

# CARF Accreditation Report for Sunnaas sykehus HF Three-Year Accreditation

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# Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Programme\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Programme\(s\)/Service\(s\) by Location](#)

## 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 a 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](http://www.carf.org/contact-us).

## **Organisation**

Sunnaas sykehus HF  
Bjornemyrveien 11  
1450 Nesoddtangen  
NORWAY

## **Organisational Leadership**

Kathi Sørvig, Head of Department

## **Survey Number**

142817

## **Survey Date(s)**

November 1, 2021–November 3, 2021

## **Surveyor(s)**

Christina Mo, Administrative  
Cindy S. Iske, MS, OTR/L, Programme  
Lynn M. Johnson, PT, MHA, Programme  
Julie A. Dromgoole, MOTR/L, Programme  
Maria A. Anderson, MS, CCC/SLP, BCS-S, Programme

## **Programme(s)/Service(s) Surveyed**

Inpatient Rehabilitation Programmes - Hospital (Adults)  
Inpatient Rehabilitation Programmes - Hospital (Paediatric Specialty Programme)  
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Adults)  
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Paediatric Specialty Programme)  
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Adults)  
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Paediatric Specialty Programme)  
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)

## **Previous Survey**

June 6, 2018–June 8, 2018  
Three-Year Accreditation

## **Accreditation Decision**

**Three-Year Accreditation**

**Expiration: June 30, 2024**

# Executive Summary

This report contains the findings of CARF's site survey of Sunnaas sykehus HF conducted November 1, 2021–November 3, 2021. 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. Sunnaas sykehus HF consistently utilises the CARF standards in its policies, procedures, and practices. The leadership is dedicated to ensuring the quality of programme operations and has a strategic plan that covers long-term and short-term goals, the organisation's mission, and areas of interest for all programmes seeking accreditation. The continuous analysis of risks, critical incidents, and formal complaints is thoroughly followed up in tertial reports and forms a base for planning performance improvement activities. Leadership and the clinical programme teams are dedicated to performance improvement activities, and personnel show willingness and ability to adjust, plan, and implement new improvements. There is a constant focus from leadership and personnel to maintain the health, welfare, and safety of the patients, and this has been a positive factor for coping during the COVID-19 pandemic. There has been great development of digital solutions and innovations implemented in Sunnaas sykehus HF, and patients have received new poly-clinic digital solutions like digital group training and follow-up on wound care with the help of digital visits. Patients from all programmes and other stakeholders refer to Sunnaas sykehus HF as a resource for professionals and delivery of evidence-based and high-quality rehabilitation services. There are opportunities for improvement identified in this report, including enhancing environmental safety, conducting unannounced tests of emergency procedures, documenting and performing annual written analyses at the level of each programme seeking accreditation, analysis of wounds, documenting the scope of services in the inpatient paediatric specialty programme, documenting transition and continuous stay criteria, and implementing a process to measure personnel satisfaction and the effectiveness of learning opportunities. There is evidence that the organisation shares its knowledge and results in local, national, and international platforms. The positive attitude with which the leadership and personnel prepared for and participated in the survey and their receptivity to the consultation and other feedback that were offered give confidence that Sunnaas sykehus HF in both Aker and Nesoddtangen will use the results of this survey to further improve organisational and service quality.

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):

- Christina Mo, Administrative
- Cindy S. Iske, MS, OTR/L, Programme
- Lynn M. Johnson, PT, MHA, Programme
- Julie A. Dromgoole, MOTR/L, Programme
- Maria A. Anderson, MS, CCC/SLP, BCS-S, 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 (Paediatric Specialty Programme)
- Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Adults)
- Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Paediatric Specialty Programme)
- Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Adults)
- Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Paediatric Specialty Programme)
- 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)

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 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 two locations of Sunnaas sykehus HF in Aker and Nesoddtangen are clean, are appropriate to the needs of the persons served, and provide opportunities to engage in activities both indoors and outdoors in the beautiful surroundings. Patients benefit from access to a variety of outdoor spaces that include areas for patients and families to socialise. The cooperation with Sunnaasstiftelsen also provides opportunities for persons served to join in sports and activity camps designed for different diagnostic groups or for persons served that share specific problems.
- The organisation is well suited to support the rehabilitation process, incorporating innovative design options that range from additions such as adjustable-height sinks in the patient rooms within the spinal cord specialty programmes and a retractable roof in a common area within the multi-trauma, neurology, and burn area that allows for the introduction of natural lighting. Overhead mounted ceiling lifts in select patient rooms and suspension systems in the therapy treatment spaces also support of the safety and rehabilitation of its patients.
- The Nesoddtangen location has well-equipped training facilities for physiotherapy with several weight-bearing suspension walking arrangements and an exoskeleton. The occupational training facilities have wood activities, gardening, and a data lab. There is a movement science lab as well as evaluations for lung function and urodynamics. The innovation centre also provides opportunities for patients and personnel to try new ideas and equipment. The organisation is also working with different techniques for digital training and education with digital platforms; for example, digital group training physiotherapy, podcast education, and virtual reality equipment.
- The organisation is engaged in and has developed extensive contacts with the university and is planning for education of coming generations of health workers together with Oslo Metropolitan University, forming a strong base for science and education in rehabilitation services in the future. The organisation is connected to different research networks and groups from all professions and has a large production of research articles and publications over the past three years.
- The organisation's infection control and patient safety staff, human resources, and leadership together have done a great deal of work during the pandemic, bringing information to staff, setting new routines, and spreading knowledge in a new situation. The structured way of working with performance improvement activities has shown to be a base for success in coping with the challenging situations of the pandemic. It is notable that there have been no local outbreaks of COVID-19 at the hospital.
- There is a strong patient organisation called 'brukerutvalg' that provides input to leadership in all areas concerning rehabilitation and quality of life for persons served. It is invited to participate in both planning and implementation of activities to enhance the lives of persons served in the programmes.

- The organisation's leadership has done an excellent job in combining the follow-ups of performance improvement plans from critical incidents, strategic plans, formal complaints, and health and security rounds into a tertial checkup called 'the leadership followup'. It is based upon a very broad approach to gather all of this information into one risk management plan. The risk management plan also is reflected in the strategic plan, which considers areas needing improvement both in the short-term and long-term perspectives.
- The leadership works to address opportunities for personnel to serve the patients at Sunnaas sykehus HF during different phases of the personnel's tenure with the organisation. This has shown to be helpful in the succession planning and retention of personnel in spite of challenging situations. An example of this is providing an opportunity for more experienced staff members to share their clinical experiences with their colleagues before retirement.
- Sunnaas sykehus HF has a unique way of using technology and digital solutions to expand the rehabilitation services. It forms a strong base utilising patient and stakeholder input, the innovation centre, and scientists from different fields and then works to take an idea to realisation. This is supported by leadership and super-users and with technical support systems. Sunnaas sykehus HF can now perform many activities with digital support, such as wound care at home, and this allows Sunnaas sykehus HF to share its competencies in a large geographic area across Norway.
- To positively support the advancement of rehabilitation medicine, the organisation supports and encourages participation and development in research projects in a wide variety of topics along with continued involvement in residency training. The engagement in national groups that discuss and plan for the rehabilitation services needs in Norway is evident. It has also taken this involvement to locations outside Norway, including Lebanon and Cambodia.
- The leadership and personnel demonstrate enthusiasm for their work. The pride they take in their work, their patients, and the organisation is evident. The teams are built with a high level of clinical experience and specialist competency in all different professions. At Sunnaas sykehus HF, their values professionalism, involvement, and joy are evident in everyday work.
- The spinal cord specialty programme is active in the Nordic Spinal Cord Society (NoSCos) and the International Spinal Cord Society (ISCoS). Its participation in NoSCos provides access to a national registry that it is able to utilise for comparison of outcomes as well as a series of publications, the 'ABC guidelines for spinal cord care', that are available for patient and provider education.
- Patients discharged from the spinal cord specialty programme enjoy support for life from the organisation, beginning with a brief stay to reassess their status at six months post discharge and structured follow-up involving admission to its follow-up unit after one, three, and five years, unless there are issues and concerns that warrant closer supervision and monitoring at different intervals.
- Patients in the spinal cord specialty programme benefit from access to an ongoing series of 11 topics taught by content experts from within the facility. Topics range from a discussion of the anatomy of the spinal cord presented by a physician to digital support services shared by an occupational therapist.
- Camp Spinal, both winter and summer, offers individuals with spinal cord injuries and dysfunction opportunities to participate in planned and supervised activities designed to promote their greatest independence and return to function. During overnight stays, participants may encounter situations in which they may be required to strategise solutions to architectural or other barriers,
- Patients and other stakeholders were universal in their praise for the services provided by the spinal cord specialty programmes at Sunnaas sykehus HF. Notable comments included that the programme was trusted to take care of them during their immediate primary rehabilitation and reduced fear that could be involved with discharge, that it was a source of the best support that could be had, that the staff provided inspiration and a respect for individual dignity, and that the programme and its staff demonstrated ability to support ongoing resilience.

- The organisation's inpatient programmes provide staff educators who work with leaders to identify and present relevant education and learning to staff on a regular basis. Additionally, the staff educators facilitate meetings to elicit ideas and feedback from the staff regarding performance improvement opportunities. Staff is empowered to participate in performance improvement initiatives the teams themselves have identified.
- Sunnaas sykehus HF demonstrates its commitment to supporting the participation of patients in multiple ways. Families may participate in patient meetings; observe treatment; and attend next-of-kin meetings, training, family days, and family seminars. Children are invited to a Children's Day, where children may participate in the inpatient rehabilitation process. The organisation plans engaging activities and experiences that promote education and adjustment for the patients and family members.
- The outpatient clinic and admission and outreach services demonstrated resilience and innovation during the COVID-19 pandemic by ensuring continued access to services through video consultations. This helped the programme to see an increase of 56 percent from 2019 to 2020.
- Sunnaas sykehus HF is recognised for its discharge planning procedures that include outreach to the service programmes and personnel in the patient's community to provide education and information to facilitate a successful transition. Sunnaas sykehus HF is clearly committed to providing necessary education. The Sunnaas sykehus HF team is able to provide assessment of the home and school environment of patients. This includes providing staff education to the evening teams 20 minutes before the start of shift.
- The patients served in the inpatient and outpatient stroke and cognitive rehabilitation programmes report being very pleased with the services provided. Specifically, they mentioned strong support in transitioning from the programme to services in their home community, progress they achieved, inclusion of family, and friendliness of their team.
- The brain injury specialty programme has access to and experience with utilisation of specialised state-of-the-art neurological equipment that specifically meets the unique needs of that population, including the robotics lab and digital learning lab featuring video productions, podcasts, and other media.
- The resources dedicated to sexuality, sexual health, and relationships post brain injury are comprehensive and accessible, making a significant difference in addressing the barriers patients face when opening up about this sensitive topic. In particular, the dedicated sexologists normalise and address these needs, empowering patients to access resources that will impact their quality of life.
- Sunnaas sykehus HF offers robust and well-organised adult brain injury, stroke, and spinal cord injury education to patients, including user consultants (peers), and individualises education when needed for very specific patient needs.
- The frequency of the psychological support group offered for brain injury (every two weeks) is particularly helpful to patients as they navigate life changes related to their injury. They are well attended and regarded and include user consultants and past patients.
- Patients and referral sources have an immense amount of confidence in and appreciation for the organisation's ability to provide excellent care and services. This was best captured through a comment that identified the Sunnaas sykehus HF team as 'the light that ignites the spark for getting better'.
- The Youth Council is an innovative programme at Sunnaas sykehus HF that works to promote the interest of young patients and their families. The council has provided strategies to enhance services within the hospital for children and adolescents.
- Families report being pleased with the care provided within the paediatric programme. It was evident that the families were happy, engaged, and satisfied with the staff and the programme. Families commented on how impressed they were to have such an individualised programme designed just for their child. The families reported a strong feeling of being a part of the team and included in goal setting and having a number of opportunities to have input into their child's care. Most important, one family stated that the staff went out of its way to always put a smile on the child's face.

- Stakeholders shared that staff in the paediatric unit is continually focused on ‘rehabbing the whole family and not just the patient’. They felt that this approach was of great benefit to the patient/families and produced successful outcomes well after discharge and return to home. They felt the treatment team had a good view of the whole family, including siblings. One stakeholder commented on how the brain injury education provided to the parents was key to the success and the ability of the parent to be prepared for the child to come home.
- The paediatric treatment team is a dedicated, positive, and energised group of professionals who are proud of the care they provide to patients and families. The team was open, honest, engaged, and forward thinking throughout the survey process. The power and strength of the teamwork and camaraderie among all team members were evident. The paediatric team provides quality care while maintaining a nurturing, caring, and positive atmosphere for the patients and their families.

## 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 and 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 and responsibilities
- Person-centred philosophy
- Organisational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organisational fundraising, if applicable

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- The organisation has identified in its strategic plan that it expects there will be a growing number of elderly patients in its rehabilitation services in the future. The organisation is encouraged to find and highlight any special needs for this group now and in the future so that its programme might be able to address these needs. The organisation could define if there will be needs for other services, adapted training, or separate health information that is special for this group. It could also include if there are any special preventative efforts that could be provided to prevent injury and multi-trauma among the elderly population in society or if there are other actions that might be needed to meet the needs of this group.

## **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**

- Environmental considerations
- Strategic plan development, implementation, and periodic review

### **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**

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

### **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 obligations
- Response to legal action
- Confidentiality and security of records

### 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

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### 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

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

## 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

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### Recommendations

#### 1.H.1.

The organisation overall maintains a healthy and safe environment; however, there were some opportunities for improvement. The different locations have access to fire extinguishers and evacuation routes. However, at the location in Aker, there were places where furniture blocked the access to a fire hose, and one fire extinguisher was not safely attached to the wall. It was also observed at a location that there was training equipment blocking easy access to the fire hose and heart defibrillator, and there was furniture on the stairs, which could be a potential risk in case of an evacuation procedure. The organisation is urged to maintain a healthy and safe environment at all locations. The organisation could, for example, review furniture and equipment storage to ensure that they are not blocking safety equipment and evacuation routes. The organisation could consider utilising flexible chairs for the stairs that could be flipped up against the wall when not in use. In addition, the accessible toilets at both locations did not have alarm systems adjusted for easy access from sitting positions and/or that could be possibly reached from floor. The organisation is encouraged to ensure that alarm systems are working and can be accessed in situations when patients need help.

**1.H.7.a.(1)****1.H.7.a.(2)****1.H.7.b.****1.H.7.c.(1)****1.H.7.c.(2)****1.H.7.c.(3)****1.H.7.c.(4)****1.H.7.c.(5)****1.H.7.d.**

The organisation is urged to conduct unannounced tests of each emergency procedure at least annually on each shift at each location that include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. Each test should be analysed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. The analysis should be evidenced in writing. The organisation is encouraged to utilise situations that have occurred, such as critical incidents, as a test of its procedures by completing a written analysis of the event with the actions needed and taken and the follow-up. The organisation could also conduct small, unannounced scenarios via a tabletop test instead of more complex activities.

**1.H.9.b.**

There is ready access to first aid equipment at most locations and programmes. However, in the Aker location, the heart defibrillator was somewhat hidden behind two doors, and it could be a factor for delay in first aid situations. It is recommended that the organisation ensure that there is ready access to first aid equipment.

**1.H.15.a.(1)****1.H.15.a.(2)****1.H.15.b.(1)****1.H.15.b.(2)****1.H.15.b.(3)**

There are some examples of inspections done at the Nesoddtangen location by external authorities; however, comprehensive health and safety inspections have not been completed annually in all locations, including written reports with the results. It is recommended that the organisation conduct comprehensive health and safety inspections at least annually by a qualified external authority and that these inspections result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

**Consultation**

- The organisation might want to consider using fire evacuation sheets to make it easier to transport a patient rather than transporting on a mattress, which is its current evacuation process. This could be especially helpful if the situation were to require an evacuation of patients down flights of stairs.
- There is a swimming pool at the location in Nesoddtangen, and the organisation is encouraged to develop written procedures that address how to save a person that is unconscious or who might be experiencing heart failure when in the water. This could be a potentially hard situation to manage without advance information and/or training.
- The organisation is encouraged to explore the use of portable alarm systems for areas where alarms are not currently available but could have potentially threatening situations. There are different portable alarm systems that could be a valuable extra safety feature when patients become agitated or when a team member is in a situation where help is readily needed.

- The organisation transports patients in a bus in winter when cold temperatures and snowy conditions are likely. It is possible that the bus could get stuck in this type of weather. In such a situation, it could be important to be able to use a shovel to remove snow or provide warm blankets for patients if there is a need for evacuation from the bus. The organisation is encouraged to review what equipment or supplies might be needed in the vehicle in the winter months to ensure the safety of the persons served.
- The organisation implements routines for disinfection of furniture and materials all over the hospital. However there is a risk that the storage of bottles with disinfectant could be dangerous if a patient with cognitive disabilities or children or adolescents accessed these bottles. The organisation is encouraged to review the storage of the disinfectants; for example, placing them in high places or out of reach for patients and visitors but still accessible for personnel that use them for cleaning and hygiene control.
- There are nice and inviting outdoor barbecue areas. These stations have large gas tubes for anyone to use. The organisation is encouraged to think about how to secure these to avoid any potential risks for all users, patients, or other persons who could come in contact with the gas or flammable items.

## 1.I. Workforce Development and Management

### Description

CARF-accredited organisations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organisation. Organisational effectiveness depends on the organisation's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organisation describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organisational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

### Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

### Recommendations

There are no recommendations in this area.

## 1.J. Technology

### Description

Guided by leadership and a shared vision, CARF-accredited organisations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

## Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Provision of information related to ICT, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

## Recommendations

### 1.J.4.a.

### 1.J.4.b.(1)

### 1.J.4.b.(2)

### 1.J.4.b.(3)

### 1.J.4.b.(4)

### 1.J.4.b.(5)

### 1.J.4.b.(6)

### 1.J.4.c.

There are disaster recovery tests done by the owner of the data system for records. However, the organisation has not done annual tests of its procedures for business continuity. It is recommended that the organisation conduct a test of the procedures for business continuity/disaster recovery at least annually that is analysed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and any necessary education and training of personnel. The test and analysis should be evidenced in writing. The organisation could consider doing a test of how to work a full day or a half day in the hospital if computers or data recordkeeping systems were not working, as this could happen at any time.

## Consultation

- The organisation could consider collecting more information about how stakeholders would like technical or digital services to be better performed in the future compared to what is currently happening. This could be valuable input to the already extensive work on new innovations and digital solutions that is going on at Sunnaas sykehus HF. The input could, for example, address the needs from different health professionals, teams, and organisations and from other rehabilitation sites and levels of care.

## 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

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

### Recommendations

There are no recommendations in this area.

## Consultation

- The paediatric programmes could consider exploring ways of communicating rights to children served using age-appropriate information. One example to achieve this is the website [www.nobab.se](http://www.nobab.se), as it has communicated the rights for children who have health and medical care needs with the help of pictures and age-appropriate language.
- It is suggested that the organisation consider analysing the formal complaints separately for each programme to better be able to identify problems or different trends or areas for performance improvement in different programmes.
- The organisation reports that there have been formal complaints about the lack of availability of accessing physiotherapy services in the evenings. Patients have also indicated that they would like to be able to have more activities in evenings. The organisation could consider providing some additional activities in evenings for the patients and look into how it might be able to staff these activities.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

### Recommendations

#### 1.L.3.d.

Requests for reasonable accommodations are identified in all programmes and reviewed and decided upon; however, the accommodations are not documented. It is recommended that requests for reasonable accommodations be documented. This could be helpful in identifying if the request is common and may need a more lasting accessibility action plan that is available for all patients and other stakeholders.

### Consultation

- It is suggested that the organisation track groups of patients that are not able to use all the new technology and digital systems that are currently available and assist with finding solutions for this population; for example, young children without digital banque identification or elderly persons who are not able to or do not use mobile phones or computers.

## 1.M. Performance Measurement and Management

### Description

CARF-accredited organisations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organisation can act on to improve results for the persons served, other stakeholders, and the organisation itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.

- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organisation.

### **Key Areas Addressed**

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

### **Recommendations**

#### **1.M.3.a.(2)(b)**

#### **1.M.3.a.(2)(c)**

#### **1.M.3.a.(2)(d)**

#### **1.M.3.a.(2)(e)**

Although the organisation implements a performance measurement and management plan that addresses the identification of measures for service delivery objectives, including experience of services and other feedback from persons served and other stakeholders, the resources used to achieve results for the persons served (efficiency), and service access, this is not consistently done across all programmes seeking accreditation. It is recommended that the organisation implement a performance measurement and management plan that addresses, for each programme/service seeking accreditation, the identification of measures for service delivery objectives, including experience of services received and other feedback from persons served, experience of services and other feedback from other stakeholders, the resources used to achieve results for the persons served (efficiency), and service access.

#### **1.M.5.a.**

#### **1.M.5.b.(1)**

#### **1.M.5.b.(2)**

#### **1.M.5.b.(3)**

#### **1.M.5.b.(4)**

#### **1.M.5.b.(5)**

Although many of the programmes are measuring experience of services received and other feedback from the persons served, this is not being completed for three of the outpatient programmes or for one for the paediatric programmes. To measure experience of services received and other feedback from the persons served, each programme seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s) responsible for collecting the data, the source(s) from which data will be collected, the identification of relevant timeframes for collection of data, and a performance target that is based on the organisation's performance history or established by the organisation or a stakeholder or is based on an industry benchmark.

**1.M.6.a.**

**1.M.6.b.(1)**

**1.M.6.b.(2)**

**1.M.6.b.(3)**

**1.M.6.b.(4)**

**1.M.6.b.(5)**

To measure experience of services and other feedback from other stakeholders, each programme seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s) responsible for collecting the data, the source(s) from which data will be collected, the identification of relevant timeframes for collection of data, and a performance target that is based on the organisation's performance history or established by the organisation or a stakeholder or is based on an industry benchmark.

**1.M.7.a.**

**1.M.7.b.(1)**

**1.M.7.b.(2)**

**1.M.7.b.(3)**

**1.M.7.b.(4)**

**1.M.7.b.(5)**

Although some of the programmes are measuring the resources used to achieve results for the persons served (efficiency) this is not being done consistently at the level of each of the accredited programmes. To measure the resources used to achieve results for the persons served (efficiency), each programme seeking accreditation should document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s) responsible for collecting the data, the source(s) from which data will be collected, the identification of relevant timeframes for collection of data, and a performance target that is based on the organisation's performance history or established by the organisation or a stakeholder or is based on an industry benchmark.

**1.M.8.a.**

**1.M.8.b.(1)**

**1.M.8.b.(2)**

**1.M.8.b.(3)**

**1.M.8.b.(4)**

**1.M.8.b.(5)**

Although many of the programmes are measuring service access, this is not being done consistently at the level of each of the accredited programmes. To measure service access, each programme seeking accreditation should document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s) responsible for collecting the data, the source(s) from which data will be collected, the identification of relevant timeframes for collection of data, and a performance target that is based on the organisation's performance history or established by the organisation or a stakeholder or is based on an industry benchmark.

**Consultation**

- Although there are follow-up reports from the different programmes, it might be helpful to highlight one or two priority follow-up measures in the quality report and in the data that is shared with persons served and other stakeholders to encourage and motivate persons served to demonstrate that rehabilitation is worth the effort. Examples might include persons served returning to a high-quality life and effects that last long after discharge.

- The organisation could consider choosing objectives for life satisfaction or other patient-reported outcomes measures that reflect the patient’s coping ability and evaluation of quality of life or participation. The organisation already promotes these as important goals for its services, so it is encouraged to also evaluate this in the outcomes of the rehabilitation services.

## 1.N. Performance Improvement

### Description

CARF-accredited organisations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programmes and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

### Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve programme/service quality and make decisions
- Communication of performance information

### Recommendations

1.N.1.a.

1.N.1.b.

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

1.N.1.c.(4)

1.N.1.c.(5)

1.N.1.d.(1)

1.N.1.d.(2)

1.N.1.e.(1)

1.N.1.e.(2)

1.N.1.e.(3)

1.N.1.f.(1)

1.N.1.f.(2)

1.N.1.f.(3)

1.N.1.f.(4)

The analysis of service delivery performance is documented and completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan in most of the programmes but was not consistently addressed for all programmes seeking accreditation. It is recommended that a written analysis of service delivery performance be completed at least annually in accordance with the timeframes outlined in the performance measurement and management plan for each programme seeking accreditation and address service delivery indicators, including, at a minimum, the results achieved for the persons served (effectiveness), the experience of services received and other feedback from the persons served, the experience of services and other feedback from other stakeholders, the resources used to achieve results for the persons served (efficiency), and service access. The analysis of each programme should incorporate the characteristics of the persons served and impact of extenuating or influencing factors; include a comparative analysis, identification of

trends, and identification of causes; and be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

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

### **Description**

The fundamental responsibilities of the organisation are to effect positive change in functional ability and independence and self-reliance across environments, while protecting and promoting the rights of the persons served. The persons served should be treated with dignity and respect at all times. All personnel are able to demonstrate their awareness of the rights of the persons served as well as their own rights. The rehabilitation and service process is delivered by an integrated team that includes the person served. The process focuses on clarity of information, efficient use of resources, reduction of redundancy in service delivery, achievement of predicted outcomes, and reintegration of the person served into the person's community of choice.

### **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.(1)
- 2.A.1.a.(2)
- 2.A.1.a.(3)
- 2.A.1.a.(4)
- 2.A.1.a.(5)
- 2.A.1.a.(6)
- 2.A.1.a.(7)
- 2.A.1.a.(8)
- 2.A.1.a.(9)
- 2.A.1.b.(1)
- 2.A.1.b.(2)
- 2.A.1.b.(3)
- 2.A.1.b.(4)
- 2.A.1.b.(5)
- 2.A.1.b.(6)
- 2.A.1.c.
- 2.A.1.d.

Although most of the programmes document and share the parameters regarding their scope of services, the inpatient paediatric programme does not. It is recommended that the inpatient rehabilitation paediatric specialty programme document the parameters of its scope of service, including the population served; settings; hours and days of services; frequency of services; payer and funding sources; fees; referral sources; and the specific services

offered, including whether the services are provided directly, by contract, or by referral. The inpatient rehabilitation paediatric specialty programme should then share relevant information about the scope of services with the patients, families/support systems, referral sources, payers and funding sources, other relevant stakeholders, and the general public. The inpatient rehabilitation paediatric specialty programme should review the scope of services at least annually and update it as necessary.

#### **2.A.3.b.**

Although the programmes document the entry criteria and exit criteria based on the scope of each programme, it is also recommended that the programmes document the transition criteria.

#### **2.A.12.c.**

#### **2.A.12.d.**

#### **2.A.12.e.**

While leadership embraces continuous learning and offers large amounts of training, it does not consistently measure satisfaction, effectiveness, or performance improvement. It is recommended that the organisation measure the satisfaction of personnel with the learning opportunities provided, measure the effectiveness of the learning opportunities, and address performance improvement of the learning environment as needed. This could be done by adding these specific measures to the course-specific feedback forms or could also be assessed during annual performance reviews with personnel when discussing their learning preferences, education goals, and overall clinical competencies.

#### **2.A.26.a.(1)**

#### **2.A.26.a.(2)**

#### **2.A.26.a.(3)**

#### **2.A.26.b.(1)(a)**

#### **2.A.26.b.(1)(b)**

#### **2.A.26.b.(1)(c)**

#### **2.A.26.b.(2)**

#### **2.A.26.b.(3)**

#### **2.A.26.b.(4)**

#### **2.A.26.b.(5)(a)**

#### **2.A.26.b.(5)(b)**

#### **2.A.26.b.(5)(c)**

It is recommended that the inpatient rehabilitation paediatric specialty programme gather information on each patient, including information on wounds present at admission to the programme that improved during the programme, wounds present at admission to the programme that worsened during the programme, and new wounds that developed during the programme. It is also recommended that this programme, at least annually, conduct a written analysis that includes performance in relationship to established targets for wounds present at admission to the programme that improved during the programme, wounds present at admission to the programme that worsened during the programme, and new wounds that developed during the programme and that addresses trends; actions for improvement; results of performance improvement plans; and any necessary education and training for patients, families/support systems, and personnel.

### **Consultation**

- It is suggested that the programmes re-evaluate and possibly expand the definition of what constitutes a wound and then revise the definition of what constitutes a wound in their written protocols.

## **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
- Behaviour management
- Records of the persons served

### **Recommendations**

#### **2.B.35.c.(1)(a)**

#### **2.B.35.c.(1)(b)**

#### **2.B.35.c.(2)**

Although it is recognised that the Norwegian health system shares information among providers and that patients also have access to these records electronically, it is recommended that if the person served does not have a system or tool in place, the inpatient programmes provide education on the importance of having such a system or tool to each patient and family or support system and assist the person served to develop a system or tool to record personal health information that addresses the person's unique needs. Doing so could provide valuable information when there is need in an emergency or even when travelling outside of the country or in areas where there might not be access to electronic connections. Patients could be provided with information on easy-to-use apps for their phones or easy-to-complete forms that could be physically carried with them.

#### **2.B.36.**

Although it is recognised that the Norwegian health system shares information among providers and that patients also have access to these records electronically, it is recommended that the outpatient programmes nonetheless provide each patient and family or support system with information regarding the importance of developing and updating a record of personal health information that addresses their unique needs. Doing so could provide valuable information when there is need in an emergency or even when travelling outside of the country or in areas where there might not be access to electronic connections. Patients could be provided with information on easy-to-use apps for their phones or easy-to-complete forms that could be physically carried with them.

#### **2.B.38.a.(3)**

#### **2.B.38.a.(4)**

Although all programmes are providing patients with information from the performance measurement and management system that addresses patient characteristics, the number of patients served within a stated period of time, disposition at discharge/transition, results achieved for the patients in the programme, experiences of services received and other feedback from patients, and unplanned transfers to acute medical facilities, it is also recommended that the outpatient programmes provide information regarding the number of average visits per service and that the inpatient programmes include the average number of hours of treatment provided per day. The numbers could be presented as a range that could then assist in representing the intensity of the service to be expected.

#### **2.B.45.I.(1)**

#### **2.B.45.I.(2)**

Although discussions provided evidence that there is education being provided to patients and/or their families/support systems regarding their medications, it is recommended that the medical record of each patient include evidence that the education provided to patients and families/support systems, as appropriate, has been understood.

#### **2.B.46.a.**

#### **2.B.46.b.(1)**

#### **2.B.46.b.(2)**

#### **2.B.46.b.(3)**

#### **2.B.46.c.(1)(a)**

#### **2.B.46.c.(1)(b)**

#### **2.B.46.c.(1)(c)**

#### **2.B.46.c.(2)**

#### **2.B.46.c.(3)**

#### **2.B.46.c.(4)**

#### **2.B.46.c.(5)**

Although it was evident that a written analysis of a representative sample of patient records had been completed for the comprehensive inpatient rehabilitation programme over the last three years and that there was an established process identified for the completion of a similar review of a representative sample in each of the other programmes, it was not evident that the reviews had in fact been completed for the other programmes. It is recommended that at least annually there be a written analysis of a representative sample of patient records for each programme that includes whether documentation is being completed in accordance with the organisation's policies, regulatory requirements (if applicable), and CARF documentation requirements. The analysis should address performance in relationship to established targets for documentation completed in accordance with the organisation's policies, regulatory requirements (if applicable), and CARF documentation requirements; trends; actions for improvement; results of performance improvement plans; and any necessary education and training of personnel.

### **Consultation**

- The scope of services provided at Sunnaas sykehus HF is available on the website; however, it is embedded among other programme information and not easily discernible. Feedback provided from stakeholders indicates Sunnaas sykehus HF could benefit from creating simplified scope statements for each programme that clearly articulate and disclose accurate information about the parameters of services provided within each programme.

## **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
- Personnel demonstrate competency in limb loss, acquired brain injury, or spinal cord injury
- Provision or linkages with other entities for specialty services

### **Recommendations**

There are no recommendations in this area.

# 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 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.

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.1.e.(1)

### 3.A.1.e.(2)

### 3.A.1.e.(3)

### 3.A.1.e.(4)

The comprehensive integrated inpatient rehabilitation programme documents and shares information about its specific arrangements for medical, diagnostic, laboratory, and pharmacy services; however, this information does not address the availability on site, capacity, timelessness of response to orders, and timeliness of results to the clinician who is making the decision based on the results. It is recommended that Sunnaas sykehus HF include information to address the availability on site, capacity, timelessness of response to orders, and timeliness of results to the clinician who is making the decision based on the results in its documents regarding medical, diagnostic, laboratory, and pharmacy services. It is suggested that this information then be added to its website in the 'Practical Information' area.

### 3.A.4.b.

Sunnaas sykehus HF defines its admission process to the stroke, brain injury, traumatic rehabilitation, spinal cord, and paediatric specialty programmes. The programmes should also define its continuing stay criteria.

### 3.A.16.a.

### 3.A.16.b.(1)

### 3.A.16.b.(2)

### 3.A.16.b.(3)

### 3.A.16.b.(4)

### 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)

To assess the durability of the outcomes achieved, the inpatient paediatric specialty programme and brain injury paediatric specialty programme should define their timeframe for collecting long-term follow-up information on the person served and systematically gather information on the patients, including information on activity, environment, health status, and participation. It is also recommended that, at least annually, the programmes conduct a written analysis that addresses performance in relationship to established targets for activity, environment, health status, and participation that addresses trends; actions for improvement; results of performance improvement plans; and any necessary education and training for persons served, families/support systems, and healthcare providers.

## 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
- Types and provision of services
- Analysis of no-shows, cancellations, and dropouts

### **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)**

Although the organisation has an annual written analysis of no-shows, cancellations, and dropouts for outpatient services, including trends, actions for improvement, and results of performance improvement plans, the organisation should break down this information by each programme seeking accreditation: stroke, spinal cord injury, brain injury, and paediatric services. The written analysis for each outpatient medical rehabilitation programme should also include trends; actions for improvement; results of performance improvement plans; and any necessary education and training of persons served, families, and personnel.

# Section 4. Specialty Programme Designation Standards

## 4.A. Paediatric Specialty Programme

### Description

The essence of a Paediatric Specialty Programme is family-centred care. Family-centred care is defined as having eight critical components. They are:

- Recognition that the family/support system is the constant in the child's life, while the service systems and personnel within those systems fluctuate.
- Facilitation of family/support system—professional collaboration at all levels of care.
- Sharing of unbiased and complete information with the family/support system about the child's care on an ongoing basis, in an appropriate and supportive manner.
- Implementation of appropriate policies and programmes that are comprehensive and provide emotional and financial support to meet the needs of families/support systems.
- Recognition of family/support system strengths and individuality and respect for different methods of coping.
- Understanding and incorporating the developmental needs of infants, children, and adolescents and their families/support systems into healthcare systems.
- Encouragement of parent-to-parent support.
- Assurance that the design of healthcare delivery systems is flexible, accessible, and responsive to family/support system needs. [Adapted from T.L. Shelton, E.S. Jeppson, and B.H. Johnson, *Family-Centered Care for Children with Special Health Care Needs*. (Washington: Association for the Care of Children's Health, 1987).]

Paediatric Specialty Programmes are culturally sensitive, interdisciplinary, coordinated, and focused on outcomes. These programmes serve children/adolescents who have significant functional limitations as a result of acquired or congenital impairments. The programmes use an individualised, developmental, and age-appropriate approach to rehabilitation that ensures that care focuses on preventing further impairment, reducing activity limitations, and minimising participation restrictions while maximising growth and development. The programmes encompass care that enhances the life of each child/adolescent served within the family, school, and community. A major focus is on providing developmentally appropriate care that acknowledges each child's/adolescent's need to learn and play.

### Key Areas Addressed

- Collaboration of children/adolescents and families served in decision making
- Family involvement throughout programme
- Developmentally, culturally, and age-appropriate programmes
- Competencies of personnel
- Education and training of the children/adolescents served and their families/support systems
- Programme-specific information-gathering requirements
- Communication with the school system
- Input into the overall programme related to medical issues
- Opportunity for families to remain with children/adolescents 24 hours a day (inpatient or residential)

### Recommendations

There are no recommendations in this area.

## Consultation

- It is suggested that the inpatient rehabilitation paediatric specialty programme expand the parent-to-parent, family-to-family, and peer-to-peer support programme to cover a larger variety of diagnoses, ages, and genders.

## 4.C. 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

### 4.C.28.a.

### 4.C.28.b.

### 4.C.28.c.

### 4.C.28.d.

The brain injury specialty programme works with patients to address personal emergency preparedness plans; however, there is no evidence it works with community leaders in emergency preparedness. It is recommended that the programme work with community leaders in emergency preparedness regarding the unique needs of persons with brain injury to address emergency preparedness, evacuation, shelter, and recovery. The organisation could investigate Norway organisations that plan and prepare for large-scale disasters such as flood or avalanche and participate as a partner and as a brain injury expert resource to help develop appropriate response strategies for the unique needs of this population.

## 4.E. 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 disability are 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

4.E.15.a.(1)

4.E.15.a.(2)

4.E.15.a.(3)

4.E.15.b.(1)

4.E.15.b.(2)

Although the organisation has identified two individuals to serve in the capacity of educational consultants or peer supporters for the spinal cord specialty programme, these individuals do not reflect the characteristics of many patients seen in the programme. Patients also may have informal access to peers through educational and recreational activities; however, there is no certainty that the participants will necessarily reflect the characteristics and preferences. As noted in the previous survey, it is recommended that the spinal cord specialty programme provide peer support services that reflect the characteristics of the persons served and address their preferences, choices, and needs. The spinal cord specialty programme should engage the peer supporters in the individual patients' rehabilitation process that includes, but is not limited to, support and education. Compiling a list of interested individuals from its existing past or present patients, who could then participate in training to truly and consistently understand the role of the peer in the rehabilitation process and the boundaries and confidentiality that could be required, could assist the programme to better match the peer to the patient not only in terms of physical ability but also age, gender, and interests. Local or regional spinal cord groups could also be a source of interest.

## Consultation

- The spinal cord specialty programme has the unique opportunity to see its patients at various times after discharge and access their abilities and/or ongoing challenges. The programme is encouraged to continue to leverage this opportunity to gather data that it could then use for greater analysis to support changes for its primary programme. This could include the identification of enhanced educational offerings for patients or healthcare providers in the communities they are returning to. When considering these opportunities, there could then be the ability to assess the effectiveness of the change during subsequent review of the data.

## 4.F. 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
- Evidence of long-term positive outcomes

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- The organisation has many diverse services to meet the needs of the patients served in the stroke specialty programme. The provision of services for visual deficits is one area currently addressed by the occupational therapy team. The organisation has identified a frequent need for enhanced services for persons with visual deficits and a long wait for consultations by professionals in the community, Sunnaas sykehus HF may wish to consider development of enhanced visual services in its outpatient programme. These services may assist patients with low vision as well as visual deficits following stroke and brain injury.

# Programme(s)/Service(s) by Location

## Sunnaas sykehus HF

Bjornemyrveien 11  
1450 Nesoddtangen  
NORWAY

Inpatient Rehabilitation Programmes - Hospital (Adults)  
Inpatient Rehabilitation Programmes - Hospital (Paediatric Specialty Programme)  
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Adults)  
Inpatient Rehabilitation Programmes - Hospital: Brain Injury Specialty Programme (Paediatric Specialty Programme)  
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Adults)  
Inpatient Rehabilitation Programmes - Hospital: Spinal Cord Specialty Programme (Paediatric Specialty Programme)  
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)

## 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)