

EVALUATION

Unit Self-Assessment Manual for Renal Rehabilitation

*A Guide to the Use and Interpretation of the Life Options
Unit Self-Assessment Tool for Renal Rehabilitation*



Developed by
The Life Options Rehabilitation Advisory Council

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The Unit Self-Assessment Manual for Renal Rehabilitation provides guidance for dialysis facilities to assess their own programming for the “5 E’s” of renal rehabilitation: Encouragement, Education, Exercise, Employment, and Evaluation. The Manual may not cover all possible topics related to rehabilitation programming, and it may not address aspects of programming that may be relevant to you in light of your particular circumstances. Please note that neither Amgen Inc., Medical Media Associates, Inc., nor the Life Options Rehabilitation Advisory Council intends to update the information contained in this Manual. It is based on information available as of the date of publication. Although the authors have used their best efforts to assure that the information contained herein is accurate and complete as of the date of publication, the authors cannot provide guarantees of accuracy or completeness. Practical suggestions provided throughout the text are based on the opinions of the Medical Media Associates staff. Suggestions may or may not reflect national experience and may instead reflect local experience. This Manual is provided with the understanding that neither the Manual nor its authors are engaged in rendering medical, legal, accounting, or other professional advice. If legal advice or other expert assistance is required, the authors recommend that the reader seek the personalized service of a competent professional.

The information in this Manual is offered as general background for the clinician who is interested in improving the quality of rehabilitation opportunities for dialysis patients. The Manual is not intended to provide practice guidelines or specific protocols and cannot substitute for the physician’s knowledge and experience with individual patients. The reader must recognize that exercise, in particular, involves certain risks, including the risk of severe injury or disability, including death, which cannot be completely eliminated, even when the exercise program is undertaken under expert supervision. Use of these materials indicates acknowledgment that Amgen Inc., Medical Media Associates, Inc., and the authors will not be responsible for any loss or injury, including death, sustained in connection with, or as a result of, the use of this Manual.

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A sentinel accomplishment of the Life Options Rehabilitation Advisory Council (LORAC) was conceiving and implementing the *Exemplary Practices in Renal Rehabilitation* competition. However, such innovation presented certain challenges, including the need for objective review and evaluation of competing applications. We, as renal professionals, researchers, and patients, shared a common desire as advocates of renal rehabilitation. However, our varied experience, impressions, knowledge, and thoughts on the topic provided each with a unique and sometimes conflicted judgment of what constitutes “exemplary.” During our review of *Exemplary Practices* applications, we shared our biases and argued their merits. Through this process of give and take, we were able to capture the essence of the crucial programming elements of good renal rehabilitation. The results of this intense effort by the LORAC are now being proudly presented to the renal community in the form of this publication: the *Unit Self-Assessment Manual for Renal Rehabilitation* (USAM), which includes the *Unit Self-Assessment Tool for Renal Rehabilitation* (USAT).

Completion of the *USAM* and the *USAT* represents a major step forward for the whole field of renal rehabilitation. Never before has there been a standardized approach for dialysis facilities to assess their own renal rehabilitation programming, to monitor their own progress toward realistic rehabilitation goals, and to compare their own rehabilitation achievements with programs in other dialysis units. Further, the *USAM/USAT* combination provides a wealth of ideas for improving rehabilitation programming and for tailoring and adapting rehabilitation approaches to the unique resources and needs of individual dialysis facilities.

The question, “How do I know if I am doing a good job with renal rehabilitation?” has finally been answered. As a nephrologist deeply committed to improving the functioning and quality of life experienced by renal patients, I am pleased and proud to have participated in and contributed to the process leading to this exceptional accomplishment.

I wish the very best to all of you out there in the field who share my commitment to the very worthy cause of renal rehabilitation. By helping to focus your rehabilitation assessment and planning, I hope the *Unit Self-Assessment Manual* and *Unit Self-Assessment Tool* will help to make your jobs just a little easier and a great deal more rewarding!



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The Life Options *Unit Self-Assessment Tool for Renal Rehabilitation* (USAT) is a 100-item, self-scored checklist of criteria that provides a user-friendly, practical, general framework to help renal professionals assess rehabilitation programming in dialysis units. The USAT is based on criteria developed and refined over a period of several years by the Life Options Rehabilitation Advisory Council (LORAC) to score entries in the *Exemplary Practices in Rehabilitation* competitions. (See Appendix A for more information about the history, reliability, and validity of the USAT, and Appendix B for the complete USAT.)

The LORAC believes the USAT can provide you with important information about how your unit is faring in its pursuit of good renal rehabilitation programming. The remainder of this manual will describe the categories and levels of USAT criteria, and provide tips on how to use and interpret the tool to assess and improve rehabilitation programming in your facility.

Overview of the USAT Criteria Levels

The 100 USAT criteria are divided according to the five basic categories (the “5 E’s”) of renal rehabilitation identified by the Life Options Rehabilitation Program: Encouragement, Education, Exercise, Employment, and Evaluation. Twenty criteria are provided in each of these five categories. Within each category, there are three levels of criteria: basic, intermediate, and advanced.



Basic Criteria

Basic criteria include program characteristics which are fairly standard, relatively easy to implement, and less specifically focused on rehabilitation. These efforts may have less overall impact on patients’ rehabilitation status. Basic criteria include activities such as providing standard brochures and other written materials, maintaining a patient bulletin board, producing a patient newsletter, providing small incentives for achievements, etc. There are seven criteria at the basic level for each category.

Intermediate Criteria

Intermediate criteria are somewhat more focused on rehabilitation than basic criteria, and, additionally, may be slightly more challenging to implement. Examples of intermediate criteria include routine and systematic patient goal setting, providing information about self-care, regularly scheduled group exercise activities, agency referrals, and in-unit conversations or sessions about rehabilitation topics. There are seven criteria at the intermediate level for each category.

Advanced Criteria

Advanced criteria include program elements which are characteristic of the most sophisticated renal rehabilitation programs. For example, activities such as monitoring the costs of rehabilitation activities and providing regularly scheduled, formal, in-center activities clearly focused on rehabilitation are key components of rehabilitation programming at the advanced level. There are six criteria at the advanced level for each category.

Description of the Unit Self- Assessment Tool for Renal Rehabilitation

Criteria Dimensions

The USAT criteria themselves cover several fundamental aspects of rehabilitation activities:

- Multiple criteria *identify rehabilitation activities* carried out in a unit, whether or not the activities are performed with rehabilitation in mind. For example, in some units, predialysis orientation is a routine activity. The USAT will help you to credit such programs and activities as the worthwhile rehabilitation initiatives they are, in order to maximize their rehabilitation functions.
- Several criteria attempt to get a sense of the *culture* or *philosophy* that underlie rehabilitation efforts. For example, an item which asks whether patients can learn about the positive outcomes of *other* patients is included in order to determine whether positive expectations are promoted and supported. Attitudes are contagious; positive (or negative) attitudes and expectations of staff will undoubtedly be communicated throughout the facility.
- Numerous criteria are included to estimate the *extent of programming* in a unit. For instance, items ask whether your facility has programs or activities available for healthcare professionals, patients, families, employers, community members, and even the general public. Patients are only one part of the care team. A joint effort is required for rehabilitation to be accomplished.
- Criteria are included to note the *materials being used* in rehabilitation efforts, both those available in the public domain and those developed specifically for use in your unit. USAT

items inquire about the use of written materials, videos, educational modules, questionnaires, etc. Although materials alone are not sufficient for a program, their inclusion maximizes impact.

- In every category, criteria check for the presence and ongoing use of *outcomes assessment* and *cost tracking* procedures. With today's focus on quality improvement and cost containment, these two closely linked activities are obviously of paramount importance.

In addition to the criteria in these broad groupings, many other, more specific criteria, which were shown to be related to good renal rehabilitation through *Exemplary Practices*, are also included in the USAT. You can find the complete USAT in Appendix B, which lists all of the criteria in each of the five categories and brief explanations of each criterion.

Purposes of the USAT

The USAT was developed to help dialysis professionals estimate the scope and comprehensiveness of their renal rehabilitation programming. By scoring rehabilitation activities in your unit according to the USAT criteria, you can achieve several practical goals. For example, you can use the USAT to:

- Inventory current rehabilitation services
- Generate new program ideas
- Identify your program's overall strengths and weaknesses
- Pinpoint specific problems areas in programming
- Prioritize needs for improvement
- Quantify your unit's overall renal rehabilitation performance and compare it to other units and programs

There are several other potential applications of the USAT, as well. For example, it can be used as a baseline assessment tool by units beginning a rehabilitation program. The USAT might also be used by units monitoring ongoing progress toward specific rehabilitation goals.

For some units, calculating specific scores may not be useful; rather, it may be helpful to know *how many* criteria are being implemented. Knowing which criteria are being met and which are not can provide a useful estimate of progress toward a goal of good rehabilitation programming. Using the USAT as a checklist, you can prioritize missing items and consider them for implementation, or improve programs already in place. In either case, the USAT results document the current status of your unit's rehabilitation efforts and suggest future directions.

You can also use the USAT as a menu to generate new ideas for rehabilitation

activities or to help you select which rehabilitation initiatives to undertake. This use can give staff and patients a chance to work together to choose or prioritize rehabilitation activities to pursue. Cooperative planning of this kind between patients and staff may improve patient buy-in to the program and increase the likelihood of a program's ultimate success.

Having an opportunity to weigh the pro's and con's of each type of activity may also foster the kind of careful planning that contributes to the long-term success of rehabilitation programming. With careful deliberation, the availability of resources can be assessed and matched with the activities chosen, avoiding system stress and resource shortage later. For example, a unit that has refrained from beginning an exercise activity due to fiscal constraints may be relieved to find that a patient "walking club" is a relatively low-cost, mid-range rehabilitation activity.

How to Score the USAT

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Scoring the USAT is very straightforward: Assign one point to each criterion present in your program.

To determine whether a criterion is present in your program, read each criterion and its explanation in the USAT (Appendix B). Give yourself one point if you are doing *activities consistent with the spirit of that criterion*. You do not need to be doing the exact activity listed; rather, use common sense to interpret your facility's activities in light of each criterion. Having more than one staff person evaluate your program can be useful; differences in the scoring should be discussed in a nonjudgmental manner.

A template for arraying scores, such as the USAT summary score sheet below, provides a convenient picture of how the scoring actually looks in all of the categories. A summary score sheet can be found in Appendix C. Each scorer should fill out a summary score sheet. (You may photocopy this sheet as needed.)

Five scoring forms are included as part of the complete USAT in Appendix B, one for each of the five categories. (You may photocopy these forms as needed.)

Your score may be useful both as a point of comparison for your own unit over time and as a way to compare your unit with other units.

Please note: the most valuable step in the self-assessment process is the staff *discussion and interpretation of the scoring*, not the actual number score itself. The numeric ratings and scoring totals will serve as a common language for the team to better understand current rehabilitation programming and potential areas for improvement. Some staff have found it helpful to convert the actual total score (e.g., Encouragement Total = 4) into a percentage (e.g., 4 of 20 possible points = 20%) to help provide perspective for the team in evaluating programming.

Scoring Your Own Unit Over Time

Your unit may score differently on the USAT if the scoring is done by different staff persons, at different times, or under different circumstances. For example, staffing may vary by shift, or rehabilitation activities may only be offered on certain days or at certain times. Similarly, patients' attitudes may fluctuate, i.e., activities that are met with enthusiasm by one group of patients may be disliked by another group. Finally, programs may wax and wane with turnover of staff and/or patients. Therefore, unit assessment by different staff persons or by the same person under several circumstances can contribute to your understanding of the factors implicated in the success of your renal rehabilitation efforts and may even suggest ways to address these issues.

USAT Summary Score Sheet

Level		Category					Totals
		Enc.	Edu.	Ex.	Emp.	Eval.	
Basic	actual						
	possible	7	7	7	7	7	35
Intermediate	actual						
	possible	7	7	7	7	7	35
Advanced	actual						
	possible	6	6	6	6	6	30
Totals	actual						
	possible	20	20	20	20	20	100

Several examples of scores which might result from a unit self-assessment are discussed and presented here to show you how actual scores might look.

Scoring Example 1: A Unit with No Rehabilitation Program

A scoring pattern like the one shown in Example 1 would be typical of a unit just beginning to think about renal rehabilitation. As you can see, a few points have been scored at the basic level for each of the five categories. In some cases, activities which are “in effect” rehabilitation activities—whether or not they were initiated with that intent—are ongoing as a usual part of the daily routine in the facility.

Even after these activities have been awarded the points they deserve, there is still a great deal of opportunity for improvement in the rehabilitation programming in this sample unit. For instance, five or more additional activities could be added to each of the categories, just at the basic level, and almost all of the intermediate and advanced activities are available as possibilities for future implementation.

Scoring Example 2: A Unit Beginning Rehabilitation

The second example suggests a unit which is somewhat further along in its pursuit of excellence in rehabilitation programming. In this unit, there are at least a few criteria being met at the basic, intermediate, and advanced levels. This unit has probably begun a formal rehabilitation program which includes several basic rehabilitation strategies.

USAT Score Sheet: Example 1

Level		Category					Totals
		Enc.	Edu.	Ex.	Emp.	Eval.	
Basic	actual	2	1	1	2	1	7
	possible	7	7	7	7	7	35
Intermediate	actual	1	0	1	0	2	4
	possible	7	7	7	7	7	35
Advanced	actual	0	0	0	0	0	0
	possible	6	6	6	6	6	30
Totals	actual	3	1	2	2	3	11
	possible	20	20	20	20	20	100

USAT Score Sheet: Example 2

Level		Category					Totals
		Enc.	Edu.	Ex.	Emp.	Eval.	
Basic	actual	3	3	5	2	4	17
	possible	7	7	7	7	7	35
Intermediate	actual	1	1	1	3	2	8
	possible	7	7	7	7	7	35
Advanced	actual	0	0	2	2	1	5
	possible	6	6	6	6	6	30
Totals	actual	4	4	8	7	7	30
	possible	20	20	20	20	20	100

However, although this unit has clearly made good progress, there is room to improve in the intermediate and advanced levels of rehabilitation activity.

Such a unit might want to focus any new rehabilitation efforts in the program categories which still seem to be weak—perhaps in the areas of Encouragement and Education, which show only a few points at the basic and intermediate levels and none at the advanced levels.

Scoring Example 3: A Unit with Particular Deficits

The unique characteristics of a unit or its patient population can be reflected in the USAT score. In the third example, there is evidence that the unit is making a significant effort to implement rehabilitation programming. However, there is one apparent deficiency: this unit has fairly low scores for the Employment category, and the lower scores stand out in obvious contrast to the excellent scores received in the other categories.

In fact, there could be a logical explanation for the low Employment scores. Perhaps the unit is located in a retirement community, where virtually all of the patients are past working age. Although some of the USAT criteria assessing good renal rehabilitation programming for the Employment category are related to volunteerism and/or general engagement in productive activities, many of the criteria apply specifically to paid work. Under these circumstances, even if all of the applicable criteria were being met, the scores might still be low.

USAT Score Sheet: Example 3

Level		Category					Totals
		Enc.	Edu.	Ex.	Emp.	Eval.	
Basic	actual	6	5	5	2	5	23
	possible	7	7	7	7	7	35
Intermediate	actual	5	5	5	1	5	21
	possible	7	7	7	7	7	35
Advanced	actual	2	2	2	0	1	7
	possible	6	6	6	6	6	30
Totals	actual	13	12	12	3	11	51
	possible	20	20	20	20	20	100

This example clearly points out the importance of examining *all* of the scores and attempting to interpret them in light of other known factors. Unless the scores are viewed in the context of all that is happening in the unit, accurate interpretation will not be possible.

Scoring Example 4: A Unit with a Solid Rehabilitation Program

The final example shows a unit that has a sound and comprehensive rehabilitation program in place. Since there are still a few points available in many of the divisions of each category, there are still changes and additions that could be made. Nonetheless, patients served by a unit that scored this well would probably demonstrate the positive outcomes likely to accompany such strong rehabilitation programming. This unit could have been a Life Options Rehabilitation Advisory Council *Exemplary Practices* award winner contender in the category of General Excellence.

USAT Score Sheet: Example 4

Level		Category					Totals
		Enc.	Edu.	Ex.	Emp.	Eval.	
Basic	actual	6	4	7	5	7	29
	possible	7	7	7	7	7	35
Intermediate	actual	5	5	6	6	7	29
	possible	7	7	7	7	7	35
Advanced	actual	3	4	4	4	2	17
	possible	6	6	6	6	6	30
Totals	actual	14	13	17	15	16	75
	possible	20	20	20	20	20	100

Comparing Your Unit to Other Units

Your USAT scores may be more meaningful if you compare them to scores obtained by other units. Facilities which are part of a chain may have the opportunity to observe between-unit variations in rehabilitation approaches and patient outcomes. Based on such observations, it may be possible to draw plausible conclusions about which rehabilitation programs are most effective.

As part of the *Exemplary Practices* competitions, many applications have been processed and scored according to the criteria presented here. The range of scores attained by these applicants in each category for the years 1996 and 1997 are shown in Table 1. Obviously, there is a wide variation in the numbers achieved by these units. However, in every case, the winners were successfully implementing more than 80% of the criteria in their award category.

Other applicants to the competition were not as far along with their rehabilitation programming. Although they were making progress, they were missing some important elements of rehabilitation. If the USAT had been available to these units, they would have been able to identify where to focus their future rehabilitation efforts. Nonetheless, all of the facilities represented had one important thing in common: they were committed to improving their rehabilitation programming and patient outcomes. A very important point to note is that the USAT permitted the LORAC scorers to distinguish between rehabilitation programs which were broad and comprehensive and programs which had deficiencies. The USAT can

Table 1: Ranges of Scores for *Exemplary Practices* Applications*

	1996		1997	
	Range of Scores	# Applicants	Range of Scores	# Applicants
Encouragement	4-19	31	5-19	24
Education	5-19	32	8-19	28
Exercise	3-16	27	7-19	20
Employment	2-18	20	3-17	13
Evaluation	2-19	17	6-17	10
General Excellence	32-81	15	26-89	10

* Scores converted to correspond with current scoring schema.

help identify weaknesses in your unit's programming, as well. Comparing your unit's scores in each category to the scores in Table 1 will give you an additional indication of how well your unit compares to other units dedicated to good rehabilitation programming.

How to Use USAT Scores to Improve Rehabilitation Programming

Once self-assessment has been done, what action should be taken based on your results? The appropriate action must be dictated by the needs and preferences of your patients, the needs and preferences of your unit's staff, and the resources available to devote to rehabilitation initiatives.

Observe your strengths and weaknesses. For example, if your high scores are concentrated in a single category or at a single level within each category, devise an action plan based on the results. Ask your team what intervention to change or add that could give you the most impact for the least expenditure of resources (staff time, money, materials). What program revisions or additions do your *patients* most want to see implemented? What

program revisions or additions would *staff* most like to see implemented? The Unit Self-Assessment at a Glance sidebar, below, will help you to visualize all the steps

Unit Self-Assessment at a Glance

Factors to consider and steps involved in performing self-assessment of your unit's rehabilitation programming are summarized below. Following these steps will help to simplify the self-assessment process and make it as practical and convenient as possible.

1. Determine your reasons for doing the self-assessment. Do you want to revise current programming, develop a baseline, or add new elements?
2. Determine one or more staff persons who will do the assessment. The more members who participate, the better.
3. Determine an assessment schedule. Will you review only once, more than once, with same scorers at different times, or with different scorers? Set aside sufficient time to complete the assessment(s).
4. Gather the materials, program information, etc., you are going to evaluate. Provide each reviewer with a copy of the USAT (Appendix B).
5. Score your program according to the scoring sheets.
6. Total the scores using one USAT Summary Score Sheet for each scorer (Appendix C). Interpret the results.
7. Confer with the staff—obtain their input and preferences. This will facilitate cooperation later, as you begin to implement the suggestions and activities you are developing now.
8. Consult the Life Options publication, *Building Quality of Life: A Practical Guide to Renal Rehabilitation* for suggestions, instructions, advice, and information on about how to begin a rehabilitation intervention in the category of your choice. You can obtain the *Practical Guide* by calling the Life Options Rehabilitation Resource Center at (800)468-7777.
9. Obtain resources to do the intervention (money, staff, sufficient time, site, equipment, etc.).
10. Collect baseline data on the aspects of patient functioning which are likely to be affected by the program you are planning.
11. Begin the intervention.
12. Measure progress by re-assessing the patients' functioning.
13. Re-assess your unit using the USAT.

involved in assessing your unit and planning your rehabilitation activities.

Another Life Options publication entitled, *Building Quality of Life: A Practical Guide to Renal Rehabilitation* contains many helpful suggestions in each of the five categories for beginning a limited or comprehensive renal rehabilitation program. The *Practical Guide* is an invaluable tool for selecting, planning, and implementing a series of rehabilitation strategies suited to your unit's unique requirements and resources. You can obtain the *Practical Guide* by calling the Life Options Rehabilitation Resource Center at (800)468-7777.

Conclusion

The USAT provides a method for your dialysis facility to assess its rehabilitation programming. Once you perform a baseline assessment, you can begin to formulate an improvement plan with full and precise knowledge of your current program's strengths and shortcomings.

Further, armed with the USAT criteria, your unit can tailor its rehabilitation program to accurately reflect the needs of your patient population, as well as your own philosophies of renal rehabilitation and healthcare overall. The Life Options Rehabilitation Advisory Council has great confidence that introduction of the USAT will mark a new era in renal rehabilitation—an era in which dialysis facilities have at their disposal all the tools necessary for exemplary renal rehabilitation programming.

In 1993, a group of patients, healthcare professionals, government representatives, researchers, and private business persons was supported by Amgen Inc. to come together with the goal of promoting rehabilitation of patients with ESRD. This group, the Life Options Rehabilitation Advisory Council (LORAC), felt certain that—despite the lack of recognition—successful renal rehabilitation was being carried out in dialysis facilities and organizations across the country.

In order to focus attention on these successful efforts, LORAC created an *Exemplary Practices in Renal Rehabilitation* competition to:

- Identify and honor programs or organizations already using effective or innovative renal rehabilitation strategies
- Provide a forum for national sharing of programs' methods and materials

Activities or programs which help return patients to a level of functioning as close as possible to what they enjoyed before ESRD are, in effect, renal rehabilitation. But what activities and/or programs *really help* to allow patients to resume lives that are as normal as possible?

At the time that the *Exemplary Practices* competition was being considered, LORAC had just completed *Renal Rehabilitation: Bridging the Barriers*. This white paper introduced five core principles of renal rehabilitation, the “5 E’s:” Encouragement, Education, Exercise, Employment, and Evaluation. Because LORAC members believed that activities in all five of the “E” categories would be necessary to

achieve rehabilitation for ESRD patients, they designed the *Exemplary Practices* competition around these five categories of rehabilitation activities.

Establishing Exemplary Practices Criteria

Since no organized or formal criteria for “good renal rehabilitation programming” had ever been established, LORAC members and Medical Education Institute staff set out to develop practical, common sense standards to evaluate renal rehabilitation entries for the first *Exemplary Practices* competition in 1994. The LORAC assembled a preliminary list of rehabilitation activities which might characterize a good program in each category. The LORAC received 45 applications for *Exemplary Practices* in its first year. Based on the applications, the LORAC was able to validate the preliminary criteria and add additional criteria.

In 1995, the LORAC received 47 *Exemplary Practices* applications, which were scored according to the revised criteria. In the process of reviewing and scoring these applications, LORAC added additional scoring criteria.

In 1996, the 51 applicants for the *Exemplary Practices* competition were scored according to the newest criteria. This system worked very effectively and efficiently, allowing all of the various characteristics of the programs described in the applications to be counted and acknowledged. After using this scoring system, LORAC concluded that, based on the programs which had been reviewed, a sufficiently comprehensive list of characteristics of a good renal rehabilitation program for each of the five categories

had been achieved. In addition, enough flexibility had been built into the scoring system that characteristics not specifically mentioned could be acknowledged and credited. This final list of criteria became the basis for the USAT.

Reliability and Validity of the USAT

Although formal psychometric testing has not been done on the USAT, there is evidence that it is a reliable and valid measure. Field testing was carried out, in which members of the renal community were invited to comment on the content, format, and organization of the USAT. Nearly 50 renal care professionals responded with comments and suggestions. In general, the responses from the community were very positive; in those

few instances that suggestions for revisions were made, every effort was made to incorporate the changes into the USAT.

In addition, during *Exemplary Practices* scoring, three separate LORAC representatives scored each application. In every case, the scores assigned by the three evaluators were very similar. Nonetheless, it might be of interest to do a “reliability check” in your unit by having various staff members fill out the USAT.

Different individuals may have different perspectives on the rehabilitation activities in your unit. The opinions of each of them are important and will contribute to a better understanding of the rehabilitation needs in your unit.

USAT Encouragement Criteria

BASIC REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EN-1** ____ Do you have a centrally located bulletin board featuring patients who actively pursue rehabilitation?
- EN-2** ____ Do you provide occasions for talks with patients about positive outcomes of other patients (without violating patient confidentiality)?
- EN-3** ____ Do you provide written educational materials to patients/families/friends?
- EN-4** ____ Do you provide educational videos to patients/families/friends?
- EN-5** ____ Do you provide information about ESRD organizations?
- EN-6** ____ Do you provide or sponsor patient rewards or incentives for progress made toward rehabilitation goals?
- EN-7** ____ Do you provide or sponsor any other encouragement-oriented activities that are not enumerated above?

INTERMEDIATE REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EN-8** ____ Do you have patient support groups that are run by a facilitator?
- EN-9** ____ Do you have patient support groups run by patients?
- EN-10** ____ Do you perform systematic and routine evaluation and set goals for *all* patients?
- EN-11** ____ Do you hold periodic staff meetings to assess patients' rehabilitation status?
- EN-12** ____ Do you provide a special "orientation shift" or in-unit "orientation-to-dialysis session" for new patients?
- EN-13** ____ Do you provide any information to families and patients about the possibility of involvement in self-care?
- EN-14** ____ Do you have any programs or resources to teach families how to support/what to expect from the renal patient?

ADVANCED REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EN-15** ____ Do you have a regular program of predialysis or early (within first 6 weeks on dialysis) intervention to encourage positive patient attitudes and expectations?
- EN-16** ____ Do you have motivational sessions/incentive programs to encourage rehabilitation efforts by patients or staff?
- EN-17** ____ Do you promote a one-on-one buddy system for new dialysis patients to help their adjustment to dialysis?
- EN-18** ____ Do you actively encourage and provide assistance for patients' participation in their dialysis and other treatments in order to encourage their independence?
- EN-19** ____ Do you track the outcomes or results of your encouragement-related efforts?
- EN-20** ____ Do you track the costs associated with your encouragement-related activities and programs?

_____ **SUBTOTAL (20 possible)**

Explanations of USAT Encouragement Criteria

BASIC: EN-1 to EN-7

- EN-1:** Providing a bulletin board is a simple, basic intervention with the potential for positive impact on patients. Patients' successes, individual stories, solutions to common problems, and other news and accomplishments can be posted in a central location and shared by everyone.
- EN-2:** Patients take great comfort in the accounts of other dialysis patients' successes. Taking some time to elicit permission from "successful" patients so their stories can be shared with others reinforces "successful" patients while encouraging new patients.
- EN-3:** There are many printed educational materials for dialysis patients available from a variety of sources. Many of these materials can be obtained free of charge. Providing such materials for dialysis patients is an inexpensive, yet potentially effective method of empowering patients, facilitating their overall adjustment, and promoting positive attitudes and perceptions.
- EN-4:** Video presentations might have more impact than printed materials because they educate and inform patients through two senses rather than just one. Material missed in a written presentation might well be taken to heart when presented as a video.
- EN-5:** ESRD organizations can only be a resource to renal patients if patients know about them and use their services. Telling patients about the organization's purposes, prerequisites for obtaining services, and contact information can be a very inexpensive and useful way to encourage ESRD patients.
- EN-6:** Rewards potentially have a big impact on patients' overall outlook. Even simple rewards can help to remind patients that their efforts and achievements are recognized and appreciated. Certificates, small prizes or gifts, public acknowledgment on a bulletin board or in a newsletter, a party or treat in the patient's honor—all such activities contribute to patients' overall satisfaction with the unit and with their lives in general.
- EN-7:** There are many other simple activities that might be undertaken to promote positive attitudes, to inform, and to empower dialysis patients. Any other methods or activities you have identified can be credited here.

INTERMEDIATE: EN-8 to EN-14

- EN-8:** Support groups provide an excellent opportunity for encouragement of dialysis patients. Regular meetings provide a chance for patients to share experiences and vent feelings. With a staff facilitator, such sharing can take place with the careful monitoring and facilitation of staff who are trained to optimize the interaction and its effects on patients' encouragement level.
- EN-9:** A support group run by patients can provide the opportunity for patients to share general information and helpful advice, as well as accounts of their triumphs and frustrations. Being able to discuss common concerns with others who understand what they are talking about helps patients to continue dealing with dialysis and to establish and maintain positive attitudes.
- EN-10:** Routine assessment and goal-setting are activities that help patients to identify where they want to go and what they want to accomplish. It also provides them with a way to keep track of their progress. If realistic, practical goals are set, patients may begin to feel better about themselves and may surprise themselves and staff by doing even more than was initially expected.
- EN-11:** Staff need to be aware of patients' rehabilitation needs, just as they are aware of patients' clinical management needs. Regular staff meetings to assess patients' rehabilitation needs can keep the topic of rehabilitation fresh in the minds of staff and patients. This process can contribute to the rehabilitation esprit of the unit overall and will help to encourage patients to be and do all they can.
- EN-12:** New dialysis patients have a special need for information. An educational program that introduces patients to the information essential to their successful transition to life on dialysis is a MUST!
- EN-13:** Self-care has been shown to contribute positively to several facets of patients' functioning and well-being. Providing information about self-care possibilities to patients and families imparts a sense of increased control to patients. Any aspect of self-care, no matter how small, has the potential to contribute to patients' and families' outlooks and attitudes.
- EN-14:** Patients who have the support and help of their families and/or other social support persons seem to adapt better overall. Educational efforts (in the form of printed information, formal or informal classes) for families/significant others are very important to ESRD patient rehabilitation.

ADVANCED: EN-15 to EN-20

- EN-15:** The presence of a formal, regular program for intervening with renal patients *before* they begin dialysis is an advanced rehabilitation intervention because, although it is relatively resource-intensive, it has been shown to positively affect several patient outcomes. Such a program would likely have information and activities directed at four of the five rehabilitation “E’s”: Encouragement, Education, Exercise, and Employment.
- EN-16:** Patients can make more progress toward their rehabilitation goals if they are motivated and if staff are motivated and committed to helping them. Providing motivational sessions that discuss the purposes, benefits, and very real possibility of improved dialysis patient functioning will help to keep patients and staff focused, positive, and alive to the potential for rehabilitation.
- EN-17:** Patients often serve as the best role models, teachers, and mentors for other patients. Information that is “preachy” when presented by staff is pertinent when presented by another patient. A buddy system that pairs up new patients with successful veteran patients can contribute greatly to the new patients’ adjustment to life on dialysis.
- EN-18:** Programs that actively encourage and facilitate patients’ involvement in their own care are advanced interventions with the potential for significant positive impact on patients’ well-being. Sessions in which levels of self-care involvement are discussed and patient decisions are made, in addition to sessions of programmed learning about how to perform self-care activities, would be required for this criterion.
- EN-19:** Outcomes assessment is an essential component of any rehabilitation intervention. To know whether an intervention is really worthwhile, its results or impact must be carefully evaluated. To meet this criterion, outcomes resulting from the interventions must be measured regularly using either a unit-developed or a standardized assessment tool.
- EN-20:** It is essential that the costs associated with facilitating renal rehabilitation be known. To this end, cost tracking should be performed whenever a rehabilitation activity is undertaken. Any system of cost tracking or monitoring that allows an estimate of all expenditures involved with a particular intervention (time, materials, etc.) satisfies this criterion.

USAT Education Criteria

BASIC REHABILITATION INTERVENTIONS:

Score 1 point for each “yes” answer

- ED-1** ____ Do you provide any printed educational materials (e.g., books, pamphlets, brochures, newsletters) for patients?
- ED-2** ____ Do you have a special orientation program for new patients?
- ED-3** ____ Do you have educational programs for patients’ families or other social support persons?
- ED-4** ____ Do you sponsor educational programs for members of the healthcare team?
- ED-5** ____ Do you have any facility-specific educational materials?
- ED-6** ____ Do you have/provide any educational videos for patient use?
- ED-7** ____ Do you provide or have any other kinds of educational strategies/programs that were not covered in the above items?

INTERMEDIATE REHABILITATION INTERVENTIONS:

Score 1 point for each “yes” answer

- ED-8** ____ Do you sponsor or provide any educational programs for potential or present employers of dialysis patients?
- ED-9** ____ Do you have/provide any programmed learning modules (computer or booklet)?
- ED-10** ____ Do you hold any in-unit educational sessions or programs?
- ED-11** ____ Do you have any educational programs for the general public?
- ED-12** ____ Do you routinely and repeatedly offer educational materials to patients?
- ED-13** ____ Do you ever have any special “presentations” made by staff or guest speakers?
- ED-14** ____ Do you have any educational programs dealing with the other rehabilitation “E’s” (Encouragement, Exercise, Employment, Evaluation)?

ADVANCED REHABILITATION INTERVENTIONS:

Score 1 point for each “yes” answer

- ED-15** ____ Do you sponsor/provide educational classes outside of dialysis time?
- ED-16** ____ Do you have regular/periodic educational sessions in which patients can participate?
- ED-17** ____ Do you provide any sort of evaluation for literacy level of your patients?
- ED-18** ____ Do you have a continuing education program for established patients?
- ED-19** ____ Do you track the outcomes or results of your educational efforts?
- ED-20** ____ Do you track the costs associated with your education program?

_____ **SUBTOTAL (20 possible)**

Explanations of USAT Education Criteria

BASIC: ED-1 to ED-7

- ED-1:** There are many printed educational materials for dialysis patients, available from a variety of sources. Most of these can be obtained free of charge. Providing such materials for dialysis patients is an inexpensive, yet potentially effective, method of ensuring at least basic patient education.
- ED-2:** New dialysis patients have a special need for information. An educational program that introduces patients to the information that is essential to their successful transition to life on dialysis is a MUST!
- ED-3:** Patients who have the support and help of their families and/or other social support persons seem to adapt better overall. Educational efforts (in the form of printed information, formal or informal classes) for families/significant others are very important to ESRD patient rehabilitation.
- ED-4:** Abundant new information becomes available every day about the care and rehabilitation of dialysis patients. Members of the healthcare team need to have ongoing education in order to stay current. Support or provision of in-house or outside continuing education opportunities for staff is a basic requisite of rehabilitation programming in the education category.
- ED-5:** Educational materials that have been developed within the unit have the potential to have more impact because they can be tailored to specifically identified patients' needs. Because they also can be made particularly relevant to the patients (for example, by using unit-specific examples), they are considered to basic educational strategies.
- ED-6:** Video presentations might have more impact than printed materials because they educate patients through two senses rather than just one. For this reason, the use of videos for education is considered a basic rehabilitation initiative.
- ED-7:** There are many different ways in which to educate patients—too many to be specifically enumerated here. Other methods, audiences, or occasions related to education and ESRD that you have identified can be credited here.

INTERMEDIATE: ED-8 to ED-14

- ED-8:** Employers who know about ESRD and understand its implications are more likely to hire ESRD patients. Any educational intervention that helps to teach potential employers about ESRD will contribute to patients' ability to live full and productive lives. Interventions can be provided in many different forms.
- ED-9:** Programmed learning modules use the technique of beginning with the simplest information and building on it. Since they have the potential to help patients learn and retain more of the essential information, they are also considered to be intermediate rehabilitation strategies.
- ED-10:** Educational sessions or programs held in-unit can be personalized to suit the population of the unit and also feel very "relevant" to patients. The convenience of the in-unit location is apt to help attendance and the familiarity of the surroundings is apt to induce learning and retention of information—thus they are intermediate strategies.
- ED-11:** Public attitudes toward ESRD have the potential to impact patients' quality of life, health, and well-being. Educational programs that help to educate members of the community about ESRD may ultimately help patients to find social support, jobs, services, etc. Education of the community may occur in many forms: printed educational materials, flyers, newspaper articles, newsletters, presentations, planned social events, etc.
- ED-12:** It is difficult for patients to learn and retain all of the essential information at a single session. Thus, information offered repeatedly and routinely has more impact than information presented only one time.
- ED-13:** Having staff prepare a special presentation or inviting guest speakers is an intermediate educational strategy for two primary reasons: it provides patients with a new/different perspective on what may be "old" information and also imparts a sense of the information's importance to all listeners.
- ED-14:** Since each of the rehabilitation "E" categories is important to patients' rehabilitation, education on any of the related "E" topics is a criterion of a good rehabilitation program at the intermediate level.

ADVANCED: ED-15 to ED-20

- ED-15:** Educational classes sponsored outside of dialysis time can be carried out in whatever manner is most convenient to patients and involved staff. Times, places, schedule, and material covered can be “negotiated” by patients and staff together. Such programs are considered to be advanced interventions both because they are likely to have more impact (patients must be motivated to attend, staff must be very committed if they are participating, etc.) and also because they involve many more resources (in terms of time, place, staff, planning, etc.)
- ED-16:** In this criterion, active patient participation in the educational program is implied. Participation should be at the level of planning for materials covered, learning in a “hands-on” way, discussion groups, focus groups, or the like. Such participatory educational programs are considered to be advanced because they are relatively time-consuming and resource-intensive. However, they also have the potential to have increased impact on patients’ educational status.
- ED-17:** Because an effective educational program would include the potential for adapting educational strategies based on patients’ individual literacy levels, it is important that literacy, as well as visual acuity, be reviewed and/or assessed as necessary.
- ED-18:** A continuing or ongoing education program is considered to be a more advanced strategy than a dialysis orientation program because it indicates a concern with patients’ overall rehabilitation, as opposed simply to their smooth integration into the flow of the unit. Ongoing programs can be planned around any relevant topic and arranged in any way that will help to educate/rehabilitate established dialysis patients.
- ED-19:** Outcomes assessment is an essential component of any intervention. In order to know whether an intervention is worthwhile, its results or impact must be carefully evaluated. To meet this criterion, outcomes resulting from the intervention must be measured regularly using either a unit-developed or a standardized assessment tool.
- ED-20:** It is essential that the costs associated with facilitating renal rehabilitation be known. To this end, cost tracking should be performed whenever an intervention is undertaken. Any system of cost tracking or monitoring that allows an estimate of all expenditures associated with a particular intervention (time, materials, etc.) fulfills this criterion.

USAT Exercise Criteria

BASIC REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EX-1** ____ Do you have a centrally located bulletin board featuring patients who pursue fitness activities?
- EX-2** ____ Do you have brochures/literature about renal exercise routinely available?
- EX-3** ____ Do you have any videos re: exercise available in the unit or for home use?
- EX-4** ____ Do you provide information or make referrals to community exercise resources?
- EX-5** ____ Is *every* patient asked about participation in exercise activities?
- EX-6** ____ Do you sponsor or give rewards or other recognition for patients' efforts toward improving physical functioning?
- EX-7** ____ Do you sponsor or provide any other exercise-related or activity-based interventions or programs not covered above?

INTERMEDIATE REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EX-8** ____ Do you make direct referrals to community resources for exercise/fitness programs?
- EX-9** ____ Do you sponsor group exercise programs that are offered during off-dialysis time?
- EX-10** ____ Do you have any fitness apparatus or exercise equipment available at the unit?
- EX-11** ____ Do you sponsor, support or have you organized any patient walking clubs/any other group exercise?
- EX-12** ____ Do you regularly refer patients for OT and/or PT evaluations and treatments?
- EX-13** ____ Do you have contacts with community fitness/exercise resources that provide discounts/access for patients?
- EX-14** ____ Is *every* patient formally evaluated for changes that could influence physical functioning (i.e., anemia, bone disease, muscle atrophy, etc.)?

ADVANCED REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EX-15** ____ Do you sponsor/support any local events for fitness among renal patients?
- EX-16** ____ Do you provide for any kind of exercise programming outside of the dialysis unit that includes evaluation and individualized planning?
- EX-17** ____ Do you have an in-center assessment and training program to improve patients' ability to perform activities of daily living (ADLs)?
- EX-18** ____ Do you have in-center, organized group fitness activities during dialysis?
- EX-19** ____ Do you track the outcomes or results of your exercise-related efforts?
- EX-20** ____ Do you track the costs associated with your exercise-related activities and programs?

_____ **SUBTOTAL (20 possible)**

Explanations of USAT Exercise Criteria

BASIC: EX-1 to EX-7

- EX-1:** Providing a bulletin board is a simple and basic intervention which has the potential for positive impact on patient exercise habits. Patients' successful experiences with exercise activities, their solutions to common exercise-related problems, and other news and accomplishments can be posted in a central location to be shared by everyone in the unit.
- EX-2:** There are now several types of printed educational materials for dialysis patients regarding exercise. Many of these can be obtained free of charge. Providing such materials for dialysis patients is an inexpensive, yet potentially effective method of ensuring that dialysis patients know the basic information about exercise.
- EX-3:** Exercise videos directed toward patients on dialysis (such as the video available as part of Amgen's *Exercise for the Dialysis Patient: A Comprehensive Program*) may wield more impact than printed materials because they show real patients engaged in real exercise. Videos have the potential to inform and motivate simultaneously.
- EX-4:** Making information available about community-based exercise programs is a simple way to get patients to take the first step toward participation in an exercise activity. Staff might use the yellow pages listings as a starting point for learning about local exercise opportunities. As one or more programs are contacted, information usually begins to accumulate in a "snowball" fashion.
- EX-5:** In addition to providing valuable information about each individual's exercising habits and aggregate information about the entire unit's overall exercise patterns, asking every patient what he or she is doing for exercise conveys the degree to which staff believe exercise is important for dialysis patients.
- EX-6:** Rewards can potentially have a big impact on patients' overall outlook and continued motivation for an activity. Even simple kinds of rewards can help to keep patients focused and enthusiastic about their exercise activities. Certificates, small prizes or gifts, public acknowledgment on a bulletin board or in a newsletter, a party or treat in the patient's honor—all such activities contribute to the likelihood of patients' continuation in an exercise program.
- EX-7:** There are many other simple activities which might be undertaken to promote patients' participation in appropriate exercise endeavors. Any other methods or activities which you have identified can be credited here.

INTERMEDIATE: EX-8 to EX-14

- EX-8:** Some of the criteria listed at the basic level suggest the identification of community exercise resources for patients. At the intermediate level, this notion is expanded upon, with staff actually making direct referrals to exercise/fitness programs in the local community.
- EX-9:** Group exercise programs provide opportunities for patients to share the exercise experience, general information and helpful advice about exercise, accounts of their triumphs and frustrations, and common concerns about exercise and dialysis. Since this criterion specifies that group sessions be held during off-dialysis hours, these sessions can easily double as support group activities in which patients help each other to maintain positive attitudes about exercise and rehabilitation.
- EX-10:** Having exercise apparatus or equipment available in the unit serves several purposes: it conveys the staff's real commitment to exercise for dialysis patients, it serves as a constant reminder of the possibility of exercise, and it makes exercise convenient for patients who are motivated to participate. Exercise "equipment" can be as simple as rubber bands for stretching and soup cans for weight training, or as sophisticated as a modified exercise bike.
- EX-11:** Patient clubs for walking or other exercise offer social support outlets for patients at the same time that they provide an opportunity for regularly scheduled "institutionalized" physical activity. Clubs of this kind can contribute to the rehabilitation esprit of the unit overall and can help patients to maintain optimal physical functioning.
- EX-12:** Physical therapy for diagnosis and treatment of dialysis patients may be covered by Medicare and/or other insurance. Frequently, this potential resource goes unused. A unit policy of routine referral of patients to OT and PT for evaluation and treatment is a good rehabilitation strategy with clear potential to contribute to patients' improved physical functioning.
- EX-13:** Once staff have made the initial contact to request information about programming appropriate for dialysis patients, they can easily go one step further and ask if discounts might be provided for dialysis patients. Many patients are on a very tight budget; even a few dollars' savings might influence their decision to participate in an exercise activity.
- EX-14:** Exercise is feasible only for those patients who are enjoying good clinical management of all the physical changes that accompany renal disease. Formally evaluating every patient for such physical changes not only increases the likelihood that good clinical management will be carried out, but also makes it possible for exercise activities to become part of patients' everyday lives.

ADVANCED: EX-15 to EX-20

- EX-15:** Local fitness events communicate the importance of exercise for dialysis patients to patients and their families, to staff, and to the public. They also provide opportunities for patients who exercise to compete and to be acknowledged publicly for their accomplishments. Races, “Olympic” events, or other participatory events or programs are considered to be advanced strategies because they are likely to be both time-consuming and resource-intensive. However, they also have the potential to have significant impact on patients’ physical functioning, motivation, self-esteem, and sense of empowerment.
- EX-16:** Providing individualized exercise programming for patients off-dialysis and off-site is another relatively cost- and time-intensive rehabilitation activity. Such a program might entail renting a fully equipped gym or other usable exercise room or facility, procuring appropriate equipment, hiring or otherwise engaging an exercise trainer to do evaluations and provide individualized training suggestions, etc.
- EX-17:** Patients’ capacity to carry out activities required for daily living (ADLs) is an aspect of their physical functioning which should not be neglected. Routine assessments of patients’ ability to live and function independently, and institution of appropriate interventions to improve such ability, constitute advanced rehabilitation interventions which are of paramount importance. If patients can no longer care for themselves, the degree of rehabilitation which is possible for them becomes very limited. Assessing and improving ADL skills for dialysis patients should always be a top priority.
- EX-18:** In-center group exercise programs which actively champion patients’ participation are advanced rehabilitation strategies. Such programs require some planning and resources and have the potential to significantly improve patient’s well-being. Educational and encouragement sessions focusing on exercise might be included as part of such a program.
- EX-19:** Outcomes assessment is an essential component of any rehabilitation intervention. In order to know whether an intervention is really worthwhile, its results or impact must be carefully evaluated. To meet this criterion, outcomes resulting from the interventions must be measured regularly using a unit-developed or standardized assessment tool.
- EX-20:** It is essential that the costs associated with facilitating renal rehabilitation be known. To this end, cost-tracking should be performed whenever a rehabilitation activity is undertaken. Any system of cost tracking or monitoring which allows an estimate of all expenditures involved with a particular activity (time, materials, etc.) fulfills this criterion.

USAT Employment Criteria

BASIC REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EM-1** ____ Do you have a centrally located bulletin board featuring employed/rehabilitated patients?
- EM-2** ____ Do you inform patients about choices of treatment modalities to accommodate their work and life interests?
- EM-3** ____ Do you provide any kind of information about ESRD to your patients' employers?
- EM-4** ____ Do you provide information to patients and their employers about accommodations that must be made in the workplace for ESRD patients?
- EM-5** ____ Do you provide information for families about patients' potential to continue working and the benefits of working?
- EM-6** ____ Do you regularly conduct "informal" screening for employment status or potential?
- EM-7** ____ Does your unit have/provide any other employment-related activities that are not covered above?

INTERMEDIATE REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EM-8** ____ Do you have an ongoing relationship with the VR agency to facilitate patients' retraining or job placement?
- EM-9** ____ Do you provide any job-seeking skills training, such as resume writing, interviewing techniques, or "dress for success" information?
- EM-10** ____ Does your unit automatically refer all working-age patients to VR?
- EM-11** ____ Do you have any in-center employment support groups?
- EM-12** ____ Do you sponsor or provide for any direct staff communications with patients' employers?
- EM-13** ____ Do you have any relationship with a "temporary employment" service for potential training or jobs?
- EM-14** ____ Do you support/sponsor regular interactive sessions among staff and patients about the importance of employment?

ADVANCED REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EM-15** ____ Do you conduct formal screening of patients for employment status/potential?
- EM-16** ____ Do you have any mechanism or program to connect patients with jobs?
- EM-17** ____ Do you provide any early interventions (predialysis or within first 6 weeks) to help patients keep their jobs?
- EM-18** ____ Do you provide for individualized flexible dialysis scheduling (i.e., treatments beginning after 5 pm; weekend dialysis; self-care opportunities; separate shift for working patients; and/or priority scheduling for working patients)?
- EM-19** ____ Do you track the outcomes or results of your employment-related initiatives?
- EM-20** ____ Do you track the costs associated with your employment-related activities and program?

_____ **SUBTOTAL (20 possible)**

Explanations of USAT Employment Criteria

BASIC: EM-1 to EM-7

- EM-1:** Providing a bulletin board is a simple and basic intervention with the potential for positive patient impact with regard to employment and overall engagement in life. Job opportunities, volunteer work, community social activities, and unit-based activities can be posted in a central location.
- EM-2:** Many patients are accustomed to passively accepting whatever treatments are suggested by healthcare providers. Simply informing patients that there *are* choices of modality and scheduling may improve the chances for them to seek/retain employment or participate actively in life.
- EM-3:** Educating employers of ESRD patients may mean the difference between continued employment and unemployment. If employers are aware of the true scope of ESRD patients' limitations and capabilities, they can formulate realistic expectations for their employees with renal disease.
- EM-4:** Employers have concerns about the potential impact of having an employee with ESRD. Providing information to employers about the necessary accommodations for dialysis patients may defuse such fears—the accommodations may not be as extensive or costly as employers might think.
- EM-5:** Educating families about patients' potential for employment is a useful strategy because research has shown that families' attitudes toward employment have a great deal of influence over whether patients are likely to be employed.
- EM-6:** Informal screening of patients for employment potential or status may uncover problem areas early enough to intervene before employment is lost, before activities are constrained, and/or before habits of inactivity are established.
- EM-7:** There are many other simple activities which might be undertaken to encourage employment/active lifestyle in dialysis patients. Any other methods or activities which you have identified can be credited here.

INTERMEDIATE: EM-8 to EM-14

- EM-8:** Regular contact and an ongoing relationship between the dialysis facility and the local office of Vocational Rehabilitation increase the likelihood that patients will receive appropriate intervention and follow-up for employment. A designated unit staff person should make the effort to establish such a relationship and a continuing dialogue with at least one VR counselor.
- EM-9:** Having or sponsoring activities related to employment, such as grooming tips and resume writing, helps to make able patients “job-ready.” Such activities also help other patients who might be unable to work feel like they are still a part of the mainstream—it helps to keep them interested and in touch with the world of employment.
- EM-10:** If an automatic referral system is in place, all patients will be guaranteed the chance to consider work or educational placement/assistance. Patients may surprise themselves and dialysis staff by doing more than was initially expected.
- EM-11:** A support group devoted to employment and related issues will provide the opportunity for employed patients to share their triumphs and their frustrations with others who understand. Patients who are unemployed can participate as well and can vicariously experience the workplace.
- EM-12:** Regular direct contact (authorized by the patients) between employers and dialysis staff can help to smooth over difficulties and nip potential problems in the bud. Contact helps to keep the employer committed to the employee and allows the chance for questions that arise about dialysis to be addressed.
- EM-13:** Temporary employment through an agency often provides flexibility for ESRD patients, allowing them to work variable hours, or at irregular times, without jeopardizing their disability status. An ongoing relationship between dialysis staff and a temporary employment agency facilitates the placement of patients in available positions.
- EM-14:** In addition to the obvious benefit of providing information for patients, planned opportunities or occasions for staff to talk with patients about employment convey a sense of the importance of employment as well as the real possibility of employment to patients.

ADVANCED: EM-15 to EM-20

- EM-15:** Formal screening of patients for employment status/potential can identify their willingness and/or ability to be employed, their desires or preferences for types of work, and proficiencies and deficiencies, i.e., areas in which retraining is indicated.
- EM-16:** An example of a program or mechanism to connect patients with jobs would be a facility's relationship with specific employers who are willing to hire dialysis patients. To develop a connection of this type, staff might contact local employers to solicit their interest and then fill any positions obtained with dialysis patients who have expressed/demonstrated willingness and ability to work.
- EM-17:** Research has demonstrated that jobs held before dialysis can be maintained with early interventions. The interventions applied included such strategies as patient and family counseling and education, employer contact and education, etc.
- EM-18:** Providing flexible dialysis scheduling, evening or early morning shifts, or preferential shift choice individualized for workers and students goes a long way toward allowing and encouraging dialysis patients to maintain employment or school enrollment.
- EM-19:** Outcomes assessment is an essential component of any rehabilitation intervention. In order to know whether an activity is really worthwhile, its results or impact must be carefully evaluated. To meet this criterion, outcomes must be measured regularly using a unit-developed or standardized assessment tool.
- EM-20:** It is essential that the costs associated with facilitating renal rehabilitation be known. To this end, cost tracking should be performed whenever a rehabilitation activity is undertaken. Any system of cost tracking or monitoring which allows an estimate of all expenditures involved with a particular activity (time, materials, etc.) fulfills this criterion.

USAT Evaluation Criteria

BASIC REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EV-1** Do you perform regular assessment of patients' overall functional status (physical functioning, mental health functioning, and well-being)?
- EV-2** Do you perform regular assessment of patients' activities of daily living (ADL) status?
- EV-3** Do you perform regular assessment of patients' satisfaction with their levels of functioning or with their rehabilitation status?
- EV-4** Do you perform assessments of patients' literacy or educational levels?
- EV-5** Do you perform any kind of informal assessment of patient, family, and/or staff attitudes toward rehabilitation?
- EV-6** Do you perform assessment of patients' job skills and/or suitability for vocational rehabilitation?
- EV-7** Do you perform any other kinds of evaluation or assessment-related activities not enumerated here?

INTERMEDIATE REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EV-8** Have any articles been written about your unit's evaluation of patient outcomes or has information about the measurement of your unit's rehabilitation outcomes been shared with the renal community in any other way?
- EV-9** Does your unit regularly perform formal evaluations of dialysis adequacy and incorporate the information into patient care plans?
- EV-10** Does your unit regularly perform formal evaluations of nutritional status and incorporate the information into patient care plans?
- EV-11** Does your unit regularly perform formal evaluations of anemia and incorporate the information into patient care plans?
- EV-12** Do you perform formal rehabilitation intake assessments of new patients, using standardized instruments?
- EV-13** Has your unit developed or do you use a standardized rehabilitation assessment instrument on a regular basis?
- EV-14** Does your unit perform formal assessments of patients' or families' overall attitudes/beliefs/health beliefs, etc.?

ADVANCED REHABILITATION INTERVENTIONS:

Score 1 point for each "yes" answer

- EV-15** Do you use the information obtained from your outcomes assessment to modify/improve your rehabilitation programming?
- EV-16** Do you require periodic in-center progress evaluations by related services (PT, OT, Dietitian, VR, Nephrologist)?
- EV-17** Has your unit participated in any research efforts regarding rehabilitation outcomes and their evaluation?
- EV-18** Have any presentations been made at professional organizations (e.g., ASN, ANNA, NKF) or has information about your unit's assessments of rehabilitation outcomes been shared with the renal community in any other way?
- EV-19** Do you track the effects or results of your evaluation efforts?
- EV-20** Do you track the costs associated with your evaluation program?

_____ **SUBTOTAL (20 possible)**

Explanations of Evaluation USAT Criteria

BASIC: EV-1 to EV-7

- EV-1:** Assessment of patients' overall functional status, including their physical functioning, mental health, and well-being can be accomplished as part of regular care planning. At the most basic level, such assessment does not have to be formal or written—it must just involve a habit of taking a close look at how patients are getting along. Good questions to ask include: Does the patient seem better than usual? Same as usual? Quieter than usual? Weaker than before? Is the patient going downhill, holding his or her own, improving?
- EV-2:** Basic assessments of patients' ability to perform activities of daily living can be made informally. The ease with which patients are able to carry out spontaneous ADLs in the unit (e.g., outerwear removal, shoe tying, hair combing, make-up repair, etc.) should be noted and recorded in their charts and/or care plans. Patients can also be asked directly if they are able to do all of the usual day-to-day things they used to do. Any change (positive or negative) in their performance of such activities warrants further attention and intervention.
- EV-3:** Not surprisingly, patients are usually the first to notice declining functional status. However, although they might observe that their ability to do certain things is diminishing, they may not mention it to anyone. Simply asking patients, at regular intervals, if they are satisfied with their current level of functioning is a rehabilitation intervention at the basic level.
- EV-4:** Patients' ability to read and understand printed materials may influence their overall adjustment to dialysis. A good observer may be able to detect clues that a patient is having a problem reading, seeing, or understanding printed materials, without a formal assessment. If such indications are present, a more advanced rehabilitation activity, such as doing a formal assessment, might be warranted.
- EV-5:** Assessing patients', families', and unit staff's attitudes toward rehabilitation is a basic rehabilitation intervention. At this level, assessments can be as simple as asking what individuals think or know about rehabilitation for dialysis patients. Educational and/or motivational activities can be specifically targeted to needs identified through assessment.
- EV-6:** Informal screening of patients for employment status or potential may uncover problem areas early enough to intervene before employment is lost, activities are constrained, or before habits of inactivity are established.

EV-7: There are many other simple assessment-related activities which might be undertaken with dialysis patients. Any other methods or activities which you have identified can be credited here.

INTERMEDIATE: EV-8 to EV-14

EV-8: Sharing information obtained by evaluation procedures is an important rehabilitation intervention at the intermediate level. Only if such information is shared will the value of rehabilitation eventually become known so rehabilitation can become standard procedure in dialysis centers. Trade press articles, for example, are easily-accessible vehicles for information sharing.

EV-9: Patients whose disease processes are not stable will not be ready for rehabilitation. For example, patients suffering the effects of uremia may have difficulty concentrating, sleeping, and focusing on rehabilitation efforts. Thus, good clinical management is a prerequisite to any rehabilitation intervention, and formal assessment of patients' dialysis adequacy is an intermediate rehabilitation intervention.

EV-10: Patients who are malnourished are at increased risk of death, and may be less able to focus on rehabilitation efforts. Regular formal assessment of patients' nutritional status is another intermediate rehabilitation intervention.

EV-11: Patients who are anemic may be fatigued, weak, and have difficulty concentrating or focusing on rehabilitation efforts. Regular formal assessment of the quality of patients' anemia control is also an intermediate rehabilitation intervention.

EV-12: Routine formal rehabilitation intake assessments provide a baseline measurement of incoming patients' rehabilitation status. Since the progress of patients' debilitation is often slow and nearly unobservable, having a baseline rehabilitation status measurement allows even small degrees of deterioration to be observed and reversed before they can progress further.

EV-13: Regular use of a standard rehabilitation assessment instrument permits a uniform assessment to be made on all patients. This process will ultimately allow comparison of scores across patients, across units, and across the whole ESRD population. In this way, progress toward the goal of rehabilitation for individual dialysis patients and all dialysis patients can be monitored.

EV-14: The importance of patients' and families' attitudes and beliefs regarding renal rehabilitation can never be over-estimated. Regular attitude assessment provides information that can be used to plan educational and/or motivational interventions designed to convert negative attitudes and to instill hope, optimism, and a firm belief in the potential for renal patients' rehabilitation.

ADVANCED: EV-15 to EV-20

- EV-15:** Incorporating the results of the outcomes assessment process into rehabilitation program planning indicates a unit's understanding of and commitment to the concept of evaluation of renal rehabilitation.
- EV-16:** Requiring periodic in-center progress evaluations by related services is a good way to keep the whole team involved in the rehabilitation process and to make sure that every resource which can be brought to bear on the rehabilitation undertaking is being used. Evaluations themselves should identify specific areas of need and suggest remedies for the problems identified.
- EV-17:** Linking specific rehabilitation interventions to specific patient outcomes is an important component of evaluation. Facilities' participation in the research which will identify such linkages is crucial.
- EV-18:** As discussed in criterion EV-8, sharing information obtained through evaluation is an important rehabilitation intervention. The ultimate goal is for renal rehabilitation to be a routine part of every dialysis patient's care. Sharing information at professional meetings and other similar venues "legitimizes" rehabilitation, makes its methods known, and holds the key to its universal application.
- EV-19:** Outcomes assessment is an essential component of any rehabilitation intervention. In order to know whether an intervention is really worthwhile, its results or impact must be carefully evaluated. To meet this criterion, outcomes resulting from the interventions must be measured regularly using either a unit-developed or, preferably, a standardized assessment tool.
- EV-20:** It is essential that the costs associated with facilitating renal rehabilitation be known. To this end, cost tracking should be performed whenever an intervention is undertaken. Any system of cost tracking or monitoring that allows an estimate of all expenditures involved with a particular intervention (time, materials, etc.) fulfills this criterion.

Instructions for completing the USAT Summary Score Sheet

Each scorer who completes the *Unit Self-Assessment Tool for Renal Rehabilitation* (USAT) should:

- Fill out a USAT Summary Score Sheet by referring to the completed USAT Criteria form for each “E” category
- Enter the subtotals for each “E” category into the appropriate boxes of the USAT Summary Score Sheet

The USAT Summary Score Sheet provides a snapshot of your facility’s rehabilitation programming between scorers or over time.

Date: _____ Scorer: _____

Level		Category					Totals
		Enc.	Edu.	Ex.	Emp.	Eval.	
Basic	actual						
	possible	7	7	7	7	7	35
Intermediate	actual						
	possible	7	7	7	7	7	35
Advanced	actual						
	possible	6	6	6	6	6	30
Totals	actual						
	possible	20	20	20	20	20	100

LIFE OPTIONS USAM/USAT REPORTING AND EVALUATION FORM

Please help us by answering the following questions and mailing back this form.

Name: _____ Position/role: _____

Name of facility/organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone number: (_____) _____

Type of facility: *(check all that apply)*

- Hospital-based Free-standing Dialysis chain Privately owned For profit

Dialysis modalities offered: *(check all that apply)*

- Hemo-adult Hemo-peds Home hemo PD-adult PD-peds

Do you have ongoing renal rehabilitation programming in your facility? Yes No

In which rehabilitation category(ies)? *(check all that apply)*

- Education Encouragement Exercise Employment Evaluation Other: _____

Does your facility have any rehabilitation techniques, tools or materials that you would be willing to share with other interested facilities?

- Yes No May we call you about them? *(phone number):* (_____) _____

Does your facility track rehabilitation outcomes?

- Yes No Please explain: _____

Does your facility track costs associated with rehabilitation programming?

- Yes No Please explain: _____

Does your facility have any self-care activities/programs for patients?

- Yes No Please explain: _____

USAT Scores: *(what were your scores when you completed the USAT?)*

Level		Category					Totals
		Enc.	Edu.	Ex.	Emp.	Eval.	
Basic	actual						
Intermediate	actual						
Advanced	actual						
Totals	actual						

Who performed the above scoring? Name: _____ Position/role: _____

Was this the first time you used the USAT, i.e., were these scores the result of your first-time (base-line) evaluation of your facility's rehabilitation programming? Yes No Please explain: _____

How well did the USAT serve its purpose? Very well Well Somewhat well Not at all well

How satisfied are you with the USAT overall? Extremely Very Somewhat Not at all

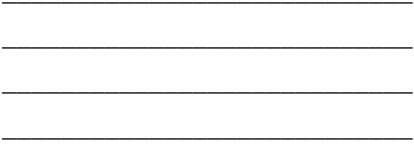
Comments about the USAT? _____

We are always interested in knowing more about what dialysis professionals think of our materials and services.

May we call you to talk about these topics? Yes No

Telephone number: (_____) _____ Best time to reach you: _____

After you have answered the questions, please tear out this page, fold it so that the address shows, tape it closed, and drop it into the nearest mailbox (please add necessary postage). If you have any questions, or have more information about the USAT to share with us, please call the Life Options Rehabilitation Resource Center at (800)468-7777.



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