

Clinician Audit tool for Community Rehabilitation Best Practice Standards

Please review each standard and tick how you believe you are meeting each recommendation in order to identify individual areas for development.

Referral process				
I am able to work with patients to identify the triggers that mean they should be reviewed	Agree	Mostly Agree	Mostly Disagree	Disagree
As part of any discharge conversation, I am able provide written materials (a rehabilitation plan) that identifies the triggers that mean a patient should be reviewed	Agree	Mostly Agree	Mostly Disagree	Disagree
As part of any discharge conversation, I am able provide written materials (a rehabilitation plan that explains the referral process, including self-referral through the single point of access)	Agree	Mostly Agree	Mostly Disagree	Disagree
If I am the patient's keyworker, I can provide the means for the patient to contact me directly	Agree	Mostly Agree	Mostly Disagree	Disagree
I am aware of the range of services available to patients, and can identify appropriate services and their referral routes through reference to the directory	Agree	Mostly Agree	Mostly Disagree	Disagree

Efficient & co-ordinated care

I can undertake a needs led, biopsychosocial assessment	Yes	No		
I am able to access and work with a multidisciplinary team with relevant skills to treat each patient	Yes	No		
I can share information, including up-to-date investigation, medication and test results across the network easily	Yes	No		
I am aware of local resources which may facilitate social prescribing and ongoing activity	Agree	Mostly Agree	Mostly Disagree	Disagree
I know who is responsible for each aspect in the rehabilitation/care plan	Agree	Mostly Agree	Mostly Disagree	Disagree
Accurate targeting of treatment	Agree	Mostly Agree	Mostly Disagree	Disagree
I am trained in patient activation	Agree	Mostly Agree	Mostly Disagree	Disagree
I am trained in shared decision-making	Agree	Mostly Agree	Mostly Disagree	Disagree
I am trained in simple behaviour change techniques	Agree	Mostly Agree	Mostly Disagree	Disagree
I have the time and skills needed to support necessary change to help patients meet their goals	Agree	Mostly Agree	Mostly Disagree	Disagree
I can contribute to a co-produced detailed rehabilitation prescription/plan which I share with the patient and relevant providers across the network	Agree	Mostly Agree	Mostly Disagree	Disagree
I deliver rehabilitation based on the best available evidence	Agree	Mostly Agree	Mostly Disagree	Disagree

I can offer patients a menu of different options (depending on their preference and level of activation) including 'do nothing', supported self-management, individual, group, F2F, blended and telehealth options	Agree	Mostly Agree	Mostly Disagree	Disagree
and telenealth options				

Agree	Mostly Agree	Mostly Disagree	Disagree
Agree			
	Mostly Agree	Mostly Disagree	Disagree
Agree	Mostly Agree	Mostly Disagree	Disagree
Agree	Mostly Agree	Mostly Disagree	Disagree
Agree	Mostly Agree	Mostly Disagree	Disagree
Agree	Mostly Agree	Mostly Disagree	Disagree
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Treatment programme				
I have an appropriate case load, that allows time to assess patient activation, undertake shared decision-making, and goal setting with the patient, and support self-management	Agree	Mostly Agree	Mostly Disagree	Disagree
I have the autonomy to decide appropriate course of treatment, based on patient need, goals and outcomes	Agree	Mostly Agree	Mostly Disagree	Disagree
I am aware of diverse social and cultural needs, and am confident in providing support that is equitable	Agree	Mostly Agree	Mostly Disagree	Disagree
I support patients to maintain their independence, and social roles, including work	Agree	Mostly Agree	Mostly Disagree	Disagree
I have the time to work with a patient to support their self-management	Agree	Mostly Agree	Mostly Disagree	Disagree
I can signpost appropriately and effectively to information and support, including to social prescribing link workers	Agree	Mostly Agree	Mostly Disagree	Disagree
Monitoring service provision				
I collect data as part of my job plan, including PROMS, PREMS, patient goals and service activity	Yes	No		
I am aware of audits and service evaluations running in my department.	Yes	No		
I am expected to contribute to audits, service evaluations and quality improvement initiatives	Yes	No		

I understand where the data I collect is sent	Yes	No
I understand how the data I collect gets used because there is regular feedback	Yes	No
I work within a culture that celebrates excellence and which allows me to acknowledge and learn from errors	Yes	No

Family, friends & carers				
I identify which patients rely on carers	Agree	Mostly Agree	Mostly Disagree	Disagree
I encourage families to attend appointments	Agree	Mostly Agree	Mostly Disagree	Disagree
I encourage families to ask questions	Agree	Mostly Agree	Mostly Disagree	Disagree
I involve families in the development of the rehabilitation plan and aim to develop shared expectations of rehabilitation	Agree	Mostly Agree	Mostly Disagree	Disagree
I am confident in engaging carers in the rehabilitation treatment plan to enable its implementation	Agree	Mostly Agree	Mostly Disagree	Disagree
I make sure families are familiar with and confident in the use of any equipment that has been provided	Agree	Mostly Agree	Mostly Disagree	Disagree
I can recognise when families need support and refer to specialist services when needed	Agree	Mostly Agree	Mostly Disagree	Disagree





