

**CARF  
Survey Report  
for  
Sunnaas sykehus  
HF**

**Organisation**

Sunnaas sykehus HF  
Bjornemyrveien 11  
1450 Nesoddtangen  
NORWAY

**Organisational Leadership**

Gøril Otterlei, Quality Manager

**Survey Dates**

September 23-25, 2015

**Survey Team**

Gary R. Ulicny, Ph.D., Administrative Surveyor

Lisa A. Beck, APRN, CNS, Programme Surveyor

Ellynn Brouwers, M.A., CRC, CBIS, Programme Surveyor

Craig Anmuth, D.O., Programme Surveyor

Dennis Polygenis, B.Sc., PT, MCPA, Programme Surveyor

**Programmes/Services 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 System of Care (Adults)

Inpatient Rehabilitation Programmes - Hospital: Spinal Cord System of Care (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: Brain Injury Specialty Programme (Children and Adolescents)

Interdisciplinary Outpatient Medical Rehabilitation Programmes: Spinal Cord System of Care (Adults)

Interdisciplinary Outpatient Medical Rehabilitation Programmes: Spinal Cord System of Care (Children and Adolescents)

Interdisciplinary Outpatient Medical Rehabilitation Programmes: Stroke Specialty Programme (Adults)

Interdisciplinary Pain Rehabilitation Programmes - Inpatient (Adults)

*Governance Standards Applied*



**Three-Year Accreditation**

**Previous Survey**

May 14-16, 2012  
Three-Year Accreditation

**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: June 30, 2018**

# SURVEY SUMMARY

## Sunnaas sykehus HF has strengths in many areas.

- The organisation has an involved board that is active in many areas of the organisation. The leadership values education as evidenced by developing the Competency Centre and Innovation Centre and other opportunities for staff to receive continuing education. The Diversity Programme is well established with trained ambassadors who receive special training in the area of diversity located throughout the organisation.
- The organisation is recognised for its board composition, which includes employees and persons served and operates in a totally transparent manner.
- The organisation has strategic goals for both the region and the hospital itself. These goals are shared with all stakeholders on the internet.
- As part of the process to gain input from persons served, the organisation has a well-developed users group. The users group receives all information, including financial and strategic, that would be presented to the hospital board and has an opportunity to provide input and feedback in those areas.
- The organisation has detailed financial information and projections out 30 years and a sound financial position, which allowed it to build a new building for persons served.
- The organisation has a well-tenured staff that has demonstrated competency in a variety of areas. It is clear that the staff is both compassionate and person centred in its delivery of care. A major strength is development of the Competency Centre, which provides ongoing continuing education in a systematic plan to all employees.
- The organisation has implemented a telemedicine programme and is recognised for meeting quality standards in this area.
- The organisation is complimented for outlining its data collection areas and indicators for future analysis.
- A strength is the support that Norway provides to persons with disabilities with advocacy from Sunnaas sykehus HF.
- The respect and support that the organisation shows to the persons served and their families are strengths. Examples are the current assistance for family housing needs and the plan to support family housing needs in the future.
- The brain injury specialty programmes for adults and children and adolescents are led by passionate and qualified leadership. The medical directors of the inpatient brain injury and paediatric programmes, the programme managers, case coordinators, nursing staff, and rehabilitation therapy staff are experienced in their fields and dedicated to their teams and the persons and families they serve. The teams are enthusiastic, tenured, and involved in the growth and development of their programme.
- Carefully crafted multidisciplinary treatment guidelines for the brain injury specialty programme are a strength. Evidence-based clinical pathways for persons who are in a minimally conscious stage, in a post-traumatic confusion stage, and a severe cognitive impairment stage have been established that are well designed. Attention is paid to environmental management of arousal and confusion and agitation.

- The separate programme design for post-acute cognitive rehabilitation is a strength. The focus on peer counselling, brain injury education, and peer support along with cognitive rehabilitation is strong.
- The new unit is beautiful and functional, including an adaptive environment and track system, and stations for monitoring of persons served use the newest and best in barrier-free design.
- The use of teleconferencing to connect persons served to their community care team for transition planning is a strength.
- The programme takes pride in its long-term service to persons with severe disability through the provision of single and/or serial admissions to the brain injury programme and to the cognitive rehabilitation programme. The practice of one-year follow-up admissions for re-assessment and further teaching is unique and allows for comprehensive re-assessment and teaching after the person served/family has had the experience of community living.
- The programme is recognised for its creative community advocacy to prevent brain injury by promoting the use of helmets for recreation and sports through social media. The programme also advocated for more residential assisted living service space in a private programme and was successful in this endeavour.
- The programme has a successful organised education programme about brain injury called “the next of kin seminar day” for the purpose of educating families about brain injury.
- The Sunnaas sykehus HF pressure ulcer team offers comprehensive education and care to persons with spinal cord injury through the continuum of care. The staff is involved in the classes on pressure ulcers, and it works with home care agencies via telemedicine to assist in wound care/management. This programme allows persons served to have wounds managed in the home setting, thus avoiding admission to the hospital for these services. It also works closely with persons served after flap closure, providing rehabilitation and advanced sitting skills until the person is ready to be dismissed home successfully.
- Sunnaas sykehus HF has hired peer mentors on staff, who indicate they have found their “dream job.” They are essential in the educational classes, providing not only the information content but also their life skill findings. The persons served appreciate having staff that can help them cope and understand living with spinal cord injury. The peer mentors also discuss bowel, bladder, and sexual health. They also provide suggestions on skills such as demonstration of transfers from floor to chair or dressing techniques.
- Sunnaas sykehus HF is decorating its new rooms for persons served with art projects from former persons served in its “I was here” project. This project provides the persons served a way to give back to Sunnaas sykehus HF and leave their legacy of successfully completing the programme.
- The spinal cord system of care (SCSC) programme director meets with the persons served and families in the facility twice a year. This is an open forum for those served to provide feedback about the programme, facility, and care they received.
- Sunnaas sykehus HF has created a child/adolescent unit, which opened this year. Previous children served were dispersed throughout the hospital among adults, with little opportunity for peer contact. The new unit provides contiguous rooms and allows the children to meet and support each other in a paediatric setting that is formatted to both children and adolescents.
- Nursing and nutrition staff members are working diligently on helping persons served maintain a healthy weight while in the hospital. They are developing a tool to calculate the number of calories needed per person dependent on his/her level of injury and then assisting the person

served in food selections and quantity. This is important information to be addressed early after spinal cord injury, as lifelong issues can be problematic with obesity, which can result in further complications of diabetes and cardiovascular disease in spinal cord injury.

- The Aker Helsearena 2015 is an organised exercise programme provided to persons with paraplegia. This pilot programme has been assessed by the research physiotherapist. The research results suggested the programme provided a sense of belonging for participants, who achieved their goals, and provided opportunity for self-efficacy. The future plans include the opportunity for virtual access to join the workout, a circuit training section, and forums for ongoing consumer education.
- The comprehensive integrated inpatient rehabilitation programme (CIIRP) and interdisciplinary pain rehabilitation programmes have enthusiastic leaders who are well qualified and dedicated to the provision of quality rehabilitation services.
- A review of records shows that the persons served are at the appropriate level within the continuum of care.
- The CIIRP and interdisciplinary pain rehabilitation programme have the benefit of a dedicated, cohesive treatment team that demonstrates a commitment to the programmes' mission and to the needs of the persons served.
- The treatment team is communicating effectively with one another on the units, in team meetings, and through the electronic health record.
- The programmes have procedures and policies in place to safeguard the persons served, protecting their rights and providing care without the use of restrictive procedures.
- Well-qualified medical directors of the CIIRP and interdisciplinary pain rehabilitation programme are involved in care of persons served and provide appropriate oversight to the programmes.
- The nursing and therapy members of the team are well educated in the specialised services available through the programmes and have many years of combined expertise. They understand and respect each other's strengths and the contribution each can bring to the care of the persons served. There is good retention and high levels of staff satisfaction.
- Various leisure activity training opportunities are available on site, including art, photography, woodworking, and therapeutic recreation. These activities are used to enhance rehabilitation outcomes and goals achieved.
- Sunnaas sykehus HF is recognised for its role in advancing the field of rehabilitation research by allocating funding, offering resources for master's and Ph.D. training, and the creation of research network links with rehabilitation hospitals in other countries.
- Persons served are highly satisfied with the interdisciplinary pain rehabilitation programme and the coping skills acquired during their stay. There are ample opportunities to interact with one another and share experiences with techniques learned and acquired during the admission.
- The interdisciplinary pain rehabilitation programme is flexible and organised to allow subsequent admissions for the person served to refresh and expand on current management techniques.
- The persons served are satisfied with the care they receive. All of the persons served expressed that their individual team was addressing goals and that they were an integral part of the team. The families of the persons served also reported that they were an integral part of the team.
- Goal setting for the person served is an integral part of the continuum of care. Goals are functional and reviewed at regular and appropriate intervals.

- All inpatient staff actively demonstrates a dedication to providing quality care to persons served in an interdisciplinary approach through strong communication systems identified both formally and informally.
- The medical staff, administrators, and nursing/therapy leaders are well versed on rehabilitation topics and have demonstrated their investment to the programmes with numerous years of experience.
- The outpatient programme offers an innovative Constraint-Induced Language Therapy programme for the treatment of chronic aphasia and is currently conducting research in this area.

**In the following areas Sunnaas sykehus HF demonstrates exemplary conformance to the standards.**

- The organisation demonstrated exemplary conformance to standards by developing an Innovation Centre and Competency Centre to ensure that it remains on the cutting edge of evidence-based rehabilitation service delivery. The Innovation Centre is a stand-alone entity responsible for developing and seeking out evidence-based practice and implementing its findings. The Competency Centre is responsible for developing evidence-based competencies and ensuring that all staff members meet these as well as seeking out and developing optimal practice training so that staff has access to new treatments and technologies. The board has made significant resource allocations to both of these centres to ensure their sustainability.
- In response to the last survey, the organisation developed a well-thought-out Diversity Programme that provides a comprehensive diversity plan. The plan includes education and training for all staff, but the thing that sets this programme apart is the creation of cultural ambassadors who are specially trained staff members in each area who have received advanced training and are a valuable resource to other staff. When a person served from a different culture is admitted, the ambassadors take a leadership role in ensuring that all staff members have a clear understanding of issues related to cultural diversity.
- The organisation recently built a new wing of the hospital, which was designed in an extremely accessible and person-centred way. The building was designed from the ground up from a person-centred perspective. Some of the features are colour-coded way-finding aids and modular bathroom fixtures that can be easily moved based on the needs of the persons served. The organisation is also commended for building this without taking on a huge amount of debt and ensuring that persons served had an accessible, cheerful, and friendly place in which to receive rehabilitation services. The building replaces an existing building and is designed specifically for persons served. The organisation is also commended for involving its advisory board of persons served, which was an active participant in its design.

**Sunnaas sykehus HF should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.**

On balance, Sunnaas sykehus HF enjoys a reputation for providing quality and innovative services to persons served. The organisation has developed programmes such as its Competency Centre and Innovation Centre that are allowing it to begin to integrate evidence-based practice into its everyday rehabilitation programmes. The organisation recently built a new wing of the hospital that is extraordinary. The new wing features extremely accessible environments, including bathrooms that have modular equipment that can be moved based on the needs of the person served. The

organisation demonstrates a true commitment to privacy and person-centred care. The organisation has opportunities for improvement in the areas of gathering input from other stakeholders, analysis of information and records of the persons served in all programmes, unannounced tests of all emergency procedures, age-appropriate satisfaction tools, and enhancement of pre-admission screening. Sunnaas sykehus HF appears to have the ability and willingness to make improvements in the areas identified in this report.

Sunnaas sykehus HF has earned a Three-Year Accreditation. The leadership and staff of the organisation are complimented on their hard work and dedication to obtain this outcome. The organisation is encouraged to continue using the CARF standards for ongoing quality improvement in administrative and programme functions.

## **SECTION 1. ASPIRE TO EXCELLENCE<sup>®</sup>**

### **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

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#### **Recommendations**

There are no recommendations in this area.

#### **Exemplary Conformance**

##### **A.5.a.(1)**

In response to the last survey, the organisation developed a well-thought-out Diversity Programme that provides a comprehensive diversity plan. The plan includes education and training for all staff, but the thing that sets this programme apart is the creation of cultural ambassadors who are specially trained staff members in each area who have received advanced training and are a valuable resource

to other staff. When a person served from a different culture is admitted, the ambassadors take a leadership role in ensuring that all staff members have a clear understanding of issues related to cultural diversity.

#### **A.8.**

The organisation demonstrated exemplary conformance to the standards by developing an Innovation Centre and Competency Centre to ensure that it remains on the cutting edge of evidence-based rehabilitation service delivery. The Innovation Centre is a stand-alone entity responsible for developing and seeking out evidence-based practice and implementing its findings. The Competency Centre is responsible for developing evidence-based competencies and ensuring that all staff members meet these as well as seeking out and developing optimal practice training so that staff has access to new treatments and technologies. The board has made significant resource allocations to both of these centres to ensure their sustainability.

#### **Consultation**

- The organisation has made a monetary and time commitment to visiting programmes around the world. It is suggested that it pay specific attention to the continuum of care and intensity of services provided in other organisations so as to allow it to evaluate and benchmark against what other international programmes are doing.
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## **B. Governance**

### **Description**

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organisation focuses on its purpose and outcomes for persons served, resulting in the organisation's long-term success and stability. The board is responsible for ensuring that the organisation is managed effectively, efficiently, and ethically by the organisation's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organisational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organisational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organisation over the long term and manage the organisation's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organisation's employees, providers, suppliers, and the communities it serves.

### **Key Areas Addressed**

- Ethical, active, and accountable governance
- Board composition, selection, orientation, development, assessment, and succession
- Board leadership, organisational structure, meeting planning, and management

- Linkage between governance and executive leadership
  - Corporate and executive leadership performance review and development
  - Executive compensation
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### **Recommendations**

There are no recommendations in this area.

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## **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.

### **Consultation**

- The organisation involved key personnel for several days to develop its strategic plan. It is suggested that updates to those strategic plans include information from the written analysis of the process, such as demographics and customer satisfaction data that were used to develop the strategic plan.
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## **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**

### **D.1.b.(3)**

Although the organisation does a good job of gathering information from families and persons served, it is not evident that input is gathered from other stakeholders. It is recommended that the organisation demonstrate that it obtains input from other stakeholders. Other stakeholders indicated they would love to have more opportunities to provide feedback to the organisation and obtain additional information from it. It could be useful to the organisation to gather information and interact more with those community-based stakeholders. One example might be to explain the waiting list process so that providers do not refer elsewhere.

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## **E. Legal Requirements**

### **Description**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
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### **Recommendations**

There are no recommendations in this area.

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## **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 annual 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
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## **Recommendations**

There are no recommendations in this area.

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## **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**

#### **G.1.a.(1)**

#### **G.1.a.(2)**

Although the organisation has identified some loss exposure risks, it does not appear to complete a full risk exposure analysis that would identify the risk of loss exposure for the organisation. The organisation should implement a risk management plan that includes a comprehensive identification and analysis of risk exposure. The organisation might benefit from aggregating all elements of risk exposure into one plan that clearly identifies, measures, and takes action on risk management indicators.

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## 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

#### H.7.a.(1) through H.7.d.

Unannounced tests of all emergency procedures should be conducted on all shifts in all locations, including the Oslo Outpatient Centre, at least annually and include complete actual or simulated physical evacuation drills. The unannounced tests should be analysed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel and be evidenced in writing, including the analysis.

#### H.10.a. through H.10.b.(8)

Although the organisation collects information on critical incidents, a written analysis of all critical incidents should be provided to or conducted by the leadership at least annually that addresses causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements.

#### H.14.a. through H.14.b.(3)

A comprehensive health and safety self-inspection should be conducted at least semi-annually on each shift in all areas, including the Oslo Outpatient Centre location, that results in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

### Exemplary Conformance

#### H.1.

The organisation recently built a new wing of the hospital, which was designed in an extremely accessible and person-centred way. The building was designed from the ground up from a person-centred perspective. Some of the features are colour-coded way-finding aids and modular bathroom fixtures that can be easily moved based on needs of the persons served. The organisation is also commended for building this without taking on a huge amount of debt and ensuring that persons served had an accessible, cheerful, and friendly place in which to receive rehabilitation services. The

building replaces an existing building and is designed specifically for persons served. The organisation is also commended for involving its advisory board of persons served, which was an active participant in its design.

### **Consultation**

- The organisation conducts safety rounds of persons served, audits, as well as workplace environmental rounds. The organisation could consider combining some of these into an overall comprehensive inspection that could be completed at one time that meets all the requirements for each area.
  - The organisation may consider lowering and increasing the typeface on its signs for evacuation. Although they are currently readable, given its commitment to accessibility, it might help those who are in a wheelchair or elderly to evacuate in a timely manner.
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## **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**

#### **I.5.a.(1)**

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

The organisation has developed competencies and job descriptions for each position, and although these are evaluated at the annual performance evaluation, the organisation should document for new employees that they have completed all of the competencies that have been identified at orientation and signed off by an appropriate mentor/supervisor.

### **I.6.b.(4)(b)**

Although the organisation conducts an annual performance evaluation that includes goals for the upcoming year, it is not consistently evident that it is being done. It is recommended that performance evaluations for all personnel directly employed by the organisation be used to establish measurable performance objectives for the next year. Leadership could hold staff accountable for completing the form as it is designed.

#### **Consultation**

- The organisation is encouraged to attach the competencies to the job description, especially during the annual evaluation, so that they can all be addressed at one time.
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## **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.

### **Consultation**

- The organisation has done an effective job of implementing telemedicine technology and is encouraged to look at opportunities for expanding those services that could be provided using telemedicine. This could be especially important because the organisation serves such a large geographic area.
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## **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
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### **Recommendations**

#### **K.1.b.(1)**

It was not evident that rights of persons served were readily available in every room as outlined in the organisation's policy. The organisation has developed a brochure as well as another document that it uses to share rights with persons served. It appeared that persons served were not receiving this document consistently. It is recommended that the organisation implement this policy and have the rights of the persons served available at all times for review. It is suggested that the organisation consider developing an easier and less costly way of sharing rights of persons served by looking at using posters located in key areas throughout the organisation, allowing for every person served to be exposed to the rights document.

#### **K.3.b.(1)**

It is recommended that the organisation make complaint procedures and, if applicable, forms readily available to the persons served.

#### **K.4.a. through K.4.b.(3)**

The organisation should conduct a written analysis of all formal complaints annually to determine trends, areas needing performance improvement, and action plans.

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## **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

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## Recommendations

There are no recommendations in this area.

## Consultation

- The organisation has developed an annual accessibility plan, but it is developing a new one each year. The organisation could consider developing one plan and then evaluate that plan and update it each year so as to reduce paperwork.
- 

## 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

### M.6.b.(4)(b)

The organisation should measure service delivery performance indicators for each programme seeking accreditation in the area of satisfaction and other feedback from other stakeholders.

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## 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

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## **Recommendations**

### **N.1.b.(2)(d)(ii)**

### **N.1.c.(1) through N.1.c.(3)**

A written analysis should be completed at least annually that analyses performance indicators in relation to performance targets, including satisfaction and other feedback from other stakeholders. The analysis should identify areas needing performance improvement, result in an action plan to address the improvements needed to reach established or revised performance targets, and outline actions taken or changes made to improve performance.

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## **SECTION 2. THE REHABILITATION AND SERVICE PROCESS FOR THE PERSONS SERVED**

### **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
- 

## **Recommendations**

### **A.1.a.(3) through A.1.a.(5)**

### **A.1.b.(1) through A.1.b.(6)**

It is recommended that all programmes document parameters regarding hours, frequency, and days of services in their scope and share this information with the persons served; families/support systems, in accordance with the choices of the persons served; referral sources; payers and funding sources; other relevant stakeholders; and the general public.

### **A.15.a. through A.15.e.(5)(c)**

Although data are collected regarding denials, ineligible referrals, and interrupted services, it is recommended that a written analysis be provided to or conducted by leadership at least annually of all denials, service referrals determined to be ineligible, and all interrupted services that addresses causes; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

## **Consultation**

- It is suggested that the inpatient programmes further analyse their data related to falls in order to identify the reasons for the falls and therefore determine action plans to reduce the incidents of falls.
  - The organisation may wish to consider implementing measures to identify the wishes of the persons served with respect to resuscitation.
  - It is suggested that the inpatient programmes consider implementing post-discharge follow-up calls within one to six months of discharge in addition to one year.
  - The organisation is currently undergoing an expansion of its outpatient facility in Oslo to provide a greater degree of outpatient services. It is suggested that the organisation consider creating a “day hospital” programme at this facility in order to provide outpatient re-assessment services to persons served who do not require an overnight hospital stay.
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## **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

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## **Recommendations**

### **B.1.a. through B.1.d.**

#### **B.1.f.**

To facilitate the disclosure of accurate information, it is recommended that all programmes include additional information in their documented scope, including the ages of persons served, activity limitations, behavioural status, cultural needs, and intended discharge/transition environments.

#### **B.6.b.(1)**

#### **B.6.b.(3)**

It is recommended that admission and ongoing assessments include predicted outcomes of functional status at discharge/transition and duration of services; for example, assistance need/level of independence at discharge.

#### **B.7.a.**

It is recommended that all programmes provide information to the person served to understand the procedures for non-voluntary discharge.

#### **B.8.b.**

#### **B.8.c.**

It is recommended that all programmes provide an individualised written disclosure statement to each person admitted to the programme that includes sufficient information to address the intensity of services that will be provided and the estimated length of stay.

#### **B.30.a.(1)**

#### **B.30.a.(2)**

It is recommended that the brain injury specialty programme address secondary prevention as part of education and training for each person served to reduce risk of recurrent brain injury and potential risks and complications due to brain injury.

#### **B.31.b.(10)**

As pharmacotherapy is used in the interdisciplinary pain rehabilitation programme setting, written information should be provided to persons served on possible adverse side effects of medications.

#### **B.36.b.(23) through B.36.b.(26)**

It is recommended that the written discharge and transition recommendations for persons served in the brain injury specialty programme include risks, safety issues, secondary prevention, and supervision needs.

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

#### **B.38.a.(8)**

#### **B.38.c.**

It is recommended that the programme provide information from the performance measurement and outcomes management system to the persons served on the number of persons served in the interdisciplinary pain rehabilitation programme within a stated period of time, the average number of hours of treatment per day for all persons served in inpatient programmes, the average number of visits per service for the interdisciplinary outpatient medical rehabilitation and interdisciplinary pain rehabilitation programmes, and unplanned transfers to acute medical facilities. This information should be updated at least annually.

#### **B.46.a. through B.46.c.(5)**

It is recommended that all programmes conduct an analysis of a representative sample of records of the persons served at least annually to include documentation completed in accordance with policies, regulatory requirements, and CARF documentation requirements. The analysis should include performance in relationship to established targets in each area, trends, actions for improvement, results of performance improvement plans, and necessary education and training of personnel.

#### **Consultation**

- Nursing staff provides verbal education to persons served and family members regarding medications during the stay at Sunnaas sykehus HF, including education on medications for discharge/transition. Persons served and family members receive a medication list at discharge. Sunnaas sykehus HF is encouraged to provide written material to persons served on each medication for discharge/transition. This information could be found on websites such as Micromedex<sup>®</sup> or Epocrates<sup>®</sup>.
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### **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
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#### **Recommendations**

There are no recommendations in this area.

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### **E. The Rehabilitation and Service Process for Children and Adolescents Served**

#### **Key Areas Addressed**

- Provision of services to any children/adolescents
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#### **Recommendations**

##### **E.4.e.**

Sunnaas sykehus HF provides written education materials for persons served regarding spinal cord information; however, this material is written for adults. It is recommended that Sunnaas sykehus HF provide materials based on the ages, cognitive levels, interests, concerns, and cultural and developmental needs of the persons served. The programme could develop a colouring book/activity book to help children with spinal cord injury or children whose family members sustained spinal cord injury understand the basic concepts of living with spinal cord injury.

#### **E.14.**

The tools used to measure satisfaction and feedback should be age and developmentally appropriate to elicit input from children/adolescents served. Sunnaas sykehus HF currently uses the adult survey with faces for the scale for all ages (zero to eighteen years of age). The tool could be developed for various age groups (for example, ages three to seven, eight to eleven, and twelve to eighteen) and focus on the satisfaction of persons served regarding efficiency of the programme, effectiveness, and service access and overall satisfaction.

#### **Consultation**

- Information shared with the public, prospective persons served, and their families and other stakeholders specifies age range and the number of children/adolescents served annually by age group. Sunnaas sykehus HF provides information on the total number of children/adolescents and the age range of those admitted to the SCSC and brain injury specialty programmes; however, the data are not clear as to how many of these children/adolescents are served in the sub-acute programme versus the follow-up programme. It is suggested that the information shared be further broken down to those with new spinal cord injury or brain injury served in the programme and those who are admitted for follow-up as these are different programmes and services of care.
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## **SECTION 3. PROGRAMME STANDARDS**

### **A. Comprehensive Integrated Inpatient Rehabilitation Programme**

#### **Inpatient Rehabilitation Programme - Hospital (Adults)**

#### **Inpatient Rehabilitation Programme - Hospital (Children and Adolescents)**

##### **Key Areas Addressed**

- Pre-admission 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

*Note: Recommendations, consultation, and exemplary conformance in this section of the report do not include those specific to specialty programmes included in the survey. If specialty programme accreditation was sought, the relevant specialty programme section of the report includes recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty programme.*

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## **Recommendations**

### **A.5.g.**

### **A.5.i. through A.5.l.(1)**

### **A.5.m.**

The pre-admission assessment document for the person served should include information on the pre-morbid and current level of function, the scope and intensity of services recommended, the willingness of the person served to participate, the prognosis, and an estimated length of stay.

### **A.11.b.**

It is recommended that the brain injury specialty programme address secondary prevention for each person served through actions to reduce risk of recurrent brain injury.

### **A.15.a.(2) through A.15.b.(5)(c)**

Although the CIIRP gathers information on each person served on unplanned transfers to acute medical facilities, it is recommended that information also be gathered on discharges to long-term care and expiration and that it at least annually address performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

### **A.16.c.(1) through A.16.c.(5)(c)**

It is recommended that all programmes at least annually assess the durability of the outcomes achieved by addressing performance in relationship to targets in each area; trends; actions for improvement; results of prior performance improvement plans; and necessary education and training of persons served, families/support systems, and healthcare providers.

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## **B. Outpatient Medical Rehabilitation Programme**

### **Key Areas Addressed**

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

*Note: The relevant specialty programme section of the report includes recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty programme.*

## H. Brain Injury Specialty Programme

### **Inpatient Rehabilitation Programme - Hospital: Brain Injury Specialty Programme (Adults)**

- Standards in Section 3.A. Comprehensive Integrated Inpatient Rehabilitation Programme have been applied to this programme.

### **Inpatient Rehabilitation Programme - Hospital: Brain Injury Specialty Programme (Children and Adolescents)**

- Standards in Section 3.A. Comprehensive Integrated Inpatient Rehabilitation Programme have been applied to this programme.

### **Outpatient Medical Rehabilitation Programme - Interdisciplinary: Brain Injury Specialty Programme (Adults)**

- Standards in Section 3.B. Outpatient Medical Rehabilitation Programme have been applied to this programme.

### **Outpatient Medical Rehabilitation Programme - Interdisciplinary: Brain Injury Specialty Programme (Children and Adolescents)**

- Standards in Section 3.B. Outpatient Medical Rehabilitation Programme have been applied to this programme.

### **Key Areas Addressed**

- Continuum of services
- Intervention 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

***Note:** Recommendations, consultation, and exemplary conformance in this section of the report include all portions of Section 3 of the standards manual that were applied to the specialty programme.*

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## **Recommendations**

### **A.5.g.**

#### **A.5.i. through A.5.l.(1)**

### **A.5.m.**

The pre-admission assessment document for the person served should include information on the premorbid and current level of function, the scope and intensity of services recommended, the willingness of the person served to participate, the prognosis, and an estimated length of stay.

### **A.11.b.**

It is recommended that the brain injury specialty programme address secondary prevention for each person served through actions to reduce risk of recurrent brain injury.

#### **A.15.a.(2) through A.15.b.(5)(c)**

Although the CIIRP gathers information on each person served on unplanned transfers to acute medical facilities, it is recommended that information also be gathered on discharges to long-term care and expiration and that it at least annually address performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

#### **A.16.c.(1) through A.16.c.(5)(c)**

It is recommended that all programmes at least annually assess the durability of the outcomes achieved by addressing performance in relationship to targets in each area; trends; actions for improvement; results of prior performance improvement plans; and necessary education and training of persons served, families/support systems, and healthcare providers.

#### **B.4.a. through B.4.b.(5)(c)**

Although data are collected on no-shows, cancellations, and dropouts, an analysis should be conducted at least annually that addresses performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served, families/support systems, and personnel.

### **H.14.f.(1)**

### **H.14.f.(2)**

It is recommended that the brain injury specialty programme continue the development of education materials for persons served that are comprehensive and address prevention of complications related to disability and aging with a brain injury.

### **H.23.b.(3)**

The brain injury specialty programme should serve as a resource for information, including disaster planning. Educational materials could be developed and shared.

#### **H.28.a. through H.28.d.**

It is recommended that the brain injury specialty programme work with community leaders in emergency preparedness concerning the unique needs of persons with brain injury to address emergency preparedness, evacuation, shelter, and recovery.

## Consultation

- It is suggested that Sunnaas sykehus HF continue its development of community-wide education in brain injury for coordinators of care and providers in the continuum of care. With the availability of teleconferencing, interested professionals in the 250 communities or municipalities could be educated to the unique needs of persons with acquired brain injury. The curriculum from the Academy of Certified Brain Injury Specialists could be used as a base.
  - There is growing evidence that intensity of rehabilitation treatment or activity correlates with more positive outcomes. It is suggested that follow-through on therapy exercises by family members/caregivers during the inpatient stay be tabulated and used as a motivator for the person served and his/her extended family. The hope could be the establishment of a pattern that could be carried over after discharge.
  - The brain injury specialty programme primarily serves persons with severe brain injury on an inpatient basis in either the brain injury or cognitive rehabilitation programmes. As it appears that outpatient services have grown in volume and length of stay in inpatient programmes has declined, it is suggested that the programme continue its project to develop a comprehensive outpatient therapy programme.
  - It is suggested that the brain injury specialty programme take steps to add to its expertise in the area of vision rehabilitation. This could include seeking additional therapist education and the development of neuro-ophthalmology or neuro-optometry consultative relationships.
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## J. Spinal Cord System of Care

### **Inpatient Rehabilitation Programme - Hospital: Spinal Cord System of Care (Adults)**

- Standards in Section 3.A. Comprehensive Integrated Inpatient Rehabilitation Programme have been applied to this programme.

### **Inpatient Rehabilitation Programme - Hospital: Spinal Cord System of Care (Children and Adolescents)**

- Standards in Section 3.A. Comprehensive Integrated Inpatient Rehabilitation Programme have been applied to this programme.

### **Outpatient Medical Rehabilitation Programme - Interdisciplinary: Spinal Cord System of Care (Adults)**

- Standards in Section 3.B. Outpatient Medical Rehabilitation Programme have been applied to this programme.

### **Outpatient Medical Rehabilitation Programme - Interdisciplinary: Spinal Cord System of Care (Children and Adolescents)**

- Standards in Section 3.B. Outpatient Medical Rehabilitation Programme have been applied to this programme.

## Key Areas Addressed

- Scope of services
- Continuum of services
- Admission and discharge/transition criteria
- Pre-admission assessment
- Team composition
- Physician responsibilities
- Organised education programme
- Community education and advocacy
- Consideration of lifelong 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

*Note: Recommendations, consultation, and exemplary conformance in this section of the report include all portions of Section 3 of the standards manual that were applied to the specialty programme.*

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## Recommendations

### **A.15.a.(2) through A.15.b.(5)(c)**

Although the CIIRP gathers information on each person served on unplanned transfers to acute medical facilities, it is recommended that information also be gathered on discharges to long-term care and expiration and that it at least annually address performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

### **A.16.c.(1) through A.16.c.(5)(c)**

It is recommended that all programmes at least annually assess the durability of the outcomes achieved by addressing performance in relationship to targets in each area; trends; actions for improvement; results of prior performance improvement plans; and necessary education and training of persons served, families/support systems, and healthcare providers.

### **B.4.a. through B.4.b.(5)(c)**

Although data are collected on no-shows, cancellations, and dropouts, an analysis should be conducted at least annually that addresses performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served, families/support systems, and personnel.

**J.7.g.**

**J.7.i.**

**J.7.k. through J.7.m.(1)**

**J.7.n.**

The pre-admission assessment document for the person served should include information on the pre-morbid and current level of function, the scope and intensity of services recommended, the willingness of the person served to participate, the prognosis, and an estimated length of stay.

**J.14.b.(11)**

Sunnaas sykehus HF currently does not discuss or educate persons served on being prepared for emergencies such as fire, power outages, or floods. It is recommended that it develop educational content for persons served to be prepared for such emergencies. This could include supplies/medication, evacuation, transportation, where to shelter, contacts of emergency personnel, and the power company.

**J.23.a. through J.23.d.**

It is recommended that Sunnaas sykehus HF collaborate with community leaders such as first responders, the fire department, and ambulance personnel in emergency preparedness concerning the unique needs of those with spinal cord dysfunction to address emergency preparedness, evacuation, shelter, and recovery. This could include education regarding autonomic dysreflexia, functional abilities, and equipment needs, especially if evacuation is needed, and considerations for shelter.

## **Consultation**

- The SCSC gathers long-term follow-up information on a representative sample of the persons served. Sunnaas sykehus HF has developed a survey of questions related to hospitalisations, health promotion, independence/autonomy, and return to productive activity, which has been utilised as a phone survey. The SCSC has the unique opportunity to admit persons with chronic spinal cord injury to its follow-up programme, which could be an ideal time to obtain this information that could be analysed by duration of injury/age at injury, looking for trends in secondary complications and successes of persons served. These data could then provide guidance to programme improvement for both the sub-acute and follow-up programmes in the SCSC.
  - The SCSC and stroke follow-up programme does schedule annual evaluation (control) for persons with chronic spinal cord injury and stroke, in which the person served may stay as an inpatient for three or more days. Beds saved for these persons served could be utilised for others in need of admission to Sunnaas sykehus HF, and data could be reviewed to determine the utilisation of inpatient beds and assess if persons could receive such services in the outpatient setting.
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## **K. Stroke Specialty Programme**

### **Inpatient Rehabilitation Programme - Hospital: Stroke Specialty Programme (Adults)**

- Standards in Section 3.A. Comprehensive Integrated Inpatient Rehabilitation Programme have been applied to this programme.

### **Outpatient Medical Rehabilitation Programme - Interdisciplinary: Stroke Specialty Programme (Adults)**

- Standards in Section 3.B. Outpatient Medical Rehabilitation Programme have been applied to this programme.

#### **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 regarding the effectiveness of the programme

*Note: Recommendations, consultation, and exemplary conformance in this section of the report include all portions of Section 3 of the standards manual that were applied to the specialty programme.*

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#### **Recommendations**

##### **A.5.g.**

##### **A.5.i. through A.5.i.(1)**

##### **A.5.m.**

The pre-admission assessment document for the person served should include information on the pre-morbid and current level of function; the scope and intensity of services recommended; the willingness of the person served to participate; the prognosis; and an estimated length of stay.

##### **A.15.a.(2) through A.15.b.(5)(c)**

Although the CIIRP gathers information on each person served on unplanned transfers to acute medical facilities, it is recommended that information also be gathered on discharges to long-term care and expiration and that it at least annually address performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

### **A.16.c.(1) through A.16.c.(5)(c)**

It is recommended that all programmes at least annually assess the durability of the outcomes achieved by addressing performance in relationship to targets in each area; trends; actions for improvement; results of prior performance improvement plans; and necessary education and training of persons served, families/support systems, and healthcare providers.

### **B.4.a. through B.4.b.(5)(c)**

Although data are collected on no-shows, cancellations, and dropouts, an analysis should be conducted at least annually that addresses performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served, families/support systems, and personnel.

### **Consultation**

- The SCSC and stroke follow-up programme does schedule annual evaluation (control) for persons with chronic spinal cord injury and stroke, in which the person served may stay as an inpatient for three or more days. Beds saved for these persons served could be utilised for others in need of admission to Sunnaas sykehus HF, and data could be reviewed to determine the utilisation of inpatient beds and assess if persons could receive such services in the outpatient setting.
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## **L. Interdisciplinary Pain Rehabilitation Programme**

### **Interdisciplinary Pain Rehabilitation Programme - Inpatient (Adults)**

#### **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

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## **Recommendations**

### **L.4.d.**

The programme director for the interdisciplinary pain rehabilitation programme should guide and direct specific programme performance improvement activities. An example for this programme might involve a monitoring of hours of service in the individual and group treatments. Moving from a paper to an electronic schedule for the persons served could allow ease to obtain this information.

### **L.5.c.(1)**

The medical director for the interdisciplinary pain rehabilitation programme should ensure the adequacy of the individualised treatment prescription for the person served, which should include contraindications and precautions for the therapist. For example, if a person served has lymphedema or a complex regional pain syndrome involving a limb, blood pressure or venipuncture would be limited to the contralateral limb. A standardised order set in the electronic health record could be developed with this in mind.

### **L.14.a.(1) through L.14.b.(2)**

In its development of treatment approaches, supports, and/or strategies for the person served, the programme should document methods used to collect findings, including activities involved; measured results achieved; and tools, tests, and instruments that have been determined to be valid. An analysis of findings should include, but not be limited to, resolution of conflicting information/opinions, if any, and response to referral questions.

### **L.16.b.**

Related to the scope and intensity of services, the programme should address the ability of the person served to tolerate the services proposed. Although the persons served complete the “road ahead plan” (Veiviseren), a performance contract could be offered to ensure the willingness of the person served to participate in the team’s proposed treatment plan.

### **L.17.b.(1)**

The interdisciplinary pain rehabilitation programme should demonstrate how its services are integrated within its own organisation. At the present time the number of persons served in the pain programme or how it offers assistance to the other programmes within the organisation is unclear.

### **L.19.a.**

The interdisciplinary pain rehabilitation programme should respond to the preferences of the person served and assess the use of complementary and alternative medicine by the person served. It is making available training in mindfulness and in Qigong. Additional inquiry into the use of relaxation training, hypnosis, and biofeedback could be explored. Furthermore, herbal supplements could be assessed, as these may have both positive and negative effects on the persons served, particularly related to drug interactions.

### **L.20.a.**

### **L.20.b.**

Regular and direct contact with the person served is not consistently provided by the pain team physician. Typically, the person served is seen on admission and discharge from the programme. The pain team physician should have regular, direct individual contact with the person served that is

based on the medical and rehabilitation needs of the person served. Periodic visits or increased participation in an interdisciplinary team meeting is encouraged as these may disclose medical or rehabilitation needs that have gone unmet.

#### **L.31.a.(1) through L.31.a.(4)**

The programme should demonstrate knowledge of its case mix, referral patterns, denials, and referrals determined to be ineligible for services.

#### **L.32.a. through L.32.b.(5)(c)**

At least annually, an analysis of no-shows, cancellations, and dropouts from the programme should be conducted. It should address performance in relationship to established targets; trends; actions for improvement; results of performance improvement plans; and necessary education and training of persons served, families/support systems, and personnel.

#### **L.33.a.(1) through L.33.b.(5)(c)**

The interdisciplinary pain rehabilitation programme should have indicators to measure performance in the ability of the persons served to manage pain; activity; intensity of subjective pain; participation; satisfaction of the persons served, including satisfaction with accuracy of information received about the programme, clinical practices/behaviours, degree of inclusion of the persons served in their programmes, and outcomes achieved; use of healthcare services related to pain; and use of medication. At least annually, the programme should address performance in relationship to targets in these areas; trends; actions for improvement; results of prior performance improvement plans; and necessary education and training of persons served, families/support systems, and healthcare providers.

#### **L.34.a. through L.34.e.(5)**

At least annually, the programme should conduct an analysis on a representative sample of both current and closed records that addresses the quality and appropriateness of services, patterns of service utilisation, as well as timeliness of documentation in the records. The analysis should be performed by personnel who are trained and qualified, and the personnel member should not be the sole reviewer of the services for which he/she is responsible or solely responsible for the selection of the records to be reviewed. This analysis should include performance in relationship to established targets in each area, trends, actions needed for improvement, results of performance improvement plans, and necessary education and training of personnel.

#### **L.38.a.(1) through L.38.b.(5)(c)**

The inpatient interdisciplinary pain rehabilitation programme should gather information on persons served, including unplanned transfers to acute medical facilities, discharges to long-term care, and expirations, and at least annually conduct an analysis that includes performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

### **Consultation**

- It is suggested that the director of the interdisciplinary pain rehabilitation programme guide the establishment of additional written procedures for the programme. These could include such topics as frequency and documentation of interdisciplinary team meetings and criteria for determining the composition of the team for the persons served.

- Because substance abuse is one of the exclusionary criteria for admission to the programme, it is suggested that urine drug screening be implemented as a protocol prior to or on admission as surveillance for this problem.
-