

## Stroke Rehab Definitions Framework Self-Assessment Tool – Inpatient Stroke Rehab

### Purpose of the Self-Assessment Tool:

The GTA Rehab Network and the GTA regions of the Ontario Stroke System have developed self-assessment tools that organizations can use to evaluate the capacity of their stroke rehab programs to meet the standards for stroke rehab developed by the GTA Rehab Network and the Ontario Stroke Rehabilitation System Consensus Panel. Self-assessment tools have been developed for acute care, inpatient rehab, outpatient/ambulatory and community-based stroke rehab services.

In addition to helping organizations monitor and evaluate achievement of stroke rehab standards, these self-assessment tools provide a mechanism through which organizations can:

- Identify opportunities for quality improvement initiatives
- Improve the delivery of stroke rehab
- Advocate for quality stroke rehab services

The Stroke Rehab Definitions Framework is attached for your reference. The framework articulates the essential components of stroke rehab based on current research findings and the recommendations of the Ontario Stroke Rehab System Consensus Panel and Canadian Stroke Strategy. The overall intent of the Stroke Rehab Definitions Framework is to:

- Define and promote consistency in 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 Ontario Stroke Rehab System Consensus Panel Standards 2007 are also attached for your reference. The Report can be found electronically at [www.heartandstroke.ca/profed](http://www.heartandstroke.ca/profed) (Click on "Ontario Stroke System", "Professional Resources", and then "Rehabilitation").

### Instructions:

- You are being asked to rate yourself against the Ontario Stroke System Rehab Consensus Panel Standards 2007 and the GTA Rehab Network's Stroke Rehab Definitions Framework. Because the framework references many of the Ontario Stroke System's standards, items that are italicized reflect the definitions that are unique to the GTA Rehab Definitions Framework.
- Please use the self-assessment tool to rate the provision of stroke rehab services offered by your organization to patients who were admitted with a primary diagnosis of stroke within *the past 6 months*. There are 2 surveys attached: High Tolerance Inpatient Stroke Rehab Self-Assessment Tool and the Low Tolerance Long Duration Inpatient Stroke Rehab Self-Assessment Tool. Please make sure that you complete a self-assessment survey for **each type** of stroke rehab program that your organization provides.
- To determine which self-assessment tool is most relevant to your program (e.g. high tolerance versus low tolerance long duration), please refer to the Stroke Rehab Definitions Framework to help you.

**INPATIENT STROKE REHAB**

**SURVEY 1: HIGH TOLERANCE INPATIENT STROKE REHAB SELF ASSESSMENT TOOL**

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

**OSS Stroke Rehab Consensus Panel (2007) Standard #1 / *GTA Rehab Network Stroke Rehab Definition Framework***  
**Screening and Assessment**

All patients admitted to hospital with acute stroke will have an early initial rehabilitation assessment by relevant rehabilitation professionals as soon as possible after admission within the first 24-48 hours. Weekends will not limit "time to assessment".

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

          

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #4**

**Reaccess to Rehab**

Stroke survivors should have a mechanism to access or reaccess the rehabilitation environment, if clinically indicated, regardless of the time that has elapsed since the stroke.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

          

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization’s strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #5**

**Assessment Tools**

Stroke related impairments and functional status will be evaluated by rehabilitation professionals trained in stroke rehabilitation using standardized, valid assessments (See appendix M in the Consensus Panel Final Report for outcome measures used in stroke rehab).

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #6 / *GTA Rehab Network Stroke Rehab Definition Framework***  
**Comprehensive Rehab Plan**

**Part 1**

The interprofessional team will develop a comprehensive rehabilitation plan with each stroke survivor that reflects the severity of the stroke, the needs and goals of the stroke survivor, and the family/caregiver and home environment.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 2**

*A coordinated team approach is used with at least one formal team meeting per week to discuss progress, goals and discharge plans.*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #7 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Rehab Program**

**Part 1**

Stroke survivors will receive the appropriate intensity and duration of clinically relevant therapies across the care continuum based on individual need and tolerance.

Moderate stroke: Survivors of a moderate stroke will receive a minimum of one hour of direct therapy time for each relevant core therapy, with an individualized treatment plan, for a minimum of 5 days per week, by the interprofessional stroke team based on individual need and tolerance.

Severe stroke: Survivors of a severe stroke who are Rehab Ready will receive the frequency and duration of therapy that can be tolerated; the interprofessional team will increase the frequency and duration as tolerance improves to a minimum target of one hour of direct therapy time for each relevant core therapy, with an individualized treatment plan, for a minimum of five days per week, by the interprofessional stroke team based on individual need and tolerance.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

          

**Part 2**

*The dedicated stroke team/service on the mixed or dedicated unit provides intensive rehabilitation from the following rehab professionals for of a minimum 1 hour per day x 5 days per week as tolerated by the patient (SLP as indicated).*

PT	Yes	No
OT	Yes	No
SLP	Yes	No

*Where therapy includes OTA/PTA services under the guidance of OT/PT, no more than half of the therapy time is provided by an OTA/PTA.*

Yes       No

**Part 3**

*Staffing ratios support the minimum amount of therapy recommended.*

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

**Part 4**

*Typical length of stay is on average 4-6 weeks*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

If you answered no, partially met or not met to the above questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #8 / *GTA Rehab Network Stroke Rehab Definition Framework***  
**Rehab Unit**

**Part 1**

All stroke survivors who would benefit from inpatient stroke rehabilitation will be treated in a stroke rehabilitation unit or geographically defined unit with a stimulating environment.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 2**

*If provided on a mixed unit, a variety of diagnostic population groups are served. A critical mass of 8 beds within the unit is available to support the development and maintenance of clinical expertise among nursing, allied health and medical staff and the acquisition of special equipment/ resources required to treat stroke patients. (On a mixed rehab unit, these beds may serve patients with other types of neurological conditions.)*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #9 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Interprofessional Team**

**Part 1**

Once it is determined that a stroke survivor will benefit from inpatient rehabilitation and once Rehab Ready, the stroke survivor will have access to an interprofessional rehabilitation team with expertise in stroke care.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 2**

*Rehab providers on a mixed unit have expertise in stroke rehab although they may assess/ treat a variety of other diagnostic population groups on the unit.*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 3**

*In a high tolerance program, the admission criteria are used to identify patients with early FIM™<sup>1</sup> scores 40 – 80 as assessed during 1<sup>st</sup> week post onset (i.e. “middle band patients”) and for younger stroke patients (i.e. < 55 years of age) regardless of stroke severity. (Note: age criteria are to be used as guidelines rather than applied rigidly to each patient to allow for individual differences in functional status among patients.)*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

<sup>1</sup> FIM™ is a trademark of the Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.  
Survey 1: High Tolerance Inpatient Stroke Rehab Self-Assessment Tool – January 2008

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #10 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Interprofessional Team**

Post-acute stroke care will be delivered using a collaborative practice model. The interprofessional team will consist of a core team with clinical expertise including the stroke survivor and family/caregivers and health care practitioners listed below.

<b>The interprofessional team consists of:</b>			<b>Access to consultation from:</b>		
Primary Care Physician	Yes	No	( <i>Neuro</i> )psychologist	Yes	No
Physiatrist	Yes	No	Recreational therapist	Yes	No
Other physician (e.g. Hospitalist)	Yes	No	Spiritual Care Provider	Yes	No
Rehabilitation nurse	Yes	No	Clinical Dietician	Yes	No
Nurse	Yes	No	Pharmacist	Yes	No
Physiotherapist	Yes	No	Discharge Planner	Yes	No
Occupational Therapist	Yes	No	<i>Neurologist</i>	Yes	No
Social Worker	Yes	No	<i>Geriatrician</i>	Yes	No
Speech-Language Pathologist	Yes	No	<i>Psychiatrist</i>	Yes	No
 Additional Disciplines may include:					
<i>Therapeutic Recreationist</i>	Yes	No			
<i>Pharmacist</i>	Yes	No			
<i>Chaplaincy/Pastoral Care</i>	Yes	No			

<b>Service includes consults for:</b>	Yes	No
Vocational assessment	Yes	No
Driving assessment	Yes	No
Video fluoroscopic swallowing assessment	Yes	No
Orthoses		
Augmentative communication	Yes	No
Complex seating	Yes	No
	Yes	No

<b>Services include screening for:</b>	Yes	No
<i>Cognitive function</i>	Yes	No
<i>Behavioural issues</i>	Yes	No
<i>Depression/mood</i>	Yes	No
<i>Falls</i>	Yes	No

<i>Nurses will participate in the therapeutic process outside of formal therapy time</i>	Yes	No
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Please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #11 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Rehab Environment**

**Part 1**

Therapy will include repetitive and intense use of novel tasks that challenge the stroke survivor to acquire necessary skills during functional tasks and activities. The interprofessional team, along with the family/caregiver and volunteers, will promote the practice of skills gained in therapy into the stroke survivor's daily routine and will reinforce increased stroke survivor participation and activity.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 2**

*Patients have the opportunity to participate in as much therapy appropriate to their needs as they are able and willing to tolerate.*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #12a**  
**Interprofessional Team – Knowledge and Skills**

The interprofessional team will have access to stroke rehabilitation education and professional development modules in order to support the standards and other evidence-based practice initiatives. These educational opportunities will be evidence-based, current and user-friendly and will incorporate knowledge translation strategies.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization’s strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #12b/ GTA Rehab Network Stroke Rehab Definition Framework**  
**Patient/Family Education**

**Part 1**

Stroke survivors, family/caregivers and volunteers should be provided with information and education at all stages of care across the continuum (prevention, acute care, rehabilitation, community reintegration). Information and education should be interactive, timely, up to date, provided in a variety of languages and formats (written, oral, counselling approach), and specific to stroke survivor and family/caregiver needs.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

**Part 2**

Education should address information about:

Nature of the stroke	Yes	No
Signs and symptoms	Yes	No
Impairments and their impact/management	Yes	No
Risk factors	Yes	No
Planning and decision making	Yes	No
Resources	Yes	No
Community support	Yes	No

**Part 3**

*Stroke-specific wellness interventions should include:*

<i>Health education</i>	<i>Yes</i>	<i>No</i>
<i>Goal setting</i>	<i>Yes</i>	<i>No</i>
<i>Behaviour change principles and practices to promote health and well being of the client</i>	<i>Yes</i>	<i>No</i>
<i>Secondary prevention</i>	<i>Yes</i>	<i>No</i>

If you answered no, partially met or not met to any of the above questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #14**

**Accessible Care**

Stroke survivors of a moderate or severe stroke who are Rehab Ready and have rehabilitation goals will be given an opportunity to participate in inpatient stroke rehabilitation.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #17/ GTA Rehab Network Stroke Rehab Definition Framework**

**Community Re-engagement**

**Part 1**

Interprofessional teams will facilitate linkages for stroke survivors and their family/caregivers after discharge to services in the community including:

Physical help	Yes	No
Caregiver training and education	Yes	No
Psychosocial counselling	Yes	No
<b>Access to:</b>		
Primary care practitioners	Yes	No
Case management or other system navigation service	Yes	No
Respite care	Yes	No
Educational opportunities	Yes	No
Emotional help	Yes	No

Wellness	Yes	No
Vocational counseling	Yes	No
Stroke resources	Yes	No
Driving safety evaluation	Yes	No
Transportation services	Yes	No
Peer support groups	Yes	No
Community re-integration services	Yes	No
Prevention clinic/services	Yes	No
Financial support	Yes	No

**Part 2**

*Initiation of appropriate secondary prevention and rehab referral outpatient/community-based rehab as is appropriate.*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)




If you answered no, partially met or not met to any of the above questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #18**

**Wait Times**

The wait time from when the stroke survivor is Rehab Ready and referred to rehabilitation services until the start of all appropriate rehabilitation services should be no more than:

- Two business days for inpatient stroke rehabilitation, and
- Five days for both ambulatory and home-based stroke rehabilitation.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #19**

**System Planning**

Each stroke region will have an explicit stroke rehabilitation service provision model in place in order to facilitate optimal and timely access to rehabilitation services. (Please refer to the Service Provision Model that has been attached for your reference.)

Do you use a service provision model?

Yes    No

If you do use a model, please indicate which one and if not, why?

**OSS Stroke Rehab Consensus Panel (2007) Standard #20  
System Planning**

Clinical and service utilization data will be used to plan, coordinate, integrate and prioritize regional stroke rehabilitation services and ensure equitable access based on patient need.

Did you use data for decision-making purposes?

Yes      No

If you answered no to the above, please explain why.

**Status Classification:**

**Based on the above survey, please indicate how you would classify your inpatient rehab program:  
(It may be helpful to review the definitions in the GTA Rehab Network's Stroke Rehab Definitions Framework.)**

Dedicated Stroke Team/Service in a Mixed Rehab Unit?       Yes       No

Dedicated Stroke Unit       Yes       No

Other       Yes       No

If none of the above classifications applies or if you have selected "other", please explain:

**Please identify your program's top 2-3 strengths:**

**Please identify your program's top 2-3 challenges:**

**Reflecting on your responses, what would be the top 2 initiatives/standards that would be important to address in the next 1-2 years in order to improve the system for our stroke patients?**

**Reflecting on your responses, what would be the top 2 initiatives/standards that would be important to address in the next 3-5 years in order to improve the system for our stroke patients?**

Thank you for completing the self-assessment survey. We would appreciate your overall feedback on the use of the self-assessment tool and ask that you respond to the following questions.

**Did you find the self-assessment tool easy to use?**

Yes    No

**Do you have any other comments/feedback about the self assessment tool or process?**

**Thank you for your time in completing the self assessment tool. Please continue and complete the LTLD stroke rehab survey tool on the following pages if applicable to the programming offered by your organization.**

**INPATIENT STROKE REHAB**

**SURVEY 2: LOW TOLERANCE LONG DURATION (LTLTD) INPATIENT STROKE REHAB SELF ASSESSMENT TOOL**

**Name of Organization:** \_\_\_\_\_ **Name of Program:** \_\_\_\_\_

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

**OSS Stroke Rehab Consensus Panel (2007) Standard #1 / *GTA Rehab Network Stroke Rehab Definition Framework***  
**Screening and Assessment**

All patients admitted to hospital with acute stroke will have an early initial rehabilitation assessment by relevant rehabilitation professionals as soon as possible after admission within the first 24-48 hours. Weekends will not limit "time to assessment".

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

          

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #4**  
**Reaccess to Rehab**

Stroke survivors should have a mechanism to access or reaccess the rehabilitation environment, if clinically indicated, regardless of the time that has elapsed since the stroke.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #5**  
**Assessment Tools**

Stroke related impairments and functional status will be evaluated by rehabilitation professional trained in stroke rehabilitation using standardized, valid assessments (See appendix M in the Consensus Panel Final Report for outcome measures used in stroke rehab).

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #6 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Comprehensive Rehab Plan**

**Part 1**

The interprofessional team will develop a comprehensive rehabilitation plan with each stroke survivor that reflects the severity of the stroke, the needs and goals of the stroke survivor, and the family/caregiver and home environment.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 2**

*A coordinated team approach is used with at least one formal team meeting per week to discuss progress, goals and discharge plans.*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #7 / *GTA Rehab Network Stroke Rehab Definition Framework***  
**Rehab Program**

**Part 1**

Stroke survivors will receive the appropriate intensity and duration of clinically relevant therapies across the care continuum based on individual need and tolerance.

Moderate stroke: Survivors of a moderate stroke will receive a minimum of one hour of direct therapy time for each relevant core therapy, with an individualized treatment plan, for a minimum of 5 days per week, by the interprofessional stroke team based on individual need and tolerance.

Severe stroke: Survivors of a severe stroke who are Rehab Ready will receive the frequency and duration of therapy that can be tolerated; the interprofessional team will increase the frequency and duration as tolerance improves to a minimum target of one hour of direct therapy time for each relevant core therapy, with an individualized treatment plan, for a minimum of five days per week, by the interprofessional stroke team based on individual need and tolerance.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

**Part 2**

The dedicated stroke team/service on the mixed or dedicated unit provides a minimum of 1 hour of therapeutic activity per day (including activities with nursing and allied health) 3-5 days per week as tolerated by the patient (SLP as indicated).

PT	Yes	No
OT	Yes	No
SLP	Yes	No

Where therapy includes OTA/PTA services under the guidance of OT/PT, no more than half of the therapy time is provided by an OTA/PTA.

Yes	No
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**Part 3**

Staffing ratios support the minimum amount of therapy recommended.

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Part 4**

Typical length of stay is on average 3 months.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you answered no, partially met or not met to any of the above questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #8 / *GTA Rehab Network Stroke Rehab Definition Framework***  
**Rehab Unit**

**Part 1**

All stroke survivors who would benefit from inpatient stroke rehabilitation will be treated in a stroke rehabilitation unit or geographically defined unit with a stimulating environment.

Fully Met	Partially Met	Not Met
(≥ 80% of time)	(40-79% of time)	(<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Part 2**

*If provided on a mixed unit, a variety of diagnostic population groups are served. A critical mass of 8 beds within the unit is available to support the development and maintenance of clinical expertise among nursing, allied health and medical staff and the acquisition of special equipment/ resources required to treat stroke patients. (On a mixed rehab unit, these beds may serve patients with other types of neurological conditions.)*

Fully Met	Partially Met	Not Met
(≥80% of time)	(40-79% of time)	(<40% of time)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #9 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Interprofessional Team**

**Part 1**

Once it is determined that a stroke survivor will benefit from inpatient rehabilitation and once Rehab Ready, the stroke survivor will have access to an interprofessional rehabilitation team with expertise in stroke care.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 2**

*Rehab providers on a mixed unit have expertise in stroke rehab although they may assess/ treat a variety of other diagnostic population groups on the unit.*

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 3**

*In a low tolerance program, the admission criteria are used to identify patients with early FIM™<sup>2</sup> scores <40 as assessed during 1<sup>st</sup> week post onset (i.e. “lower band patients”) and for elderly stroke patients (i.e. >75 years of age) with an early FIM™ score of 40 – 60. (Note: age criteria are to be used as guidelines rather than applied rigidly to each patient to allow for individual differences in functional status among patients.)*

Fully Met (≥80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

<sup>2</sup> FIM™ is a trademark of the Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.  
Survey 2: Low Tolerance Long Duration (LTL) Inpatient Stroke Rehab Self-Assessment Tool – January 2008

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #10 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Interprofessional Team**

Post-acute stroke care will be delivered using a collaborative practice model. The interprofessional team will consist of a core team with clinical expertise including the stroke survivor and family/caregivers and health care practitioners listed below.

<b>The interprofessional team consists of:</b>			<b>Access to consultation from:</b>		
Primary Care Physician	Yes	No	(Neuro)psychologist	Yes	No
Physiatrist	Yes	No	Recreational therapist	Yes	No
Other physician (e.g. Hospitalist)	Yes	No	Spiritual Care Provider	Yes	No
Rehabilitation nurse	Yes	No	Clinical Dietician	Yes	No
Nurse	Yes	No	Pharmacist	Yes	No
Physiotherapist	Yes	No	Discharge Planner	Yes	No
Occupational Therapist	Yes	No	Neurologist	Yes	No
Social Worker	Yes	No	Geriatrician	Yes	No
Speech-Language Pathologist	Yes	No	Psychiatrist	Yes	No
Additional Disciplines may include:					
<i>Therapeutic Recreationist</i>	Yes	No			
<i>Pharmacist</i>	Yes	No			
<i>Chaplaincy/Pastoral Care</i>	Yes	No			

<b>Service includes consults for:</b>	Yes	No
Vocational assessment	Yes	No
Driving assessment	Yes	No
Video fluoroscopic swallowing assessment	Yes	No
Orthoses		
Augmentative communication	Yes	No
Complex seating	Yes	No
	Yes	No

<b>Services include screening for:</b>	Yes	No
<i>Cognitive function</i>	Yes	No
<i>Behavioural issues</i>	Yes	No
<i>Depression/mood</i>	Yes	No
<i>Falls</i>	Yes	No

<i>Nurses will participate in the therapeutic process outside of formal therapy time</i>	Yes	No
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Please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #11 / GTA Rehab Network Stroke Rehab Definition Framework**  
**Rehab Environment**

**Part 1**

Therapy will include repetitive and intense use of novel tasks that challenge the stroke survivor to acquire necessary skills during functional tasks and activities. The interprofessional team, along with the family/caregiver and volunteers, will promote the practice of skills gained in therapy into the stroke survivor's daily routine and will reinforce increased stroke survivor participation and activity.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

**Part 2**

*Patients have the opportunity to participate in as much therapy appropriate to their needs as they are able and willing to tolerate.*

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #12a**  
**Interprofessional Team – Knowledge and Skills**

The interprofessional team will have access to stroke rehabilitation education and professional development modules in order to support the standards and other evidence-based practice initiatives. These educational opportunities will be evidence-based, current and user-friendly and will incorporate knowledge translation strategies.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

          

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization’s strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #12b/ GTA Rehab Network Stroke Rehab Definition Framework**  
**Patient/Family Education**

**Part 1**

Stroke survivors, family/caregivers and volunteers should be provided with information and education at all stages of care across the continuum (prevention, acute care, rehabilitation, community reintegration). Information and education should be interactive, timely, up to date, provided in a variety of languages and formats (written, oral, counselling approach), and specific to stroke survivor and family/caregiver needs.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

**Part 2**

Education should address information about:

Nature of the stroke	Yes	No
Signs and symptoms	Yes	No
Impairments and their impact/management	Yes	No
Risk factors	Yes	No
Planning and decision making	Yes	No
Resources	Yes	No
Community support	Yes	No

**Part 3**

*Stroke-specific wellness interventions should include:*

<i>Health education</i>	<i>Yes</i>	<i>No</i>
<i>Goal setting</i>	<i>Yes</i>	<i>No</i>
<i>Behaviour change principles and practices to Promote health and well being of the client</i>	<i>Yes</i>	<i>No</i>
<i>Secondary prevention</i>	<i>Yes</i>	<i>No</i>

If you answered no, partially met or not met to any of the above questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #14**  
**Accessible Care**

Stroke survivors of a moderate or severe stroke who are Rehab Ready and have rehabilitation goals will be given an opportunity to participate in inpatient stroke rehabilitation.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #15/ GTA Rehab Network Stroke Rehab Definition Framework**  
**Accessible Care**

Once in a LTC Home, Complex Continuing Care Unit or Alternate Level of Care bed, residents should have access to stroke rehabilitation services as clinically indicated and based on the stroke survivor's goals through ambulatory, outreach or CCAC if it is not available in-house.

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

          

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #17/ GTA Rehab Network Stroke Rehab Definition Framework**  
**Community Re-engagement**

**Part 1**

Interprofessional teams will facilitate linkages for stroke survivors and their family/caregivers after discharge to services in the community including:

Physical help	Yes	No
Caregiver training and education	Yes	No
Psychosocial counselling	Yes	No

Access to:	Yes	No
Primary care practitioners	Yes	No
Case management or other system navigation service	Yes	No
Respite care	Yes	No
Educational opportunities	Yes	No
Emotional help	Yes	No
Wellness	Yes	No
Vocational counseling	Yes	No
Stroke resources	Yes	No
Driving safety evaluation	Yes	No
Transportation services	Yes	No
Peer support groups	Yes	No
Community re-integration services	Yes	No
Prevention clinic/services	Yes	No
Financial support	Yes	No

**Part 2**

*Initiation of appropriate secondary prevention and rehab referral outpatient/community-based rehab as is appropriate.*

Fully Met (≥ 80% of time)    Partially Met (40-79% of time)    Not Met (<40% of time)

      

If you answered no, partially met or not met to any of the above questions, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #18**

**Wait Times**

The wait time from when the stroke survivor is Rehab Ready and referred to rehabilitation services until the start of all appropriate rehabilitation services should be no more than:

- Two business days for inpatient stroke rehabilitation, and
- Five days for both ambulatory and home-based stroke rehabilitation.

Fully Met    Partially Met    Not Met  
≥(80% of time)    (40-79% of time)    (<40% of time)

      

For partially met and not met responses, please elaborate on what you have *and* have not been able to achieve. What are the challenges, limitations in meeting the above?

Does this fit within your organization's strategic priorities?

**OSS Stroke Rehab Consensus Panel (2007) Standard #19**

**System Planning**

Each stroke region will have an explicit stroke rehabilitation service provision model in place in order to facilitate optimal and timely access to rehabilitation services.

Do you use a service provision model?

Yes    No

If you do use a model, please indicate which one and if not, why?

**OSS Stroke Rehab Consensus Panel (2007) Standard #20  
System Planning**

Clinical and service utilization data will be used to plan, coordinate, integrate and prioritize regional stroke rehabilitation services and ensure equitable access based on patient need.

Did you use data for decision-making purposes?

Yes      No

If you answered no to the above, please explain why.

**Status Classification:**

**Based on the above survey, please indicate how you would classify your inpatient rehab program:  
(It may be helpful to review the definitions in the GTA Rehab Network's Stroke Rehab Definitions Framework.)**

Low Tolerance Long Duration                       Yes                       No

Other     Yes                       No

If the above mentioned classification does not apply or if you have selected “other”, please explain:

**Please identify your program’s top 2-3 strengths:**

**Please identify your program’s top 2-3 challenges:**

**Reflecting on your responses, what would be the top 2 initiatives/standards that would be important to address in the next 1-2 years in order to improve the system for our stroke patients?**

Reflecting on your responses, what would be the top 2 initiatives/standards that would be important to address in the next 3-5 years in order to improve the system for our stroke patients?

Thank you for completing the self-assessment survey. We would appreciate your overall feedback on the use of the self-assessment tool and ask that you respond to the following questions.

**Did you find the self-assessment tool easy to use?**

Yes    No

**Do you have any other comments/feedback about the self assessment tool or process?**

**Thank you for your time in completing the self assessment tool. Please continue and complete the next survey tool if applicable to the programming offered by your organization.**