

## **SPINAL CORD INJURY Rehab Definitions Framework**

### **Self-Assessment Tool – Outpatient/ambulatory rehab Survey for Spinal Cord Injury (SCI)**

#### **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 spinal cord injury 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 Spinal Cord Injury Rehab Definitions Framework is to:

- Define and promote consistency in spinal cord injury 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 Spinal Cord Injury 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 Rehab** self-assessment tool for spinal cord injury.

#### **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 spinal cord injury rehab services/programs to meet the definitions in the Spinal Cord Injury 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 spinal cord injury rehab services
- Advocate for resources to promote consistency and equitable access to spinal cord injury rehab services.

#### **INSTRUCTIONS:**

- Please use the following self-assessment tools to rate the provision of spinal cord injury 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) Outpatient Dedicated SCI Interprofessional Team; (2) Dedicated Outpatient Neuro Interprofessional Team and (3) Single Service 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 SCI Rehab Definitions Framework (attached) to help you.
- The rating scale for determining if a standard is met is based on the following guidelines:  

<b>Fully Met</b>	(≥ 80% of the time)	<b>Partially Met</b>	40 – 79% of the time)	<b>Not Met</b>	(< 40% of the time)
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- **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.

## DEDICATED SCI OUTPATIENT/AMBULATORY INTERPROFESSIONAL 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.															
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>● A dedicated interprofessional team provides rehab</li> </ul>																		
	<ul style="list-style-type: none"> <li>● Core team<sup>1</sup> includes 2 or more of the following:               <table style="margin-left: 20px; border: none;"> <tr> <td>Physician</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Nursing</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Physiotherapy</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Occupational Therapy</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> </li> </ul>	Physician	Yes	No	Nursing	Yes	No	Physiotherapy	Yes	No	Occupational Therapy	Yes	No						
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	<ul style="list-style-type: none"> <li>● Consultation is available from:               <table style="margin-left: 20px; border: none;"> <tr> <td>Speech-Language Pathology</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Social Work</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Clinical Dietician</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Therapeutic Recreation</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> </li> </ul>	Speech-Language Pathology	Yes	No	Social Work	Yes	No	Pharmacy	Yes	No	Clinical Dietician	Yes	No	Therapeutic Recreation	Yes	No			
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Social Work	Yes	No																	
Pharmacy	Yes	No																	
Clinical Dietician	Yes	No																	
Therapeutic Recreation	Yes	No																	
<ul style="list-style-type: none"> <li>● Patients receive a minimum of 45-60 minutes of therapy per session</li> </ul>																			
<ul style="list-style-type: none"> <li>● Programs are time limited and goal directed</li> </ul>																			
<ul style="list-style-type: none"> <li>● Patients have access to specialized SCI rehab services including:</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 spinal cord injury patients on the unit and who participate regularly in team rounds.

## DEDICATED SCI OUTPATIENT/AMBULATORY INTERPROFESSIONAL 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.
<b>Services Provided</b>	KAFO (Knee Ankle Foot Orthosis)	Yes	No				
	FES (Functional Electrical Stimulation) training	Yes	No				
	Advanced wheelchair skills training	Yes	No				
	Spasticity management	Yes	No				
	Complex wound care management	Yes	No				
	Neurogenic bowel & bladder training	Yes	No				
	Urology clinic	Yes	No				
	Gynaecology	Yes	No				
	Sexual/fertility counselling	Yes	No				
	Seating clinic	Yes	No				
	Bone densitometry	Yes	No				
	Expanded AAC clinic for assistive technology	Yes	No				
		<ul style="list-style-type: none"> <li>Wellness-focused education is offered to provide health education, goal setting, behaviour change principles and practices to promote health and wellbeing of the individual.</li> </ul>					
	<ul style="list-style-type: none"> <li>Referrals are made to specialized programs in the community including community integration, sports and leisure, including public transportation training and accessible exercise equipment.</li> </ul>						
<b>Specialization</b>	<ul style="list-style-type: none"> <li>Programs are specialized to treat SCI including the management of complex pain and spasticity, bowel and bladder dysfunction, specialized seating and assistive technology needs</li> </ul>						

## DEDICATED SCI OUTPATIENT/AMBULATORY INTERPROFESSIONAL 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.
<ul style="list-style-type: none"> <li>Core dedicated interprofessional team has specialized knowledge and expertise in the care of the spinal cord patient</li> </ul>				
<ul style="list-style-type: none"> <li>The program is able to address, through direct intervention or consultative services, related co-morbidities and complexities in the spinal cord injury population (e.g. diabetes, brain injury, substance abuse)</li> </ul>				
<b>Differentiating Criteria</b>	<ul style="list-style-type: none"> <li>Admission criteria include patients requiring access to specialized SCI rehab services (e.g. neurogenic bowel &amp; bladder training, urology clinic, gynaecology, sexual/fertility counselling, seating clinic, bone densitometry, expanded AAC clinic for assistive technology)</li> </ul>			
	<ul style="list-style-type: none"> <li>A patient centred, goal-oriented approach is used with regular team meetings/conferences.</li> </ul>			
<b>Typical Duration</b>	<ul style="list-style-type: none"> <li>6-12 weeks, 2-3 times per week</li> </ul>			
<b>Key Activities/ Nature of Services</b>	<ul style="list-style-type: none"> <li>The specialized SCI rehabilitation program addresses all aspects of SCI (complex psychosocial, physical, bowel and bladder, sexuality, complex pain, community reintegration, and patient safety) to allow the SCI client to reach maximum potential from an emotional, physical and vocational perspective.</li> </ul>			
	<ul style="list-style-type: none"> <li>Specialized focussed assessment and treatment are</li> </ul>			

**DEDICATED SCI OUTPATIENT/AMBULATORY INTERPROFESSIONAL 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.
provided to resolve a functional or psychological issue and to promote re-integration to normal living or to maximize functional level.				
<ul style="list-style-type: none"> <li>The program is delivered in a group format or on an individual basis.</li> </ul>				

Based on the above definitions, would you classify your outpatient/ambulatory rehab service as a Dedicated SCI Interprofessional 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.

## DEDICATED NEURO INTERPROFESSIONAL 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.															
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>A dedicated interprofessional team provides rehab</li> </ul>																			
	<ul style="list-style-type: none"> <li>Core team<sup>2</sup> includes 2 or more of the following:                             <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Physician</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Nursing</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Physiotherapy</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Occupational Therapy</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> </li> </ul>	Physician	Yes	No	Nursing	Yes	No	Physiotherapy	Yes	No	Occupational Therapy	Yes	No							
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Clinical Dietician	Yes	No																		
Therapeutic Recreation	Yes	No																		
<ul style="list-style-type: none"> <li>Patients receive a minimum of 45-60 minutes of therapy per session</li> </ul>																				
<ul style="list-style-type: none"> <li>Programs are time limited and goal directed</li> </ul>																				
<ul style="list-style-type: none"> <li>Wellness-focused education is offered to provide health education, goal setting, behaviour change principles and practices to promote health and wellbeing of the individual.</li> </ul>																				
<ul style="list-style-type: none"> <li>Referrals are made to specialized programs in the community including community integration, sports</li> </ul>																				

<sup>2</sup> Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of spinal cord injury patients on the unit and who participate regularly in team rounds.

**DEDICATED NEURO INTERPROFESSIONAL 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.
<b>Specialization</b>				
<ul style="list-style-type: none"> <li>and leisure, including public transportation training and accessible exercise equipment.</li> <li>The dedicated interprofessional team has expertise in treatment of neurological disorders and neuro rehab.</li> </ul>				
<ul style="list-style-type: none"> <li>Services provide focus on particular deficits which may or not be related specifically to the spinal cord injury, i.e., any neurological deficit or weakness secondary to myelopathy.</li> </ul>				
<b>Differentiating Criteria</b>				
<ul style="list-style-type: none"> <li>Program serves a variety of neurological population groups residing in the community</li> <li>A patient centred, goal-oriented approach is used with regular team meetings/conferences.</li> </ul>				
<b>Typical Duration</b>				
<ul style="list-style-type: none"> <li>6-12 weeks, 2-3 times per week</li> </ul>				

Based on the above definitions, would you classify your outpatient/ambulatory rehab program as a Dedicated Neuro Rehab Interprofessional Team?  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 SINGLE SERVICE REHAB - SELF-ASSESSMENT TOOL

Name of Organization: \_\_\_\_\_ Name of Service/Program: \_\_\_\_\_

	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.
<b>Services</b>	<ul style="list-style-type: none"> <li>• Health professionals provide:               <ol style="list-style-type: none"> <li>a) a specialty service for a specific impairment or disability (e.g. gait, mobility, hearing) including the assessment and prescription of assistive equipment needs or</li> <li>b) general profession-specific assessment, treatment plan recommendations or implementation of treatment plan and/or referral to other service providers</li> </ol> </li> </ul>				
	<ul style="list-style-type: none"> <li>• Specialized focused assessment and/or treatment is provided to address a functional or psychological issue and to promote re-integration to normal living or to maximize functional level.</li> </ul>				
	<ul style="list-style-type: none"> <li>• Some services serve a particular specialty area (e.g. Seating Clinic or Gait Clinic).</li> </ul>				
<b>Specialization vs. Non specialization</b>	<ul style="list-style-type: none"> <li>• Patients with more complex spinal cord injury have access to service providers with expertise in spinal cord injury for their single service need (e.g. gynecology, complex seating, sexual/fertility counselling)</li> </ul>				
	<ul style="list-style-type: none"> <li>• Services provide focus on particular deficits which may or may not be related to the spinal cord injury specifically, i.e., a neurological deficit or weakness secondary to myelopathy.</li> </ul>				
	<ul style="list-style-type: none"> <li>• Patients are residing in the community with a specific rehab need which may be an impairment or a participation issue that requires assessment and/or treatment by a health</li> </ul>				
<b>Differentiating Criteria</b>	<ul style="list-style-type: none"> <li>• Patients are residing in the community with a specific rehab need which may be an impairment or a participation issue that requires assessment and/or treatment by a health</li> </ul>				

**OUTPATIENT / AMBULATORY SINGLE SERVICE REHAB - SELF-ASSESSMENT TOOL**

Name of Organization: \_\_\_\_\_ Name of Service/Program: \_\_\_\_\_

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.
professional.				

Based on the above definitions, would you classify your outpatient/ambulatory rehab service as a single service?  Yes  No

Comments, including self-identified areas for improvement: