style-type: none"> This program provides specialized rehab for the purpose of one or more of the following: 					
	Reduce respiratory symptoms (dyspnea and fatigue)	Yes No				
	Improve functional mobility and performance in ADL	Yes No				
Improve HRQL and reduce anxiety and depression symptoms	Yes No					
Reduce unscheduled emergency room visits and hospital admissions	Yes No					
Differentiating Criteria	<ul style="list-style-type: none"> A coordinated team approach is used with regular weekly team meetings and conferences. 					
	<ul style="list-style-type: none"> The interdisciplinary team includes a physician with specialization in the respiratory rehab population group served by the program 					

OUTPATIENT/AMBULATORY *DEDICATED* INTERPROFESSIONAL PULMONARY REHAB TEAM 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.
Typical Duration	<ul style="list-style-type: none"> Program should meet the following criteria: 				
	A minimum total of 20 supervised exercise sessions	Yes No			
	A minimum total duration of 6-8 wks	Yes No			
	A minimum of 3 exercise sessions per week of which at least 2 must be supervised	Yes No			
Key Activities/ Nature of Service	<ul style="list-style-type: none"> Programs must include all of the following core components of pulmonary rehabilitation: Education, Exercise, and Psychological support, specifically: 				
	Patient assessment of functional and respiratory status				
	Supervised exercise program				
	Self management program				
	Smoking cessation if currently smoking				
	Medication use, management and education				
	Implementation of a home treatment program				
	Follow-up				
	<ul style="list-style-type: none"> Assessments include one of each of the following: 				
	standardized field walk test (e.g. 6 minute walk test).				
a disease specific quality of life measure (e.g. CRQ)					

...Please continue on the next page

Based on the above definitions, would you classify your program as an Outpatient/Ambulatory Care Dedicated Pulmonary Rehab Program?

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.

OUTPATIENT/AMBULATORY MIXED INTERPROFESSIONAL REHAB TEAM 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.
Services Provided	<ul style="list-style-type: none"> An interdisciplinary team provides rehab. 				
	<ul style="list-style-type: none"> At a minimum the core team consists of a physician and two or more of the following professionals: 				
	Physician	Yes No			
	Nurse	Yes No			
	Physiotherapist	Yes No			
	Occupational Therapist	Yes No			
	Respiratory Therapist	Yes No			
	<ul style="list-style-type: none"> All those who are listed above but not available as part of the core team are available for consultation 	Yes No			
	<ul style="list-style-type: none"> At a minimum, consultation is available from the following professionals: 				
	Respirologist	Yes No			
	Social Worker	Yes No			
	<ul style="list-style-type: none"> Consultation services may also be available from the following professionals: 				
	Pharmacist	Yes No			
	Clinical Dietitian	Yes No			

OUTPATIENT/AMBULATORY MIXED INTERPROFESSIONAL REHAB TEAM 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.
Services Provided (cont.)	Palliative Care	Yes No			
	Care coordinator	Yes No			
	Psychiatrist	Yes No			
	Psychologist	Yes No			
	<ul style="list-style-type: none"> One or more member of the core team fulfills the role of COPD Educator 				
<ul style="list-style-type: none"> The program provides a minimum of 45-60 minutes of therapy per session, including education, exercise and psychological support 					
Specialization	<ul style="list-style-type: none"> Health care professionals working with the pulmonary rehab population have specialized training in pulmonary rehabilitation 				
	<ul style="list-style-type: none"> Regular team meetings/conferences are held at least once a month to discuss the care plan 				
Typical Duration	<ul style="list-style-type: none"> The program should meet the following criteria: 				
	A minimum total of 20 supervised exercise sessions	Yes No			
	A minimum total duration of 6-8 wks	Yes No			
	A minimum of 3 exercise sessions per week, of which at least 2 must be supervised	Yes No			
Key Activities/	<ul style="list-style-type: none"> Programs must include all of the following core components 				

**OUTPATIENT/AMBULATORY MIXED INTERPROFESSIONAL REHAB TEAM
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.
Nature of Service	of pulmonary rehabilitation: Education, Exercise, and Psychological support, specifically:			
	Patient assessment of functional and respiratory status			
	Supervised exercise program			
	Self management program			
	Smoking cessation if currently smoking			
	Medication use, management and education			
	Implementation of a home treatment program			
	Follow-up			
	• Assessments include one of each of the following: standardized field walk test (e.g. 6 minute walk test). a disease specific quality of life measure (e.g. CRQ)			

Based on the above definitions, would you classify your program as an Outpatient/Ambulatory Care Mixed Rehab Program? Yes No

Comments, including self-identified areas for improvement: