



CARF
Survey Report
for
Vejlefjord
Neurorehabilitation

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Organisation

Vejlebjerg Neurorehabilitation
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Organisational Leadership

Tonny Andersen, Neuropsychologist

Survey Dates

November 1–3, 2006

Survey Team

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Programmes/Services Surveyed

Brain Injury Outpatient Rehabilitation Programmes (Adults)
Brain Injury Residential Rehabilitation Programmes (Adults)
Brain Injury Vocational Services (Adults)

Previous Survey

December 8–10, 2003
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: December 2009



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SURVEY SUMMARY

Vejle fjord Neurorehabilitation has strengths in many areas.

- The organisation has a beautiful location; uses well-designed, clean, and safe areas for the provision of services; and provides the persons served with very comfortable living spaces. The capacity of the organisation to offer services is increasing as building projects are realized.
- All personnel demonstrate a strong commitment to the delivery of high quality services. Personnel are dedicated, competent, and proud of the organisation.
- The organisation is committed to providing its employees with a nurturing work environment, education, comfortable work spaces, good opportunities for interaction, healthy food, and use of the facilities for leisure when possible.
- Loyal and competent individuals fill key administrative and operative roles in the organisation, ensuring that the decisions and visions of the leadership are put into practice at all levels of the organisation.
- There is an excellent strategy in place, and action is constantly taken to enhance the organisation's possibilities for growth and development. This is evidenced by the actions taken by leadership to support broad and dramatic local government reforms.
- A separate, profitable conference service is a strength of the organisation. The organisation is also doing excellent work in organising its structure so that all departments or divisions will be economically feasible, as private enterprise and competition grows in the country.
- The organisation demonstrates excellent marketing and promotion of its existing programmes and introduction of new programmes. It has carefully designed the image of Vejle fjord Neurorehabilitation in its presentation of informative materials to external stakeholders.
- The organisation is making strides to integrate and utilize information through the use of an intranet developed at the organisation. The intranet appears to be successful in meeting the needs of Vejle fjord Neurorehabilitation.
- The organisation is complimented for the family education courses, which are offered in a very structured manner. The programmes provide a comprehensive three-day follow-up at six months for the persons served and their family members, for whom the organisation provides lodging and meals.
- The organisation demonstrates excellent corporate citizenship by opening its facilities for recreational use several weeks each year for groups of persons with brain injuries and severe behavioural problems.
- Outcomes information for the programmes is published on the Internet and is readily accessible to all stakeholders.
- The programmes have an excellent system to respond to grievances and comments of the persons served that includes weekly meetings with the leadership. There are clear descriptions of areas for improvement, the corrective measures taken, and who is responsible for implementing these measures.

- The interdisciplinary team of the brain injury residential programme demonstrates ongoing communication regarding the rehabilitation process of the persons served. Both informal and formal systems are in place to ensure timely information exchange for all of the team members and the local authorities. The use of cell phone technology by the staff permits ready clinical and administrative access.
- The brain injury residential programme is recognized for continuing to refine and develop measures of rehabilitation success. Past outcomes measures have been replaced or supplemented by empirical, standardized measures. Careful review has led to the selection of a specific set of indicators that are meaningful and useful to both the clinical programme and the organisation.
- The brain injury residential programme provides computers in the individual rooms when requested and extends technological consultation to the persons served regarding the use of the Internet and programming software.
- The personal living spaces of persons served in the brain injury residential programme are private, clean, and personalized. Individuals enjoy a beautiful natural setting with many walking trails.
- The vocational programme is applauded for using community resources to help the persons served to effectively use community and public transportation. This helps them achieve a smooth transition at the time of discharge and maximizes their independence.
- Technological devices are effectively incorporated into the provision of care. For example, Global Positioning System (GPS) units are used by persons served in the vocational programme for navigating in and around the community.
- The skills and abilities of each person served in the vocational programme are carefully matched with the employer's needs to help maximize workplace success.
- The brain injury outpatient programme is unique in the country, focusing on short-term interventions to achieve goals that are important for the persons served and other stakeholders. The team members have a large network in the continuum of care, and they make use of this knowledge in the attainment of treatment goals.

In the following areas Vejlefjord Neurorehabilitation demonstrates exemplary conformance to the standards.

- The leadership of Vejlefjord Neurorehabilitation is commended for its proactive thinking, planning, and actions, which have resulted in the expansion of the facilities as well as development of new clinical product lines. The director of the organisation demonstrates an excellent visionary strategy to meet the organisation's current and future goals. The leadership demonstrates a capacity to successfully adapt to new environments.
- The organisation is recognized for its comprehensive philosophy regarding the removal of attitudinal and other barriers to service access. Focused efforts result in outstanding educational packages and information that are used to influence individuals' perceptions about the lives of persons with brain injury. The number of accommodations offered and the generosity of the organisation in determining affordable prices for accommodations, which make these accessible to all persons served, are outstanding. New programmes are designed when it becomes evident that the persons served need other services than those accredited programmes that are already offered.

- The organisation has an outstanding technology support system, including access to hardware and software. There is emphasis on security, as demonstrated by the procedures developed for using the system and securing confidentiality. The backup systems allow the organisation to recover data that are up to six months old, and the technology system allows persons with visual impairments to listen to an audio format of information that is presented on the computer monitor.

In the following areas Vejle fjord Neurorehabilitation should seek improvement.

- There are many efforts made at the leadership level to gather good information and aggregate it. However, the organisation is urged to develop systems to ensure that analyses are performed regularly, at least on a yearly basis, in the areas of critical incidents, complaints and grievances, removal of barriers to accessibility, and emergency tests. These analyses should include identification of opportunities for improvement, actions taken to address these opportunities, status reports on improvements made, and identification of trends.
- The outcomes system for the programmes is generating relevant data for analysis. However, there are no clear measures of efficiency of the services provided. There are some documented discussions about efficiency, but no specific indicators have been selected. The organisation should develop indicators to measure clinical service efficiency. The organisation should also specify parameters to measure service access and incorporate service access in the outcomes system.
- The organisation demonstrates commitment to safety and invests properly in safety. However, there are some policies and practices in the area of safety that the organisation should develop promptly. All emergency procedures should be systematically tested once a year on each shift, and these tests should include actual or simulated evacuations of the facilities. The organisation is urged to develop a system to document self-inspections and to identify inspected areas, recommendations, and actions to be taken.
- There are policies and practices in place regarding safety measures that should be expanded to include several crucial elements. Vejle fjord Neurorehabilitation should document the procedures already in use to identify essential services for the persons served in case of an emergency evacuation and to ensure the continuation of these services. Although some employees receive ongoing training in health and safety practices, the organisation is urged to extend this training to all personnel. The infection control plan addresses the prevention of infections, but it should also address infection control.
- The organisation should develop policies and written procedures on waste, fraud, abuse, and other wrongdoing that include a no reprisal approach for personnel reporting and a time frame for investigation.

On balance, although Vejle fjord Neurorehabilitation has opportunities for improvement noted, primarily in the areas of outcomes management and safety policies and practices, it is clear that it is providing valuable and much-needed services for the region. The organisation demonstrates a number of exemplary practices. It has a proactive, visionary, and strategically-minded leadership that enables the organisation to respond to current and future needs in Denmark. The organisation has loyal, committed, and experienced personnel. It has developed an exemplary information technology-based documentation system and is providing high quality services to the persons it serves.

Vejle fjord Neurorehabilitation has earned a Three-Year Accreditation. The organisation is recognized for its efforts to provide high quality rehabilitation services, and it is encouraged to continue to use the CARF standards and the information in this report to ensure that its services are optimal.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

CARF-accredited organisations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A direct the organisation's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

A.2.c.

Complaints are addressed by the leadership, and incidents are reacted to when they occur. However, the organisation is urged to summarize complaints and incidents annually and use this input for planning and improvement. This could be done at the programme level.

Exemplary Conformance

A.3.b.(3)

The director of Vejle fjord Neurorehabilitation is commended for his strategic planning, proactive thinking, and actions, which have resulted in the expansion of the facilities and the development of new clinical product lines.

Criterion B. Accessibility

Principle Statement

CARF-accredited organisations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

B.3.a. through B.3.c.(2)

The organisation has an accessibility plan in place and most of the issues are addressed and acted upon. However, the organisation is urged to develop an annual written status report that includes progress made in the removal of barriers to accessibility and identifies any additional areas for improvement.

Exemplary Conformance

B.1.a. through B.1.c.

The organisation is commended for its comprehensive philosophy regarding the removal of attitudinal barriers to service access. For example, the organisation developed an engaging informational brochure to help educate all of the members of the construction teams regarding the behaviours of and potential interactions with the persons served on the campus. This not only helped to protect and safeguard the persons served, but also gave local tradesmen and personnel a better understanding of the neurorehabilitation services provided. Another example is the creation of an educational brochure for the staff and other stakeholders to address basic questions regarding the nature and purpose of the CARF survey process.

B.4.c.

The organisation is commended for the number of accommodations offered and its generosity in determining affordable prices for accommodations, which make these accommodations accessible for all persons served.

Criterion C. Information Management and Performance Improvement

Principle Statement

CARF-accredited organisations are committed to continually improving their organisations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery. The dynamic nature of continuous improvement in a CARF-accredited organisation sets it apart from other organisations providing similar services. CARF-accredited

organisations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programmes and services.

Key Areas Addressed

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

C.3.c.(2)

The organisation collects and analyzes data from its accessibility reports, but this analysis should be completed at least annually, and the information should be used for business function improvement.

C.4.c.(2)

Although there are some documented discussions about the efficiency of services, the outcomes management system has no specific indicators to measure efficiency. The organisation should develop indicators of clinical service efficiency. One way to do this could be to measure the accuracy of inclusion for those programmes where success is tied to appropriate characteristics of the persons served. In addition, the programmes could measure the time spent in face-to-face interaction with the persons served, state their own demands on efficiency, and compare the results to a stated performance standard. Other potential efficiency measures could include the number of clinical and administrative staff members used to produce rehabilitation outcomes.

C.4.c.(3)

The organisation maintains waiting lists of persons, but this information is not integrated into the outcomes system as an indicator of service access. The organisation should establish indicators of service access as part of the outcomes system. The organisation is urged to identify measures of service access, such as time waiting for services or time between first contact and first assessment.

C.4.d.(1) through C.4.d.(4)

In developing indicators for measuring the efficiency of services and service access, the organisation should ensure that these indicators address to whom the indicator will be applied, how the data will be collected, performance goals, and any factors to be considered when analyzing performance.

C.5.c.(2)

C.5.c.(3)

When indicators are developed and implemented, analyses of efficiency and service access should be completed at least annually.

Exemplary Conformance

C.8.a.(1) through C.8.a.(8)

The organisation has an outstanding technology support system, including access to hardware and software. There is an emphasis on security, as demonstrated by the procedures that address system use and confidentiality. The backup systems allow the organisation to recover data that are up to six months old, and the system allows persons with visual impairments to be able to listen to an audio format of information that is presented on the computer monitor.

Consultation

- The outpatient programme could present its outcomes data in an aggregate manner due to the low number of persons served per year and compare them with the data from the previous year.
 - It is suggested that the programmes condense and simplify the outcomes results that are shared with the persons served and other stakeholders. It is suggested that input from persons served and other stakeholders be used to select the information to be shared.
-

Criterion D. Rights of Persons Served

Principle Statement

CARF-accredited organisations protect and promote the rights of the persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

D.3.b.(2)(d)

Although the organisation has policies in place for complaints, no time frames for dealing with complaints are identified. The organisation meets fairly regularly to review complaints, but it is urged to include in its policies written time frames for consideration of complaints that allow for timely decisions for the persons served.

D.4.a. through D.4.b.(3)

Although the leadership participates in meetings with the persons served to listen to and resolve complaints, the organisation is urged to conduct an annual review of grievances and complaints. This review should identify trends, areas for performance improvement, and actions to be taken. One way to do this could be to delegate responsibility for aggregation of complaints to the different programmes and request that they present summaries once a year to the leadership.

Criterion E. Health and Safety

Principle Statement

CARF-accredited organisations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
 - Self-inspections twice a year
 - Emergency procedures, including evacuation, tested/analyzed annually
 - Access to emergency first-aid resources
 - Competency of personnel in safety procedures
 - Defined system for reporting/reviewing critical incidents
 - Infection control plan
 - Transportation requirements, if applicable
-

Recommendations

E.3.a.(1) through E.3.b.(4)(a)

Although the organisation reports that self-inspections are conducted at least three times a year, there is no written documentation to support this. The organisation is urged to document that self-inspections are conducted at least twice a year at all locations and on all shifts. These inspections should result in a written report that identifies the areas inspected, recommendations for improvement, and actions to be taken to respond to the recommendations.

E.5.a.(6)

The organisation identifies the essential services for the persons served in case of an emergency evacuation in the records that will be taken out of the facility. The organisation should include the identification of essential services in its policy on evacuation.

E.6.a.(1) through E.6.b.

The organisation demonstrates commitment to safety and invests in safety. However, it is strongly recommended that all emergency procedures be systematically tested once a year on each shift, and these tests should include actual or simulated evacuations of the facilities. The tests and their reports could be delegated to the different programmes, which would then become responsible for continuing to test the emergency procedures.

E.7.a. through E.7.c.(1)

There are some vague descriptions of analyses of tests resulting in improvements. The organisation is urged to systematically develop written reports of its tests of emergency procedures that analyze performance and result in improvement or affirm current satisfactory practice. This analysis could be delegated to the different programmes.

E.9.a. through E.9.f.

Although some employees receive ongoing training in health and safety practices, the organisation is urged to provide initial and ongoing training to all personnel on health and safety practices, identification of unsafe environmental factors, emergency and evacuation procedures, and identification and reporting of critical incidents. A few critical incidents have been reported in past years, but the rate of reporting seems to be increasing with the introduction of the intranet system. The organisation is urged to emphasize the importance of reporting incidents in order to identify opportunities for improvement.

E.11.d.(8)

E.11.d.(9)

E.11.d.(12)

E.11.d.(13)

Although the organisation has policies and procedures in place regarding critical incidents, these policies and procedures should be expanded to include the possession of weapons, wandering/elopement, use or possession of illicit substances, and abuse and neglect.

E.12.a. through E.12.b.(7)

Reports of critical incidents are available to the leadership; however, there is no evidence of a regular, annual written analysis of incidents. The organisation is urged to develop an annual analysis of incidents that addresses causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, and any internal and external reporting requirements.

E.13.a.(1) through E.13.b.

The organisation has an infection control plan in place; however, the plan addresses only the prevention of infections. The organisation is urged to address the control of infections in its plan, provide training for the persons served and personnel, and address the use of standard or universal precautions by personnel.

E.14.k.

Although the road warning equipment is supposed to be in the vehicles that transport the persons served, at the time of the survey the equipment could not be located in one of the vehicles owned by the organisation. The organisation is urged to ensure that all safety devices, including road warning equipment, are in place in the vehicles used to transport the persons served.

Criterion F. Human Resources

Principle Statement

CARF-accredited organisations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organisation and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

There are no recommendations in this area.

Criterion G. Leadership

Principle Statement

CARF-accredited organisations identify leadership that embraces the values of accountability and responsibility to the individual organisation's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Corporate responsibility
- Corporate compliance
- Commitment to diversity

Recommendations

G.4.d.(1)

G.4.d.(2)

The organisation should develop policies and written procedures on waste, fraud, abuse, and other wrongdoing that include a no reprisal approach for personnel reporting and a time frame for initiating an investigation.

Exemplary Conformance

G.2.a.

The director of the organisation demonstrates an excellent visionary strategy to meet the organisation's current and future goals. The leadership shows the willingness and capacity to successfully adapt to new environments.

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organisations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

CARF-accredited organisations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organisation review
 - Fiscal policies and procedures
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. THE REHABILITATION PROCESS FOR THE PERSONS SERVED

Key Areas Addressed

- Rights
- Appropriate placement in and movement through the continuum of care
- Coordination of care
- Team composition
- Responsibilities of the team
- Ongoing communication and collaboration of the team
- Records of the persons served

Recommendations

23.f.(1)

23.f.(2)

The initial and ongoing assessments of the persons served in the residential programme should include the factors facilitating and the barriers hindering the achievement of the predicted outcomes.

Consultation

- It is suggested that the rehabilitation plans include long-term and incremental short-term goals, the first to be achieved at or following discharge and the latter to be achieved during the time of the provision of services. Time frames for the achievement of short-term goals could be established. It is suggested that the programmes integrate their goals to include interdisciplinary goals and the goals of the persons served. The goals of the interdisciplinary team could be seen as tools for the achievement of the goals of the persons served.
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SECTION 3. SPECIFIC PROGRAMME STANDARDS

D. Brain Injury Programmes

Outpatient Rehabilitation Programmes (Adults)

Residential Rehabilitation Programmes (Adults)

Vocational Services (Adults)

Key Areas Addressed

- Scope of programmes and services
- Sharing of outcomes information with the persons served
- Personnel orientation and training
- Family/support system involvement
- Continuum of care
- Environment
- Team composition
- Programme-specific information-gathering requirements
- Input into medical issues of programme
- 24-hour-per-day, 7-day-per-week programming

- Qualifications and responsibilities of medical director
 - Rehabilitation physician services
 - Coordination of services, treatment, and resources
 - Personal space
 - Adequate personnel 24 hours per day, 7 days per week
 - Individual plans for vocational services
-

Recommendations

D.4.a. through D.4.g.

In order to better inform the persons served about the programme either prior to admission or at the time of admission, it is recommended that the programme provide information from the outcomes management system that addresses, at a minimum, the characteristics of the persons served, the number of persons served per category of individuals who share similar characteristics within a stated period of time, satisfaction with the programme, achievement of predicted rehabilitation outcomes, hours of treatment per day, disposition at discharge, and other information as requested by the persons served.

Exemplary Conformance

D.50.a.

The organisation is commended for its system used to track issues that arise in the provision of services. Information gathered has contributed to the development of new programmes such as the planned paediatric programme.

Consultation

- It is suggested that the information made available on the organisation's website be consistent across the various clinical programmes. The format, content, and features might be evaluated by various stakeholders to help maximize communication effectiveness and relevance.
 - The programme might consider re-evaluating the team/conference meeting structure to include the person served.
 - Excellent, attractive written materials have been developed and distributed to more than 3,000 referral sources, including doctors and hospitals. The organisation is encouraged to include outcomes information in these materials in future distributions.
-