**Draft Standards for Inpatient Specialist Rehabilitation**

**Peer Review June 2019**

**The Draft national standards for community specialist rehabilitation have been developed by the Clinical Advisory Group and Working Group of the National Clinical Programme for Rehabilitation Medicine to give a framework for best practice in Community Specialist rehabilitation facilities providing person-centred, safe and effective care and support that reduces the risk of harm and promotes the rights, health and wellbeing of people using health and social care services across Ireland.**

**We are holding a peer review consultation to give you an opportunity to provide your feedback on these draft standards. Your views are very important to us, and we will carefully assess all feedback received and use it to help develop the final National Standards. The final National Standards will be published on the National Clinical Programme for Rehabilitation Medicine website once the standards have been approved by relevant parties within the HSE. These standards will not initially be mandated but provide guidance to you, in the development of services throughout the country, as a template to work towards to build services in the community.**

**Please note the focus for this consultation is the content and structure of the draft national standards.**

**The draft national standards contain standard statements under 8 overall themes. Each standard statement describes an area of good practice for services. Listed underneath each standard statement are several examples of good practice. We would appreciate if you could review and comment, to ensure we represent and cover all areas.**

**We welcome responses to all questions as well as any additional general comments you would like to make.**

**The closing date for feedback is Friday 5th July 2019**

**Consultation Feedback Form**

**About you**

|  |  |
| --- | --- |
| **Name** | Aine McGuirk |
| **Address** | Irish Association of Social Workers |
| **Contact details** |  |
| **Date** |  |

# General Information and Questions

You may provide us with feedback on the specific questions (see questions that follow), or alternatively you may provide us with general comments.

**Part 1**

Are you replying in a personal capacity or on behalf of an institution or organisation?

|  |  |
| --- | --- |
| 🞎 Personal capacity |  |
|  |  |
| 🞎 On behalf of an institution |  |
|  |  |
| 🞎x On behalf of an organisation  | Irish Association of Social Workers |

**Part 2**

Please outline any general or specific feedback on the documents. In your response, where applicable, please specify the section or page and line number to which you are referring.

|  |
| --- |
| *Please comment* A major concern for Social Workers in the area of Rehabilitation is the lack of adequate resources for rehab services particularly as the patient progresses further down the pathway. Many hospital-based SW’s are dealing with cases where patients are unable to gain entry into rehab facilities in a timely manner or are not getting rehab services at all. Some are going into nursing homes pending or instead of rehab services.For those Social Workers who are in rehab units, the resources to move clients onto post discharge and community services is a major block in the system and has such a negative effect on patients, families and staff. Social Workers spend a large proportion of time trying to source services and have little protected time to provide the counselling and family work required following serious injury and illness.  |

# General Feedback Questions

We would like to find out what you think of the ‘**Inpatient Specialist Standards’** and have some questions below.

## 2.1 Is the language clear?

Please comment below.

Yes – but some terminology needs to be explained in more detail - perhaps a list of terms at the beginning

## 2.2 Is the layout easy to follow?

Please comment below.

Yes

## 2.3 Are the order and structure of the Standards logical?

Please comment below.

Yes – familiar to many services as it is based on Better Safer Health Care

## 2.4 These draft standards will apply to all community specialist rehabilitation facilities in the Republic of Ireland. Have all important areas been covered - are there any areas that should be (a) included or (b) excluded?

Please comment below.

1. **Areas that should be included:** Suggest more information on transition between services and avoidance of duplication of assessments. The standards are also very general and would need a lot more detailed documents and guidance behind each standard in the longer term. If an agreed system such as CARF is chosen this would provide the level of detail services would require and expectations of services would be more specific and clear. It is very encouraging to see this work and hopefully it will lead to more rehabilitation services for patients and families across the county and a far more co-ordinated approach.

**(b) Areas that should be excluded:** All are relevant

## 2.5 Would these standards be useable within the area in which you work?

Please comment below.

Yes but there would need to be a lot more detail and underlying documents to back up these broad standards.

There also needs to be links with housing, educational and vocational services and the standards could be stronger on making/maintaining these links.

Clarity as to how people move up and down the continuum of care depending on their needs could also be clearer in the document.

**Specific Feedback on Themes 1 - 8 of the Draft**

The 8 Sections relate to;

1. Person-centred care and support (Standards 1.1 – 1.7)
2. Effective Care and Support (Standards 2.1 – 2.7)
3. Safe Care & Support (Standard 3.1 – 3.3)
4. Better Health and Wellbeing (Standard 4.1)
5. Leadership, Governance and Management (Standard 5.1 – 5.3)
6. Workforce (Standard 6.1 – 6.4)
7. Use of Resources (Standard 7.1 – 7.2)
8. Use of Information (Standard 8.1 – 8.2)

Please complete your comments under each Theme in the boxes below.

**Theme 1: Person – Centred Care and Support**

Please comment below.

Standard 1.1 Agree with this standard – should be more nationally driven than by local custom and practice and financial situation

Standard 1.2 As stated above, access to rehabilitation services is a major issue. Suggest defining what an “appropriate “ clinician is here- will the Rehab prescription be honoured all the way along the continuum?

Standard 1.3 Sufficient Social Work Staff will be required to carry out adequate psychosocial assessment along with other members of the team and to look at issues around adjustment, parenting, carer supports, long term planning etc

Standard 1.4 Add in links with Consent Policy, ADM Act – involves a lot of resourcing to do this properly including assessing consent, reviewing consent etc

Standard 1.5 this standard would need more detail as sharing and storage of data, GDPR issues etc have become much more complex.

Standard 1.6 Agree with this standard – involves preparation for family meetings and supports to make this a reality rather than a tokenistic exercise

Standard 1.7 Family Education and training is also vital

**Theme 2: Effective Care and Support**

Please comment below:

Standard 2.1 Agreed

Standard 2.2

Standard 2.3 This is a very important standard and possibly needs to be expanded more – many clients fall through the net when transitioning between services. More explanation in relation to what CARF is and why this model has been chosen is needed for those not familiar with CARF. Where would HIQA fit in?

Standard 2.4 Case management / co ordination is vital and many SW’s are engaged in this to some extent. Would need clarity as to role separation/overlap

Standard 2.5

Standard 2.6 Agreed

Standard 2.7 This needs more expansion on how this should be achieved and how data can be collected across the continuum of care. There are so many local decisions and systems and it would be a major culture shift to change this. National data is vital to plan for future service needs for persons who have required/are accessing rehab services.

**Section 3 Safe Care & Support**

Please comment below.

Standard 3.1 Agreed

Standard 3.2

Standard 3.3 suggest linking with HSE Safety Incident Framework

Also need to add in responsibilities in relation to safeguarding, consent and positive risk taking

**Section 4: Better Health & Wellbeing**

Please comment below.

Standard 4.1 Agreed

**Section 5: Leadership, Governance & Management**

Please comment below

Standard 5.1

Standard 5.2

Standard 5.3

**Section 6: Workforce**

Please comment below. Totally agree that an adequate and well trained and resourced workforce is crucial given the historic underfunding of rehabilitation to date.

Standard 6.1

Standard6.2

Standard 6.3

Standard 6.4

**Section 7: Use of Resources**

Please comment below. No issues

Standard 7.1

Standard 7.2

**Section 8: Use of Information**

Please comment below. Again, agreed outcome data right across the continuum of care needs to be built in from the outset.

Standard 8.1

Standard 8.2

**Freedom of Information**

All submissions are subject to the Freedom of Information Acts.

Please tick if you agree with this yes

**Thank you for taking the time to give us your views.**

After the closing date, we will assess all feedback and use it to finalise our documents. The final document will be reviewed by the National Clinical Programme Working Group; the National Clinical Programme Clinical Advisory Group and be reviewed by the Health Service Executive.

If you wish to do so, you can request that your name and/or organisation be kept confidential and excluded from the published summary of responses. Please note that we may use your details to contact you about your responses. We do not intend to send responses to each individual respondent.

Please return your form to us either by email or post:



Dervla Kenny

Programme Manager, National Clinical Programme Rehabilitation Medicine,

National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire



 If you have any questions you can contact Dervla Kenny on

**dervla.kenny@nrh.ie**

**Please return your form to us either by email or post before**

**Friday 5th July 2019**