

## Stroke Rehab Definitions Framework

### Self-Assessment Tool – Outpatient/Ambulatory Stroke Rehab

#### Purpose of the Self-Assessment Tool:

The GTA Rehab Network and 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:

- The following survey refers to both **single service** and **interprofessional team** outpatient/ambulatory stroke rehab services. Please complete as applicable to your program.
- 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*.
- 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.

## OUTPATIENT/AMBULATORY STROKE REHAB

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

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

### OSS Stroke Rehab Consensus Panel (2007) Standard #2 Screening and Assessment

All stroke survivors (excluding TIAs) who are not admitted to hospital or who are discharged home from acute care will undergo an ambulatory or home-based screening assessment, which includes a medical, functional and cognitive assessment, by professionals with expertise in stroke, within two weeks.

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 #3b**

**Re-assessment**

As clinically indicated, a primary care practitioner, CCAC case manager, physiatrist or relevant rehabilitation professional will conduct a periodic reassessment of rehabilitation needs of the stroke survivor at six weeks, three months, one year and as needed. This assessment and client goals will provide the basis for a comprehensive plan of care to be developed, implemented and updated with the stroke survivor and family/caregivers.

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**

**Note:** If you are a single service provider, please rate yourself on the contents of the standard and provide comment on the recommendations as applicable.

**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.

Mild stroke: Stroke survivors discharged to the community will be provided with ambulatory services for one hour of each appropriate therapy, two to five times per week, as tolerated by the patient and as indicated by patient need. If only one discipline is required (e.g. speech-language pathology), then the stroke survivor will be provided with that one service.

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 2a – Single Service**

*Health professionals provide:*

<i>A specialty service for a specific impairment or disability(e.g. gait, mobility, hearing)</i>	Yes	No
<i>Profession-specific assessment, treatment plan recommendations or implementation of treatment plan and/or referral to other service providers.</i>	Yes	No

**Part 2b – Interprofessional Team**

*The dedicated stroke or mixed population interprofessional team provides a minimum of 45-60 minutes of therapy per service as indicated from the following rehab professionals:*

<i>PT</i>	Yes	No
<i>OT</i>	Yes	No
<i>SLP</i>	Yes	No

**Part 3a – Single Service**

*Admission criteria include stroke clients who require more than one service and were discharged from:*

Acute care with FIM™ score >80 who require home-based stroke rehab.	Yes	No
Inpatient stroke rehab and who require community-based stroke rehab services.	Yes	No
Acute care and transferred to long-term care and who require community-based stroke rehab services.	Yes	No

**Part 3b – Interprofessional Team**

*Admission criteria include stroke clients who require more than one service and were discharged from:*

Acute care with FIM™ score >80 who require home-based stroke rehab.	Yes	No
Inpatient stroke rehab and who require community-based stroke rehab services.	Yes	No
Acute care and transferred to long-term care and who require community-based stroke rehab services.	Yes	No

**Part 4a – Single Service**

*Typical length of stay varies depending on service offered from one or a few visits to 2-3 times per week.*

Yes      No

**Part 4b – Interprofessional Team**

*Typical length of stay is 6-12 weeks, 2-3 times per week.*

Yes      No

**Part 5 - Single Service**

*Single stroke rehab services are provided to stroke clients who are residing in the community with a specific single rehab need which may be impairment, performance, activity or participation issue that requires assessment and/or treatment by a health professional.*

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 #9**  
**Interprofessional Team**

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)

      

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**

**Note:** If you are a single service provider, please rate yourself on the contents of the standard and provide comment on the recommendations as applicable.

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>	Yes	No
Primary Care Physician	Yes	No
Physiatrist	Yes	No
Other physician (e.g. Hospitalist)	Yes	No
Rehabilitation nurse	Yes	No
Nurse	Yes	No
Physiotherapist	Yes	No
Occupational Therapist	Yes	No
Social Worker	Yes	No
Speech-Language Pathologist	Yes	No
Case Manager	Yes	No
<i>The team may also include:</i>		
<i>Psychologist</i>	Yes	No
<i>Behavioural therapist</i>	Yes	No
<i>Child/Youth Worker</i>	Yes	No
<i>Family Facilitators</i>	Yes	No

<b>Access to consultation from:</b>	Yes	No
Psychologist		
Recreational therapist	Yes	No
Spiritual Care Provider	Yes	No
Clinical Dietician	Yes	No
Pharmacist	Yes	No
Discharge Planner	Yes	No
	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	Yes	No
Augmentative communication	Yes	No
Complex seating	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

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**

**Note:** If you are a single service provider, please rate yourself on the contents of the standard and provide comment on the recommendations as applicable.

**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)

      

**Part 3**

*Stroke clients receive specialized focused assessment and/or treatment to resolve a functional or psychological issue and to promote re-integration to normal living or to maximize functional level.*

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

      

**Part 4**

*Interventions are time limited and goal directed.*

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**

**Note:** If you are a single service provider, please rate yourself on the contents of the standard and provide comment on the recommendations as applicable.

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 #13**  
**Accessible Care**

All stroke survivors regardless of where they live will have equitable access to the same standard of care at the appropriate intensity and duration.

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**  
**Access to Rehab**

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 either 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**

**Note:** If you are a single service provider, please rate yourself on the contents of the standard and provide comment on the recommendations as applicable.

**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

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 / GTA Rehab Network Stroke Rehab Definition Framework**  
**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 outpatient/ambulatory rehab program:  
(It may be helpful to review the definitions in the GTA Rehab Network's Stroke Rehab Definitions Framework.)**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Outpatient/Ambulatory Single Service  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outpatient / Ambulatory Dedicated Stroke or Mixed Population Interprofessional Team | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If none of the above mentioned 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 next survey tool if applicable to the programming offered by your organization.**