

Issue 1, 2014

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The Only Thing Constant Is Change

As the new year begins, change is underway.

Staffing

Joining the medical rehabilitation team is Vicki Scott, M.S., CTRS. Starting in her role as a resource specialist September 19, Vicki has a long history of involvement with CARF. As program manager of Community Hospitals Indianapolis/Hook Rehab Center — Acute/Neurobehavioral Unit and Outpatient Services, in Indianapolis, Indiana, Vicki was responsible for her organization's CARF accreditation though multiple survey cycles. Vicki has been a CARF administrative and program surveyor since 2006, conducting more than 50 surveys. As a certified therapeutic recreation specialist, she has held national offices for her professional association, the American Therapeutic Recreation Association (ATRA), including president in 2012. Vicki served as ATRA's representative to CARF's International Advisory Council from 2009 to 2011.

Cathy Rebella, who joined the medical rehabilitation team in 2007, has transitioned into a position that includes resource specialist responsibilities with CARF's aging services customer service unit (CSU) and medical rehabilitation CSU's organizations outside of the United States. Working with organizations and surveyors involved in the survey process, conducting webinars and CARF 101s, and representing CARF at a variety of conferences, Cathy has been a tremendous resource and a welcome voice to many medical rehabilitation customers. Cathy, we know the impact you will have in aging services will rival the contribution you have made to medical rehabilitation!

Please take the opportunity to welcome Vicki (<u>vscott@carf.org</u> or extension 7102) and to congratulate Cathy on her new responsibilities (<u>crebella@carf.org</u> or extension 7132).

Standards

Many of you responded to our inquiry at the beginning of this year regarding cancer rehabilitation and confirmed this is a growing area of practice. An international standards advisory committee (ISAC) convened last June. The result is a new set of standards for Cancer Rehabilitation Specialty Programs (CRSP) that are published in the 2014 Medical Rehabilitation Standards Manual. Similar to other specialty program standards, the standards for a CRSP are linked to other programs. The CRSP standards may be applied to a comprehensive integrated inpatient rehabilitation program, outpatient medical rehabilitation program, and home and community services.

The description for a CRSP is as follows:

A person-centered cancer rehabilitation specialty program utilizes a holistic interdisciplinary team approach to address the unique rehabilitation needs of persons who have been diagnosed with cancer. A cancer rehabilitation specialty program may be provided in a variety of settings, including hospitals, healthcare systems, outpatient clinics, or community-based programs. Personnel demonstrate competencies and the application of evidence-based practices to deliver services that address the preventive, restorative, supportive, and palliative rehabilitation needs of the persons served.

Cancer rehabilitation is an integral component of quality cancer care. The cancer rehabilitation specialty program focuses on strategies to optimize outcomes from the time of diagnosis through the trajectory of cancer in an effort to prevent or minimize the impact of impairments, reduce activity limitations, and maximize participation for the persons served. The program communicates and collaborates with healthcare providers to deliver coordinated care and promote seamless transitions in care.

The program is guided by the individual preferences, strengths, and needs of the persons served and their families/support systems. A cancer rehabilitation specialty program 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 lifespan. The program 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.

The program demonstrates the commitment, capabilities, and resources to maintain itself as a specialized program for persons who have been diagnosed with cancer. Through the use of performance indicators, the program measures the effectiveness of services across the continuum offered. A cancer rehabilitation specialty program advocates on behalf of persons who have been diagnosed with cancer to regulators, legislators, educational institutions, research funding organizations, payers, and the community at large. A cancer rehabilitation specialty program translates current research evidence to provide effective rehabilitation and supports future improvements

in care by advocating for or participating in cancer research.

We are privileged to have worked with the ISAC members who shared their insights, expertise, and passion for cancer rehabilitation; the opportunity to make an impact on the quality of rehabilitation for persons who have been diagnosed with cancer includes many promising prospects. As expressed by one of the committee members following the ISAC meeting: "The amount and quality of the work is incredible, and I am honored to be a part of such a great group. I look forward to furthering our efforts in finalizing, disseminating, and promoting the guidelines. Our work has only just begun. This will be a tipping point for cancer rehab."

Among the efforts underway is a new cancer rehabilitation networking group, which met for the first time at the American Congress of Rehabilitation Medicine's (ACRM's) 2013 annual conference in Orlando, Florida. ACRM is unique in that it is the only interdisciplinary organization that brings together research and clinical practice to improve services and increase the competencies of people working in rehabilitation services/programs. For more information on ACRM membership and the new cancer rehabilitation networking group, please contact Jenny Richard, director, Member Services, at irichard@acrm.org.

Presentations during the first quarter of 2014 are planned for the American Physical Therapy Association's (APTA's) oncology special interest section, the American Cancer Society®, National Institutes of Health (NIH), and the American Psychological Association.

If you would like to learn more about the CRSP standards, please contact Chris MacDonell, managing director, at cmacdonell@carf.org or your resource specialist.

Survey Feedback Questionnaires

Feedback questionnaires are an important part of the accreditation process and CARF's performance improvement efforts. Surveyor Feedback questionnaires, Surveyor Performance questionnaires, and Survey Process questionnaires are distributed for every survey conducted by CARF. The ratings and comments are reviewed and addressed as needed.

Recently, CARF replaced its paper process with an Online Survey Feedback process. Some of the features of the new process include email invitations that include links directly to the feedback questionnaires, capability to enter and submit ratings and comments online, and the option to generate copies of feedback forms for your own records. Four questionnaires will be used:

- Intent Process Feedback Questionnaire
- Survey Experience Feedback Questionnaire
- · Report Feedback Questionnaire
- Surveyor Feedback Questionnaire

More efficient and timely than the paper process, it is anticipated that the online feedback process will encourage an increase in responses from both organizations and surveyors, in turn enhancing CARF's opportunities to monitor and improve performance related to the survey process.

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2014 Learning Opportunities

Information on the following events scheduled during the first quarter of 2014 is available at www.carf.org/Events or by contacting Education and Training at (888) 281-6531 or education@carf.org:

- MED 101: Preparing for Successful Accreditation in Medical Rehabilitation
 - February 24–25, Raleigh, NC
 - o March 31-April 1, Phoenix, AZ
- Surveyor Continuing Education (For Surveyors Only)
 - March 29–30, Tucson, AZ
- CARF Canada Advanced Outcomes Training
 - o April 7-9, Vancouver, BC
- Opportunities to Improve Access to Inpatient Rehabilitation Services by Focusing on Acute Care Utilization Parameters
 - April 15, webinar

Planning for additional events is underway. Please visit the CARF website frequently for updates.

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2014 Publications

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