

## Key Features of Community-Based Levels of Rehabilitative Care\*

### Key Features of Progression-Focused Rehabilitative Care

**Functional Goal:** To provide assessment and time limited treatment through a single service or coordinated, inter-professional approach to restore or maximize functional abilities, promote adaptation of/to home, support timely transition from or prevent admission to acute or rehab hospital or to provide opportunity to learn/practice in a familiar, stimulating and supportive environment

**Target Population:** Individuals who after acute episodes or worsening of symptoms have decreased function and require rehabilitative care to achieve functional goals, increase self-management skills and maximize community reintegration. Individuals who do not require a bedded level of care.

### Key Features of Maintenance-Focused Rehabilitative Care

**Functional Goal:** To prevent functional decline/injury or maintain functional performance (e.g. strength, mobility, balance, falls prevention etc.) through individual assessment/treatment and/or periodic assessment/oversight of care plan by regulated health professional/team

**Target Population:** Individuals with reduced physical, cognitive and/or speech-language functioning (e.g. neuromuscular, musculoskeletal and cardio-respiratory etc.) who require rehabilitative care to prevent a decline in functional status and/or to promote their capacity to remain at home. Individuals include those living in the community (home, retirement homes, LTCHs) who have functional goals that can be met by participating in group intervention, which could include falls prevention classes.

### Key Features of Both Progression & Maintenance Focused Rehabilitative Care\*

**Healthcare Professionals:** Provided by or under the supervision of a minimum of one regulated health professional or by an integrated, inter-professional team of regulated health professionals in individual or group format to maximize community integration.

**Transition Indicator:** Rehab goals met or reasonably equivalent gains can be achieved independently or with caregiver or through self-care/wellness/health promotion classes or plateau has been reached

**Medical Care:** Medical care/management may be provided by a primary care practitioner (e.g. Family Physician, Nurse Practitioner) as well as by those focused on rehabilitative care (e.g. physiatrists, geriatricians, paediatricians and/or other specialists)

**When deciding with which level of rehabilitative care a program is aligned (e.g., Progression vs. Maintenance vs. both Progression & Maintenance) consider:**

- The primary functional trajectory and goal of the program as it applies to at least 80% of the clients.
- The type of referrals that are accepted. Can a referrer send a referral for maintenance only? Progression only? For both?

\*For full details, see <http://rehabcarealliance.ca/definitions-1> for the complete Definitions Framework for Community-Based Levels of Rehabilitative Care

**Eligibility Criteria for Community-Based Rehabilitative Care\***

The community-based levels of rehabilitative care within this framework are to be applied to patients/clients who meet the following eligibility criteria:

- ▲ The patient/client has restorative potential\*, (i.e. There is reason to believe, based on clinical assessment and expertise and evidence in the literature where available, that the patient's/client's condition is likely to undergo functional improvement and benefit from rehabilitative care) or s/he requires rehabilitative care to prevent functional decline *and*
- ▲ The patient/client is medically stable enough such that s/he is able to participate in and benefit from rehabilitative care (i.e., carry-over for learning) within the context of his/her specific functional goals; *and*
- ▲ The patient/client has identified goals that are specific, measurable, realistic and timely.

**\*Restorative Potential**

Restorative Potential means that there is reason to believe (based on clinical assessment and expertise and evidence in the literature where available) that the patient's/client's condition is likely to undergo functional improvement and benefit from rehabilitative care. The degree of restorative potential and benefit from the rehabilitative care should take into consideration the patient's/client's:

- ▲ Premorbid level of functioning
- ▲ Medical diagnosis/prognosis and co-morbidities (i.e., is there a maximum level of functioning that can be expected owing to the medical diagnosis /prognosis?)
- ▲ Ability to participate in and benefit from rehabilitative care within the context of the patient's/client's specific functional goals and direction of care needs

**Note:** Determination of whether a patient/client has restorative potential includes consideration of all three of the above factors. Cognitive impairment, depression and delirium should not be used in isolation to influence a determination of restorative potential.

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