CARF Accreditation Report

for

Sunnaas sykehus HF

Three-Year Accreditation

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About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognised standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organisational and programme standards organised around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognised benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organisation

Sunnaas sykehus HF
Bjornemyrveien 11
1450 Nesoddtangen
NORWAY

Organisational Leadership

Einar Magnus Strand, CEO, Managing Director
Kathi Sørvig, Head of Department

Survey Date(s)

June 6, 2018–June 8, 2018

Surveyor(s)

Patrick R. Flannery, FACHE, M.B.A., OTR/L, Administrative
Kathy Thompson, M.H.A., M.A., CCC-SLP, Programme
Peter M. Cassidy, PT, M.B.A., FACHE, Programme
John R. Corcoran, PT, D.P.T., M.S., Programme
Veronica Vitelli-Martin, DNP, RN, CRRN, NE-BC, Programme

Programme(s)/Service(s) Surveyed

Inpatient Rehabilitation Programmes - Hospital (Adults)
Inpatient Rehabilitation Programmes - Hospital (Children and Adolescents)
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Adults)
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Children and Adolescents)
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Adults)
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Children and Adolescents)
Inpatient Rehabilitation Programmes - Hospital: Stroke Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Brain Injury Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Spinal Cord Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Stroke Specialty Programme (Adults)
Interdisciplinary Pain Rehabilitation Programmes - Inpatient (Adults)

Previous Survey

Three-Year Accreditation
September 23, 2015–September 25, 2015

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of Sunnaas sykehus HF conducted June 6, 2018–June 8, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific programme(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organisation's strengths and recognition of any areas where the organisation demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organisation did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organisation improve its programme(s)/service(s) and business operations.

Accreditation Decision

On balance, Sunnaas sykehus HF demonstrated substantial conformance to the standards. The organisation has many strengths and is serving the region and the country of Norway in specialty programmes well. The attention to innovation and technology is impressive as are the resources the organisation dedicates to this area. The organisation is commended for the impressive programme it sponsors for adaptive sports and competitive activities for those served and also for the resources it commits to putting on the programme. There are areas for improvement, including enhancing written analysis of data. The organisation is encouraged to continue its development through addressing the recommendations and suggestions in this report.

Sunnaas sykehus HF appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Sunnaas sykehus HF is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Sunnaas sykehus HF has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organisation is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Sunnaas sykehus HF was conducted by the following CARF surveyor(s):

- Patrick R. Flannery, FACHE, M.B.A., OTR/L, Administrative
- Kathy Thompson, M.H.A., M.A., CCC-SLP, Programme
- Peter M. Cassidy, PT, M.B.A., FACHE, Programme
- John R. Corcoran, PT, D.P.T., M.S., Programme
- Veronica Vitelli-Martin, DNP, RN, CRRN, NE-BC, Programme

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organisations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the programme(s)/service(s) for which the organisation is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organisation, as applicable, which may include:

- The organisation's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the programme(s)/service(s) for which the organisation is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Sunnaas sykehus HF and its programme(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organisation's operations and service delivery practices.
- Observation of the organisation's location(s) where services are delivered.
- Review of organisational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to programme/service design, delivery, outcomes, and improvement, such as programme descriptions, records of services provided, documentation of reviews of programme resources and services conducted, and programme evaluations.
- Review of records of current and former persons served.

Programme(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following programme(s)/service(s):

- Inpatient Rehabilitation Programmes - Hospital (Adults)
- Inpatient Rehabilitation Programmes - Hospital (Children and Adolescents)
- Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Adults)
- Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Children and Adolescents)
- Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Adults)
- Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Children and Adolescents)
- Inpatient Rehabilitation Programmes - Hospital: Stroke Specialty Programme (Adults)
- Interdisciplinary Outpatient Medical Rehabilitation Programmes: Brain Injury Specialty Programme (Adults)
- Interdisciplinary Outpatient Medical Rehabilitation Programmes: Spinal Cord Specialty Programme (Adults)
- Interdisciplinary Outpatient Medical Rehabilitation Programmes: Stroke Specialty Programme (Adults)
- Interdisciplinary Pain Rehabilitation Programmes - Inpatient (Adults)

A list of the organisation's accredited programme(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organisation did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organisation's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific programme/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the programme(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the programme(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Sunnaas sykehus HF demonstrated the following strengths:

- The organisation has placed an emphasis on technology and innovation, developing programmes in telemedicine. In addition, the organisation has developed methods of treatment utilising technology to stimulate new movement in extremities. The innovations and the emphasis on technology are strengths of the organisation.
- Persons served expressed a very high degree of satisfaction with the service in the outpatient programme and were particularly comforted by the compassion and enthusiasm of the team. Persons served expressed that the programme restored human worth by treating them with dignity as it clarified the causes of 'hidden' cognitive impairments and how to address them with effective techniques.
- The outpatient programme has a commitment to developing research opportunities as evidenced by its collaboration with multiple grants and research projects in the academic medical system and in the region.
- The development of Studio 99 demonstrates innovative programming that provides holistic interventions to respond to the needs of the persons served to reintegrate to the community and to enhance and sustain the functional, cognitive, and social improvements initiated in the inpatient components of the Sunnaas sykehus HF rehabilitation programme. The programme was funded by grant funds based on the cogent and relevant goals of enhancing the continuum of care in the community, preventing loss of function and readmissions to acute care and acute rehabilitation inpatient care.
- The expansion of the outpatient programme was developed with significant input from persons served and reflects their identified needs to re-establish productive roles in the community. The establishment of grant funds for personal trainer education and certification for persons served is an example of the innovative initiatives established by the programme.
- The programme is commended for the enthusiasm of the multidisciplinary team to enhance the outpatient programme to provide comprehensive rehabilitation care and education needs of the persons served and to provide the opportunity for holistic collaboration.
- The outpatient programme effectively utilises technology to ensure accessibility through its use of videoconferencing for one-to-one sessions and internet resources that are available to persons served and referral stakeholders.
- The interdisciplinary teams for the spinal cord specialty units, including all inpatient units and the outpatient services, are knowledgeable with regard to each person served and provide a high clinical standard of care. The teams are energetic, caring, and committed to the care of the persons served.
- Sunnaas sykehus HF has strong community relationships to support the needs of the person with spinal cord injury, including participating in Camp Spinal and the Norwegian Spinal Cord Injuries Association (LARS). These relationships allow for input into the programme from the person served and allow the person served to have opportunities for support and adaptive recreation on an ongoing basis. They partner with the organisation to meet the lifelong needs for the persons with spinal cord injury served at Sunnaas sykehus HF.
- The organisation is complimented for its strong continuum of care for the persons with spinal cord injury, which includes its outreach programme; primary rehabilitation; control stays; and group stays that have individuals with similar conditions admitted for follow-up for an enhanced programme, including persons served with incomplete spinal cord injury or women over 60 with spinal cord injury.
- The organisation has a strong approach to caring for persons served with wounds. Its research study using telemedicine to bring the provider, person served, and wound care expert together receives very positive comments from all members and increases the accessibility for persons with a spinal cord injury.

- Sunnaas sykehus HF provides comprehensive lifelong follow-up for persons served by integrating its clinical programmes and delivery channels. Ongoing assessments enable persons served to access the right level of care in a reliable process over time. The organisation provides a rehabilitation safety net for persons served with brain injury, stroke, and spinal cord injury.
- Sunnaas sykehus HF provides excellent leadership in the field of rehabilitation throughout Norway and is expanding its influence globally. The programme serves the most populous region in Norway; has the largest research staff among rehabilitation programmes in the region; and has greatly invested in innovation, research, and education. The programme acts as a resource to other institutions and stakeholder organisations. The brain injury and stroke programmes are truly centres of excellence and possess remarkable resources and personnel. They model the core values of professionalism, commitment, and joy. There is an amazing philosophy of being an open-source centre of excellence and advocacy. Knowledge, expertise, and optimal practices are generously shared for the benefit of all. This is a model of rehabilitation leadership.
- Referral sources and other stakeholders report a high level of satisfaction with the quality of the services and collaboration provided by Sunnaas sykehus HF. It is evident that the organisation has invested in stakeholder relationships and is working to promote access to valuable services across its expansive service area. Being present and available provides value to the referring hospitals and creates an amazing foundation for the persons served by the specialised programmes, many of whom live throughout the large service area.
- The organisation innovates with and leverages technology to optimise care and service delivery. The virtual reality laboratory provides a valuable training ground to experiment with new and everyday technology to enhance the lives of persons served. Examples include the creation of a game inventory and associated therapeutic benefits, the development of a central board with the visual representation of progress and goal achievement to motivate persons served, and the generous sharing of knowledge and optimal practices in an open-source ideology.
- The team at Sunnaas sykehus HF has created a wonderful environment for healing and rehabilitation. The architectural design of the new hospital incorporates natural light; a retractable ceiling; direct access to nature, including expansive views of the fjords and indoor and outdoor ponds with fish; opportunities for self-expression through art, recreation, sports, and leisure; opportunities for both socialisation and privacy throughout the entire campus; and modifiable room and bathroom features that enhance safety and promote independence. The programme humanises the rehabilitation experience. It is intentional with projects such as the 'Active Hospital' poised to strengthen the programme even more.
- Sunnaas sykehus HF has an extraordinary rehabilitation nursing team. This team is the backbone of the programme 24 hours a day, 7 days a week. The team at Sunnaas sykehus HF truly models specialised rehabilitation nursing. The nurses conduct thorough and ongoing assessments, design plans of care across all medical and functional domains, and implement these plans religiously. The nurses mobilise persons served out of their rooms and throughout the campus. They rehabilitate persons served with specialised equipment and techniques. They re-evaluate performance from shift to shift and ensure follow-through with treatment, training, and education of persons served and their families and support systems. Moreover, the nursing team is dedicated and professional and delivers joy to all persons served.
- Sunnaas sykehus HF has a robust interdisciplinary pain education programme for the persons served. The programme covers important psychosocial components of pain rehabilitation and how to re-frame the persons' perception of their pain. This programme has been compiled from over ten years of information, research, refinement, and updates. The persons served are benefiting from the material presented in these classes.
- Sunnaas sykehus HF has an effective team working with the amputation specialty programme. The professional staff are educated, knowledgeable, and competent to treat this complex population of persons served with amputations of primarily trauma-induced origin.

- Sunnaas sykehus HF has an impressive array of therapeutic activities for the persons served and their support systems. For example, it has an indoor climbing wall, billiards table, carpet curling, virtual reality and computer games lab, foosball table, and many other available options. In addition, Sunnaas sykehus HF has an impressive array of high-end robotic equipment. For example, it currently has a Lokomat® device and an Ekso Bionics® robotic exoskeleton. It will soon be acquiring a ReWalk™ robotic exoskeleton.

Sunnaas sykehus HF also demonstrated exemplary conformance to the standards as set forth below.
Recognition of exemplary conformance indicates a practice that produces outstanding business or clinical results and/or is innovative or creative and beneficial to be shared with the field.

- The organisation arranges and participates in the annual Sunnaas Games, which the entire rehabilitation hospital supports with both staff and all persons served that are willing to participate. This event, which is held off campus, allows the persons served to participate in adaptive sports, including seated volley ball, archery, hang gliding, as well as many other events. The Sunnaas Games is an exemplary example of an innovative way to promote health and wellness by exposing the person served to and allowing him/her to engage in novel activities with his/her peers that are both recreational, sport related, as well as social. This day also introduces the person served to a variety of adapted equipment that could be utilised to meet lifelong needs. The organisation could consider expanding the invitations to these games to all persons served in the previous year to ensure that this opportunity is available to persons served who are not currently inpatients. (3.J.18.a.)

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific programme(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organisation did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organisation may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organisation might find helpful in its ongoing quality improvement efforts. The organisation is not required to address consultation.

When CARF surveyors visit an organisation, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organisation is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organisation may conduct a detailed self-assessment and engage in deliberations and discussions within the organisation as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organisation is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organisations identify leadership that embraces the values of accountability and responsibility to the individual organisation's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organisations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organisations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organisation's focus to soliciting, collecting, analysing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organisations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organisations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organisation review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organisations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organisations maintain healthy, safe, and clean environments that support quality services and minimise risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

There are no recommendations in this area.

1.I. Human Resources

Description

CARF-accredited organisations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organisation and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Each employee writes goals for the coming year. Although the previous year's goals are used to assess performance, it is suggested that the previous year's goals be referenced during the next year's performance review.

1.J. Technology

Description

CARF-accredited organisations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organisations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

Recommendations

1.K.2.a.(1)
Access to rights of persons served is available to persons served upon admission to the programme via the website. However, no one specifically reviews the rights of persons served to ensure one's understanding. It is recommended that the rights of the persons served be communicated in a way that is understandable. This could be accomplished by assigning a staff member the responsibility of reviewing rights of persons served to ensure understanding of the persons served.

1.L. Accessibility

Description

CARF-accredited organisations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organisations are committed to continually improving their organisations and service delivery to the persons served. Data are collected and analysed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organisation sets it apart from other organisations providing similar services. CARF-accredited organisations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programmes and services.

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

Section 2. The Rehabilitation and Service Process for the Persons Served

2.A. Programme/Service Structure for all Medical Rehabilitation Programmes

Key Areas Addressed

- Scope of the programme and services
- Admission and transition/exit criteria
- Team communication
- Provision of services to any persons who require ventilatory assistance
- Provision of services related to skin integrity and wound care, when applicable

Recommendations

2.A.1.a.(3)
2.A.1.a.(4)
Although each programme/service documents regarding its scope of services the parameters of population served, settings, frequency of services, payer sources, fees, referral sources, and specific services offered (including whether the services are provided directly or by referral), it is recommended that the scope of services also document hours and days of service.

2.B. The Rehabilitation and Service Process for the Persons Served

Key Areas Addressed

- Scope of the programme services
- Appropriate placement in and movement through the continuum of services
- Admission and ongoing assessments
- Information provided to persons served for decision making
- Team composition
- Team responsibilities and communication
- Medical director/physician providing medical input qualifications and responsibilities
- Discharge/transition planning and recommendations
- Family/support system involvement
- Education and training of persons served and families/support systems
- Sharing of outcomes information with the persons served
- Physical plant
- Records of the persons served

Recommendations

2.B.20.d.(3)
In order to communicate and facilitate an integrated approach, the interdisciplinary team should consider the impact of its decisions on the families/support systems of the persons served. As the regional provider of specialised rehabilitation programmes, Sunnaas sykehus HF serves persons and families who live up to four or five hours away. Although the organisation has a comprehensive array of services, persons served and families report that the delivery of these services is often programme-centric and does not always consider the impact on the family and support system. This includes the scheduling of therapy, family training, family conferences, and the consumption of resources and benefits. It could inquire as to preferred dates and times for training, education, family conferences, and other services. It could help preserve paid leave and other benefits by modifying the timing and delivery of services to better match the preferences and needs of the person served and family.

2.B.26.c.(2)
The organisation should schedule family/support system conferences at a time that is convenient for the family/support system. As a regional provider of specialised services, family conferences may need to be scheduled later in the day, evening, or weekend to accommodate families and support systems that may live hours away. Feedback from persons served, families, and support systems report some rigidity with the scheduling of training and conferences. During observation of care team conference, it was noted that the team expected the family to make accommodations in order to meet at a time that was more convenient for the care team itself.

2.B.29.c.
2.B.29.d.
To foster a continuous learning environment across all programmes, the programmes should assess the effectiveness of the education provided to persons served, families, and support systems. There is an assessment after some structured group sessions and quarterly group follow-ups, but the timing of the assessments may not match the delivery of education, and the assessments do not appear to capture the effectiveness of individualised education provided. Additionally, the organisation should address performance improvement based on the findings of the assessments conducted. The organisation could consider other ways to measure effectiveness. When assessing the effectiveness of any education provided to persons served, families, and even personnel, the organisation may consider migrating away from self-reported assessments to actual measurement of desired outcomes. It could also integrate measures from other domains. For example, if the stroke specialty programme is tracking blood sugar controls and the team would also like to measure the effectiveness of diabetic teaching, the programme could measure both self-reported understanding of the persons served after the education and validate the perception of effectiveness by measuring the trend of blood sugar levels after the training was completed.

Consultation

- The organisation may consider additional safeguards to reduce the risk of elopement of persons served. There are many exits throughout the building, and persons served are encouraged to move freely about the campus. There is access to wooded trails and balconies with views of the fjord. Although the incidence of elopement or injury may be very small, there could be a significant impact from even one event. The organisation is considering the use of GPS technology to enhance safety and could even consider additional security features on the campus such as cameras and emergency stations.

2.D. The Rehabilitation and Service Process for Specific Diagnostic Categories

Key Areas Addressed

■ Provision of services to any persons with limb loss, acquired brain injury, or spinal cord dysfunction

Recommendations

There are no recommendations in this area.

2.E. The Rehabilitation and Service Process for Children and Adolescents Served

Key Areas Addressed

■ Provision of services to any children/adolescents

Recommendations

2.E.4.d.
2.E.4.g.
Based on the ages, cognitive levels, interests, concerns, and cultural and developmental needs of the persons served, it is recommended that the appropriate furniture and schedules that reflect the needs of each child/adolescent served be provided. This could include a hospital bed for a nine-month-old prior to admission and creating an infant's schedule with input from the parents to adhere to the infant's schedule to maximise the child's ability to participate with the assessment process.

Section 3. Programme Standards

3.A. Comprehensive Integrated Inpatient Rehabilitation Programme

Description

A Comprehensive Integrated Inpatient Rehabilitation Programme is a programme of coordinated and integrated medical and rehabilitation services that is provided 24 hours a day and endorses the active participation and preferences of the person served throughout the entire programme. The preadmission assessment of the person served determines the programme and setting that will best meet the needs of the person served. The person served, in collaboration with the interdisciplinary team members, identifies and addresses his or her medical and rehabilitation needs. The individual resource needs and predicted outcomes of the person served drive the appropriate use of the rehabilitation continuum of services, the provision of care, the composition of the interdisciplinary team, and discharge to the community of choice.

The scope and intensity of care provided are based on a medical and rehabilitation preadmission assessment of the person served. An integrated interdisciplinary team approach is reflected throughout all activities. To ensure the transparency of information the programme provides a disclosure statement to each person served that addresses the scope and intensity of care that will be provided.

A Comprehensive Integrated Inpatient Rehabilitation Programme clearly identifies the scope and value of the medical and rehabilitation services provided. Dependent on the medical stability and acuity of the person served, a Comprehensive Integrated Inpatient Rehabilitation Programme may be provided in a hospital, skilled nursing facility, long-term care hospital, acute hospital (Canada), or hospital with transitional rehabilitation beds (Canada). Through a written scope of services, each programme defines the services provided, intensity of services, frequency of services, variety of services, availability of services, and personnel skills and competencies. Information about the scope of services and outcomes achieved is shared by the programme with stakeholders.

Key Areas Addressed

- Preadmission assessment
- Privileging process
- Appropriate placement in the continuum of services
- Secondary prevention
- Rehabilitation nursing services
- Rehabilitation physician/medical services and management
- Programme-specific information-gathering requirements
- Information gathering regarding durability of outcomes

Recommendations

3.A.15.b.(1)(a)
3.A.15.b.(1)(b)
3.A.15.b.(1)(c)
3.A.15.b.(2)
3.A.15.b.(3)
3.A.15.b.(4)
3.A.15.b.(5)(a)
3.A.15.b.(5)(b)
3.A.15.b.(5)(c)
Although information is gathered, a comprehensive integrated inpatient rehabilitation programme should at least annually conduct a written analysis that addresses performance in relationship to established targets for unplanned transfers to acute medical facilities, discharges to long-term care, and expiration; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

3.A.16.c.(1)(a)
3.A.16.c.(1)(b)
3.A.16.c.(1)(c)
3.A.16.c.(1)(d)
3.A.16.c.(2)
3.A.16.c.(3)
3.A.16.c.(4)
3.A.16.c.(5)(a)
3.A.16.c.(5)(b)
3.A.16.c.(5)(c)
Sunnaas sykehus HF collects information on activity status, environment, health status, and participation. To assess the durability of the outcomes achieved, a comprehensive integrated inpatient rehabilitation programme should at least annually conduct a written analysis that addresses performance in relationship to established targets for activity, environment, health status, and participation; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served, families/support systems, and healthcare providers.

Consultation

- It is suggested that greater intensity of service be provided to the persons served. There is some research that shows more rehabilitation is better and that persons served would likely benefit from additional therapy services each day.
- It is suggested that greater therapy services be provided on the weekends so the persons served can continue to maximise their functional improvements. The persons served also commented that the weekends can be quiet and that it was difficult to stay motivated without structured, standardised rehabilitation therapy services.

3.B. Outpatient Medical Rehabilitation Programme

Description

An Outpatient Medical Rehabilitation Programme is an individualised, coordinated, outcomes-focused programme that promotes early intervention and optimises the activities and participation of the persons served. The programme, through its scope statement, defines the characteristics of the persons it serves. An assessment process initiates the individualised treatment approach for each person served, which includes making medical support available based

on need. The programme includes direct service provision, education, and consultations to achieve the predicted outcomes of the persons served. Information about the scope and value of services is shared with the persons served, the general public, and other relevant stakeholders.

The strategies utilised to achieve the predicted outcomes of each person served determine whether the individual programme is single discipline or an interdisciplinary service. A Single Discipline Outpatient Medical Rehabilitation Programme focuses on meeting the needs of persons served who require services by a professional with a health-related degree who can address the assessed needs of the person served. An Interdisciplinary Outpatient Medical Rehabilitation Programme focuses on meeting the needs of persons served that are most effectively addressed through a coordinated service approach by more than one professional with a health-related degree who can address the assessed needs of the person served.

The settings for Outpatient Medical Rehabilitation Programmes include, but are not limited to, health systems, hospitals, freestanding outpatient rehabilitation centres, day hospitals, private practices, and other community settings.

Key Areas Addressed

- Programme-specific information-gathering requirements
- Personnel requirements
- Team composition

Recommendations

3.B.4.a.
3.B.4.b.(1)(a)
3.B.4.b.(1)(b)
3.B.4.b.(1)(c)
3.B.4.b.(2)
3.B.4.b.(3)
3.B.4.b.(4)
3.B.4.b.(5)(a)
3.B.4.b.(5)(b)
3.B.4.b.(5)(c)
It is recommended that a written analysis of no-shows, cancellations, and dropouts for each outpatient medical rehabilitation programme be conducted at least annually and address performance in relationship to established targets for no-shows, cancellations, and dropouts; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served and families/support systems and personnel.

Consultation

- It is suggested that the programme utilise telecommunications tools to provide access to the Sunnaas sykehus HF spinal cord, brain injury, and stroke education programmes for use in the outpatient clinic and home care programmes in the community to affirm and sustain the education needed to prevent readmissions caused by exacerbations or complications of their impairments. It is further suggested that the programme demonstrate to the health ministry that this could reduce the healthcare costs.
- It is suggested that the programme collaborate with the university to demonstrate positive outcomes of the persons served related to the enhancement of the outpatient programme and potential for associated healthcare cost savings. It might also be beneficial for the programme to collaborate with community resources to meet the needs of the persons served, such as the outpatient programme's effort to gain funding for the personal trainer education and certification for persons served.

- The rehabilitation nurses are encouraged to seek further education and certification in the field of rehabilitation. It is suggested that the rehabilitation nurses consult with their nursing organisation and/or nursing university programmes to establish specialty certification in the field of rehabilitation.

- The programme is encouraged to continue to expand its multidisciplinary team to enhance the comprehensive therapy and education needs of the persons served and to provide for opportunity for holistic collaboration.

3.H. Brain Injury Specialty Programme

Description

A Brain Injury Specialty Programme delivers services that focus on the unique medical, physical, cognitive, communication, psychosocial, behavioural, vocational, educational, accessibility, and leisure/recreational needs of persons with acquired brain injury. The programme integrates services to:

- Minimise the impact of impairments and secondary complications.
- Reduce activity limitations.
- Maximise participation, including wellness, quality of life, and inclusion in the community.
- Decrease environmental barriers.
- Promote self-advocacy.

A Brain Injury Specialty Programme recognises the individuality, preferences, strengths, and needs of the persons served and their families/support systems. It provides access to information, services, and resources available to enhance the lives of the persons served within their families/support systems, communities, and life roles and supports their efforts to promote personal health and wellness and improve quality of life throughout their life span.

The programme demonstrates the commitment, capabilities, and resources to maintain itself as a specialised programme for persons with acquired brain injury. A Brain Injury Specialty Programme utilises current research and evidence to provide effective rehabilitation and supports future improvements by advocating for or participating in brain injury research.

A Brain Injury Specialty Programme partners with the persons served, families/support systems, and providers from emergency through community-based services to foster an integrated system of services that optimises recovery, adjustment, inclusion, participation, and prevention. A Brain Injury Specialty Programme engages and partners with providers within and outside of rehabilitation to increase access to services by advocating for persons who have sustained a brain injury to regulators, legislators, educational institutions, research funding organisations, payers, and the community at large.

Key Areas Addressed

- Continuum of services
- Interventions services provided for persons served and their families/support systems
- Facilitation of advocacy for the persons served
- Personal preferences of persons served
- Initial and ongoing assessments of persons served
- Discharge/transition planning
- Prevention of complications and re-injury
- Programme-specific information-gathering requirements
- Education for persons served and their families/support systems
- Knowledge and application of clinical research to treatment practices

Recommendations

3.H.33.a.(1)(a)
3.H.33.a.(1)(b)
3.H.33.a.(1)(c)
3.H.33.a.(1)(d)(i)
3.H.33.a.(1)(d)(ii)
3.H.33.a.(2)(b)
3.H.33.a.(2)(c)
3.H.33.b.(1)(a)(i)
3.H.33.b.(1)(a)(ii)
3.H.33.b.(1)(a)(iii)
3.H.33.b.(1)(a)(iv)
3.H.33.b.(1)(a)(v)
3.H.33.b.(1)(b)(ii)
3.H.33.b.(1)(b)(iii)
3.H.33.b.(2)
3.H.33.b.(3)
3.H.33.b.(4)
3.H.33.b.(5)(a)
3.H.33.b.(5)(b)
3.H.33.b.(5)(c)
3.H.33.b.(5)(d)

The organisation is urged to gather information on satisfaction from families, support systems, and referral sources, including satisfaction with clinical practices/behaviours; the degree of inclusion of the persons served in their programmes; the outcomes achieved; and information received about the programme, including information accuracy and usefulness. On at least an annual basis, the organisation should conduct a written analysis that addresses this feedback from families/support systems and other relevant stakeholders. This analysis should address performance in relationship to established targets for satisfaction with clinical practices/behaviours, the degree of inclusion of the persons served in their programmes, outcomes achieved, and accuracy and usefulness of information received about the programme; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served, families/support systems, healthcare providers, and personnel. The brain injury programme gathers and analyses this information from persons served, but there is an opportunity to gather and analyse it from the families, support systems, and other stakeholders. Both families and referral sources expressed a desire for a more formal process to provide satisfaction feedback. There is positive day-to-day coordination, but an opportunity to gather, synthesise, and create action plans around structured family and other stakeholder satisfaction might be beneficial. The organisation may consider utilising its plan-do-study-act or other structured performance improvement tool when developing and implementing action plans. It is not consistently evident that the action plans consistently identify and address root causes of satisfaction indicators of persons served not meeting target. In particular, the persons' perception of inclusion in their programmes bears more thorough investigation. From a consultative standpoint, this measure could also serve as an education effectiveness measure if the organisation were to provide training to personnel on how to better include the person served in the programme.

3.J. Spinal Cord Specialty Programme

Description

A person-centred spinal cord specialty programme utilises a holistic, culturally aware, interdisciplinary team approach to address the unique rehabilitation needs of persons who have been diagnosed with spinal cord dysfunction, whether due to trauma or disease. A spinal cord specialty programme may be provided in a variety of

settings, including inpatient, outpatient, home and community, residential, and vocational settings. Personnel demonstrate competencies and the application of evidence-based practices to deliver services that address the preventive, restorative, supportive, and lifelong rehabilitation needs of the persons served.

The spinal cord specialty programme focuses on strategies to optimise outcomes in an effort to prevent impairments or minimise the impact thereof, reduce activity limitations, and maximise participation for the persons served. The programme communicates and collaborates with all appropriate healthcare providers and other relevant stakeholders to deliver coordinated care and promote appropriate transitions in the continuum of care.

The programme is guided by the individual preferences, strengths, and needs of the persons served and their families/support systems. Throughout the programme the person's perception of and adjustment to his or her disability is considered and addressed. A spinal cord specialty programme assists the persons served to manage their own health, encourages their appropriate use of healthcare systems and services, and supports their efforts to promote personal health and wellness and improve quality of life throughout their life span. The programme provides ongoing access to information, services, and resources available and encompasses care that advocates for full inclusion to enhance the lives of the persons served within their families/support systems, communities, and life roles.

The programme demonstrates the commitment, capabilities, and resources to maintain itself as a specialised spinal cord programme. The spinal cord specialty programme formally links with key components of care that address the lifelong needs of the persons served. A spinal cord specialty programme advocates on behalf of persons served to regulators, legislators, educational institutions, research funding organisations, payers, and the community at large. A spinal cord specialty programme translates current research evidence to provide effective rehabilitation and supports future improvements in care by advocating for or participating in spinal cord research.

Key Areas Addressed

- Scope of services
- Identified needs of the persons served
- Peer support services
- Health and wellness activities
- Leadership support of advancing the field of spinal cord rehabilitation
- Organised education programme
- Community education and advocacy
- Consideration of life-long follow-up care
- Role as a resource for other spinal cord programmes
- Evidence of long-term positive outcomes
- Knowledge and application of clinical research to treatment practices

Recommendations

3.J.15.a.(1)
The spinal cord specialty programme has a strong peer support programme with a noteworthy peer supporter that is employed by the organisation and attends all the spinal cord injury education classes; however, this one individual does not reflect the characteristics of all persons served in the programme. The spinal cord specialty programme is urged to expand on this strong base to include trained and competent peer supporters to reflect the characteristics of its more diverse population of the persons served.

Consultation

- Although the organisation accepts all levels and aetiologies of persons served with spinal cord injury, along with complete and incomplete injuries, it could consider adding a statement to the scope of service that clarifies this. This could be stated as simply as 'all persons with spinal cord injury are accepted into the programme'.

- Sunnaas sykehus HF has a strong outreach team that provides many services to the community, but this team could be expanded to enhance the communication and education of healthcare providers in the care and treatment of persons served with spinal cord injury. This education for the healthcare community may be important due to the limited number of persons with spinal cord injury that community providers may see.

3.K. Stroke Specialty Programme

Description

A stroke specialty programme, through application of the research available to clinical practice, delivers services that focus on the unique needs of persons who have sustained a stroke, including:

- Minimising impairments and secondary complications.
- Reducing activity limitations.
- Maximising participation and quality of life.
- Decreasing environmental barriers.
- Preventing recurrent stroke.

The programme recognises the individuality, preferences, strengths, and needs of the persons served and their families/support systems. A stroke specialty programme assists the persons served and their families/support systems to manage their own health, encourages their appropriate use of healthcare systems and services, and supports their efforts to promote personal health and wellness and improve quality of life throughout their life span. The programme provides ongoing access to information, services, and resources available to enhance the lives of the persons served within their families/support systems, communities, and life roles.

A stroke specialty programme partners with the persons served, families/support systems, and providers within and outside of rehabilitation throughout phases of care from emergency through community-based services. A stroke specialty programme fosters an integrated system of care that optimises prevention, recovery, adaptation, and participation.

A stroke specialty programme contributes to the development of stroke systems of care by partnering with providers within and outside of rehabilitation to increase access to services by advocating for persons who have sustained a stroke to regulators, legislators, educational institutions, research funding organisations, payers, and the community at large. A stroke specialty programme utilises current research and evidence to provide effective rehabilitation and supports future improvements in care by advocating for or participating in stroke research.

Key Areas Addressed

- Intervention services provided for persons served and their families/support systems
- Prevention of recurrent stroke and the complications of stroke
- Reducing activity limitations and decreasing environmental barriers
- Continuum of services
- Health assessments and promotion of wellness
- Education for persons served and their families/support systems
- Maximising participation and quality of life
- Discharge/transition recommendations
- Data collection and analysis regarding the effectiveness of the programme

Recommendations

3.K.20.b.(1)(a)
3.K.20.b.(1)(b)
3.K.20.b.(1)(c)
3.K.20.b.(1)(d)
3.K.20.b.(1)(e)
3.K.20.b.(1)(f)
3.K.20.b.(2)
3.K.20.b.(3)
3.K.20.b.(4)
3.K.20.b.(5)(a)
3.K.20.b.(5)(b)
3.K.20.b.(5)(c)
The stroke specialty programme is urged to conduct a written analysis at least annually that addresses performance in relationship to targets for follow-up information regarding aspiration pneumonia, falls, falls with injury, other injuries, re-hospitalisations, and unplanned medical visits/encounters; trends; actions for improvement; results of performance improvement plans; and necessary training and education of persons served, families/support systems, and healthcare providers. The programme collects these data but does not establish clear targets or complete cycles of performance improvement. The organisation may consider using external benchmarks in the area of re-hospitalisations as performance is above 30 percent. This is a domain that may benefit from more robust performance tools such as lean A3 practical problem solving.

3.K.24.a.(1)
3.K.24.a.(2)
3.K.24.a.(3)
3.K.24.a.(4)
3.K.24.b.(1)(a)
3.K.24.b.(1)(b)
3.K.24.b.(1)(c)
3.K.24.b.(1)(d)
3.K.24.b.(2)
3.K.24.b.(3)
3.K.24.b.(4)
3.K.24.b.(5)(a)
3.K.24.b.(5)(b)
3.K.24.b.(5)(c)
The stroke specialty programme is urged to measure the percentage of persons served who, at the time of discharge, are in compliance with evidence-based guidelines to manage diabetes, hyperlipidaemia, hypertension, and stroke prophylaxis. At least annually, the programme should conduct a written analysis that addresses performance in relationship to established targets for the percentage of persons served who, at the time of discharge/transition, are in compliance with evidence-based guidelines to manage diabetes, hyperlipidaemia, hypertension, and stroke prophylaxis; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served, families/support systems, and healthcare providers. The organisation may consider starting with process measures before proceeding to outcomes measures. For example, the organisation has created a checklist for providing diabetic teaching. It could initially measure compliance with education provided. However, as the desired outcome is diabetic control, the programme could migrate to establishing desired ranges of blood sugars and monitor these while allowing persons served to self-manage in a time period prior to discharge. As persons served have the opportunity to practice skills in an apartment on campus for a week prior to discharge, diabetic control could be a performance goal. Because the ultimate desired outcome is long-term diabetic control, the organisation could track haemoglobin A1c (HbA1c) levels over time in those persons served in the stroke

specialty programme. This could be achieved through collaboration with municipal agencies or primary care physicians who are responsible for care after discharge. As most persons served have periodic follow-up in rehabilitation, HbA1c could be evaluated as a durability measure during these visits.

3.L. Interdisciplinary Pain Rehabilitation Programme

Description

An interdisciplinary pain rehabilitation programme provides outcomes-focused, coordinated, goal-oriented interdisciplinary team services. The programme delivers services that focus on the unique needs of persons who have persistent pain, including:

- Minimising impairments and secondary complications.
- Reducing activity limitations.
- Maximising participation and quality of life.
- Decreasing environmental barriers.

An interdisciplinary pain rehabilitation programme recognises the individuality, preferences, strengths, and needs of the persons served, their families/support systems, and stakeholders. The programme encourages appropriate use of healthcare systems and services by the persons served and their families/support systems and supports their efforts to promote personal health and wellness and improve quality of life throughout their life span. The programme provides ongoing access to information, services, and resources available to enhance the lives of the persons served within their families/support systems, communities, and life roles.

An interdisciplinary pain rehabilitation programme fosters an integrated system of care that optimises prevention, recovery, adaptation, inclusion, and participation. The programme utilises current research and evidence to provide effective rehabilitation and supports future improvements in care by advocating for or participating in pain research.

Key Areas Addressed

- Admission and discharge/transition criteria (each component)
- Composition and functions of the interdisciplinary team
- Qualifications and responsibilities of the medical director
- Qualifications and responsibilities of pain team psychologist
- Medication management
- Nursing services (inpatient)
- Service area (inpatient)
- Initial and ongoing assessments of persons served
- Intervention services for persons served and their families/support systems
- Knowledge and application of clinical research to treatment practices
- Programme-specific information gathering requirements

Recommendations

3.L.10.b.

To ensure that there are no psychological contraindications to entry into the programme, it is recommended that the pain team psychologist conduct an assessment of each person served prior to the initiation of treatment. Review of the medical record indicated that the pain psychologist does not see every person served before the therapy team starts treatment. The initial psychological assessment, findings, and recommendations could help drive a successful treatment plan for the entire pain rehabilitation team.

Programme(s)/Service(s) by Location

Sunnaas sykehus HF

Bjornemyrveien 11
1450 Nesoddtangen
NORWAY

Inpatient Rehabilitation Programmes - Hospital (Adults)
Inpatient Rehabilitation Programmes - Hospital (Children and Adolescents)
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Adults)
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Children and Adolescents)
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Adults)
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Children and Adolescents)
Inpatient Rehabilitation Programmes - Hospital: Stroke Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Brain Injury Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Spinal Cord Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Stroke Specialty Programme (Adults)
Interdisciplinary Pain Rehabilitation Programmes - Inpatient (Adults)

Sunnaas sykehus, Aker helsearena

Trondheimsveien 235
0586 Oslo
NORWAY

Interdisciplinary Outpatient Medical Rehabilitation Programmes: Brain Injury Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Spinal Cord Specialty Programme (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programmes: Stroke Specialty Programme (Adults)