Medical Rehabilitation Operational Updates

CARF Continuing Education Conference
Tucson, AZ
April 8 and 9, 2017

Medical Rehab Updates

• Organization satisfaction with surveyors:
  – Well-matched to organization 97% 4.8
  – Responsive to questions 98% 4.9
  – Consultative approach 94% 4.8
  – Consultation beneficial 94% 4.7
  – Recognized org strengths 98% 4.8
  – Clearly ID areas for improvement 97% 4.7
  – Conducted self professionally 97% 4.9
  – Opportunity to clarify at exit 96% 4.8

Medical Rehab Updates

• Survey report satisfaction:
  – Provides adequate guidance to address areas for improvement 91% 4.5
  – Consultation in report beneficial 93% 4.6

• Remember:
  – Include consultation in report – value add for organization
  – Write a clear on-balance paragraph in the survey summary section – this is not a CARF boilerplate paragraph
Medical Rehab Updates

- **2016 CY:**
  - 259 total surveys conducted
  - 25 original surveys – 9 non US/CAN
- **2017 YTD:**
  - 41 original survey conducted or in process
    - 30 non-US/CAN – most in Asia and in the United Arab Emirates

Medical Rehab Updates

- Please keep CARF up-to-date on:
  - Surveyor experience and expertise
  - Employment changes
  - Links to update forms are on the surveyor website

Medical Rehab Updates

- Onsite Calls to CARF during surveys
  - Call is best way to contact for rapid access
  - If person is not available, tell the operator you are onsite and they will find someone to take the call immediately
  - Outside of usual CARF office hours use the after hours emergency contact numbers for staff. Available on the surveyor website at https://carfinternational.sharepoint.com/sites/Surveyor/Pages/CARFContacts.aspx
CARF Updates

• Danielle Fauland, Manager of Surveyor Selection and Development
  – Responsibilities include:
    • Surveyor selection and training (e.g., new surveyor referrals, recruitment, initial training, application/selection)
    • Surveyor development (e.g., intern experience, quarterly performance summary, performance coaching, continuing education/professional development)
    • Surveyor relations (e.g., recognition, retention, engagement, general inquiries)
    • Traditional HR services (e.g., information updates, income-tax withholding updates, incident reporting/workers’ compensation, employment verification)

CARF Updates

• Staffing and organizational changes – Medical Rehabilitation
  – Retirements:
    • Mary Jo Fitzgerald, Account Manager – April 21
    • Vicki Scott, Resource Specialist – April 28
  – Restructuring:
    • Shanna Lawson, Account Manager for BH/CYS/ECS/MED
    • Cathy Rebella, Senior Resource Specialist, Medical Rehabilitation

Thank you!
Standards Updates

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Members of ISAC

- Fiona Barr, PhD
- Lisa Beck APRN, CNS
- Michael Choo MD
- Stan Ducharme PhD
- Claire Guy M.Sc.
- Anita Perr, PhD
- Sarah Morrison, PT, MBA
- Patsy Samuel RN, MA
- Mary Lou Schilling PhD, CTRS
- Paul Tobin MSW
- Jelena Svircev MD
- Els Van den Eynde OTR/L, MBA, CBIT

Role of ISAC

- Revise and update standards
- Act as resources in development phase
- Work on examples
Where the journey led us.....

Spinal Cord Specialty Program

- System of Care concept removed
- New wording...Must include in the application process all portions of the programs that the organization provides and that meet the program description

Spinal Cord Specialty Program

- Requirement for physician to be Board certified in spinal cord medicine removed. Could be one of the ways they demonstrate competency in spinal cord medicine.
SCS Description

- Person-centered program
- Utilizes approach that is:
  - Holistic
  - Culturally aware
  - Interdisciplinary team
- Addresses:
  - Unique rehab needs of the person served diagnosed with spinal cord dysfunction (trauma or disease)

SCS Description

- Provided in a variety of settings
- Personnel:
  - Competent
  - Apply evidence-based practice that address preventive, restorative, supportive, and lifelong rehab needs
• Program communicates and collaborates with all appropriate healthcare providers:
  - Deliver coordinated care
  - Promote appropriate transitions in the continuum of care

• Guided by individual preferences, strengths, and needs:
  Throughout the program, the person's perception of and adjustment to his/her disability is considered and addressed

• Assist with managing their own health and wellness:
  Improve quality of life through their life span
  Provides ongoing access to info, services, and resources available
  Encompasses care that advocates for full inclusion

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SCS Description

- Demonstrates:
  - Commitment
  - Capabilities
  - Resources
- Links with key components that address lifelong needs

SCS Description

- Advocates to:
  - Regulators
  - Legislators
  - Educational institutions
  - Research funding organizations
  - Payers
  - Community at large

SCS Description

- Translates research evidence to provide effective rehab and supports future improvements in care by advocating for or participating in spinal cord research
Standards

• Documented Scope
  – Still intensive
  – Medical/physiological
    • Body composition
    • Men’s health issues
    • Nutrition
  – Functional
  – Psychosocial
  – Education and training

Standards

• Documented scope:
  – Research capability
  – Transitions across the lifespan
  – Case management
  – Resource management
  – Follow-up
  – Health promotion and wellness
  – Independent living
Standards

• Documented scope:
  – Community integration
  – Prevention related to potential risks and secondary health conditions
  – Safety for persons served in the environments they participate in

To optimize outcomes...

• Collaborate with acute medical services
• Exchange of info on factors facilitating optimal outcomes and barriers
• Participation, as feasible with acute providers
• Collaboration on selection and timing of interventions with healthcare providers

Provides....

• Diagnostics to screen or access status
• Address impact of spinal cord dysfunction on family/support system
• Provides, arranges for:
  – Resources
  – Services
  – Supports
  – Interventions
Addresses....

- Mobility needs of the person served including practice in home and community settings
- Opportunity to try new equipment and technology to address medical and functional needs

Addresses....

- As desired by the person served and their family/support systems individual plans address:
  - Intimacy
  - Sexual health issues
- Systematic education program:
  - Reinforced throughout rehab

Addresses:

- Education program:
  - Readiness of person served, family/support system to receive the education
- Provide info as appropriate:
  - Financial resources
  - Healthcare benefits
  - Laws and regulations
  - Service options in community
Resource for info

- Consumer organizations
- Personal assistant services
- Respite care
- Specialist in SCD care
- Support groups

Paid Personal Assistant Services

- Need for
- Access to funding
- Hiring
- Expectations of person served
- How to direct care
- Training of assistants
- Boundaries
- Recognizing signs of abuse/neglect
- Termination
**Peer supporters**

- Written procedures for recruitment of peer supporters
- Competency-based training:
  - Based on a peer-support curriculum or curriculum designed and developed with input of peer supporters

**Peer supporters**

- Competency-based training:
  - Provided with involvement of peer supporters as appropriate
  - Includes initial and ongoing training on current practices in peer support services
  - Provided in a manner that is understandable

**Peer supporters**

- Reflect characteristics of person served
- Addresses preferences and choices
- Addresses needs of person served
- Engages peer supporters in rehab process including:
  - Support
  - Education
Minimize barriers

- Family/support system
- Discharge/transition planning
- Follow-up

Health and Wellness

- Input from person
- Reflect choices
- Input
- Prior level
- Structured/unstructured
  Promote health attitudes and behavior
- Align with cognitive and communication capabilities

Health and Wellness

- Align with physical capabilities
- Promote personal growth
- Promote self responsibility
- Enhance self-image
- Improve or maintain functional levels
- Allow for social interaction, autonomy
- Facilitate opportunities for community inclusion
- In individual plan
Adaptive sports, recreation, arts

- Instruction in adaptive sports, recreation and arts
- Provision of appropriate equipment
- Facilitation of teams, recreation, and arts activities by:
  - Coordination
  - Sponsorship or support
- Identification of linkages in community

Follow-up

- Provides or arranges
- Central point of contact identified
- Facilitates follow-up for those that leave geographic service area
- Collaborates with primary care, specialty physicians, and other healthcare providers after discharge

Follow-up

- Plan that provides for:
  - Designation of individuals to be responsible for coordination
  - Communication of discharge recommendations
  - Communication of identified risks
Comprehensive annual reviews

- Within scope
- Offered
- Provide findings and recommendations to person served and other relevant stakeholders

Follow-up information

- Representative sample:
  - Re-hospitalizations
  - Adjustment to disability
  - Health promotion
  - Independence and autonomy
  - Return to productive activity
- For performance improvement – trends, education etc.

Demonstrated knowledge of

- Regulations
- Legislation
- Financial issues
- Funding availability
- Service availability
- Protection and advocacy services
- Healthcare delivery system
- Resources and services related to aging
Community education efforts

- Prevention of SCD
- Spinal cord dysfunction
- Services for people with SCD
- Accessibility
- Reasonable accommodations

Community leaders in emergency

- Emergency preparedness
- Evacuation
- Shelter
- Recovery
- Transportation
- Power restoration

Documented competency-based

- Medical/physiological sequelae
- Function
- Psychosocial issues
- Transitions across lifespan
- Resource management
- Health promotion/wellness
- Independent living/community integration
- Prevention risks and secondary health conditions
- Safety
Personnel education

- Program commits to respond to changing needs of person served on:
  - Indications that status has changed
  - Responding to info reported by others
  - Protect privacy and dignity
  - How on ongoing basis
    - Observe changes
    - Communicate observed or reported changes

KEEP CALM AND DELIVER OUTCOMES

For those that see the occasional
Section 2.D

• Scope:
  – Etiology of SCD
  – Levels of SCI
  – Completeness of SCD
  – Co-morbidities
• Provide or arranges diagnostics

Impact of SCD on....

• Children
• Parents
• Siblings
• Spouse/significant other
• Other members of the support system

Section 2.D

• Addresses mobility needs including practice in home and community settings
• As desired by person served and their family/support system individual plans address:
  – Intimacy
  – Sexual health issues
**Education for person served**

- Same as main standards
- Provides information as appropriate:
  - Financial resources
  - Healthcare benefits
  - Laws and regulations
  - Service options in the community

**Education**

- Educates person served regarding consequences associated with choices and behaviors that pose a potential threat to their health and safety
- Provides or arranges for education about personal assistant services

**Peer support services**

- Reflect characteristics of person served
- Address preference and choice of person served
- Address needs of person served
- Engages peer supporters in rehab process:
  - Support
  - Education
Minimizes barriers

- Family/support system
- Discharge/transition planning
- Follow-up

Health and Wellness

- Input from person
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Documented competency-based

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- Prevention risks and secondary health conditions
- Safety

New Skin Integrity and Wound Care Standards

- All program seeking accreditation of specialty accreditation must meet Standards 2.A.20-26 except for Vocational Services and Independent Evaluation Services
Section 2.A

- Initial and ongoing assessments document information about skin integrity including:
  - Edema
  - Pain
  - Pulses
  - Skin appearance
  - Skin turgor

- Wounds including:
  - Location
  - Description of base
  - Measurement
  - Exudates
  - Progressions
  - Causes

- Risks to skin integrity

- Results of previous interventions, if applicable

Section 2.A

- Skin integrity risks identified through assessment, the interdisciplinary team addresses identified needs that are within the scope of the program including:
  - Interventions to prevent or reduce the risk of a wound developing

- Needs including:
  - Standards of practice
  - Nutritional needs
  - Equipment
  - Supplies
  - Education of:
    - Persons served
    - Families/support systems
    - Personnel

Section 2.A

- When risks are identified for the person served and it is outside the scope of the program, the person served is referred to an appropriate healthcare professional
Section 2.A

- If wound present, the interdisciplinary team implements written protocols that address when the wound care needed is within the scope of the program:
  - Interventions to reduce and/or eliminate the wound
  - Standards of practice
  - Nutritional needs
  - Equipment
  - Supplies

- If wound present:
  - Education needs of:
    - Person served
    - Family/support system
    - Personnel
  - A plan for follow-up care
  - When wound care needed is outside scope of program, referrals to, or coordination of appropriate wound care specialists

- Program identifies and utilizes:
  - Local
  - Regional
  - Provincial
  - National or
  - International resources to facilitate wound care.
Section 2.A

• Interdisciplinary team demonstrates efforts to optimize outcomes for persons served including, but not limited to:
  – Exchange of information on factors facilitating skin integrity and wound management
  – Exchange of information on barriers to skin integrity and wound management
  – Education of other health care providers

• Interdisciplinary team demonstrates efforts to optimize outcomes for persons served including, but not limited to:
  – Collaboration with other healthcare providers on the timing of interventions
  – Arrangement of follow-up with other healthcare providers at the time of discharge/transition from the program to facilitate ongoing assessment and management of skin integrity and wound issues

• Personnel who provide services related to skin integrity and wound management receive documented, competency-based training at orientation and regular intervals that includes but is not limited to:
  – Assessment protocols of skin integrity and wound management
  – Education techniques to facilitate behavior change in persons served
Section 2.A

- Competency based training includes but is not limited to:
  - Strategies and interventions for skin integrity and wound management that are based on accepted practices in the field and current research, evidence-based practice, peer-reviewed scientific and health-related publication, clinical practice guidelines, and/or expert professional consensus

Section 2.A

- Program gathers information on each person served on the following:
  - Wounds that developed during the program
  - Wounds that worsened during the program

- At least annually conduct an analysis that includes performance in relationship to established targets for:
  - Wounds that developed during the program
  - Wounds that worsened during the program

Section 2.A

- At least annually conducts an analysis that includes:
  - Trends
  - Action for improvement
  - Results of performance improvement plans
  - Necessary education and training of:
    - Persons served
    - Families/support systems
    - Personnel
Thank You!

Questions?