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The New Spinal Cord Injury Standard (CAN/HSO S3402:2024)

Executive Summary

Background

A spinal cord injury (SCI) is life-altering. SCI is a condition that affects a person physically, psychologically, and socially. It often causes significant and lasting impairments in movement, sensation, and autonomic functions (e.g. blood pressure, bladder and bowel function), that can lead to chronic health issues, mental health struggles, and social isolation. Rehabilitation, or the care that helps people regain, maintain, or improve their abilities for successfully navigating their daily life, begins immediately after the SCI and continues for life. As such, it is a crucial part of SCI care that is complex and requires coordinated efforts across the health system.

The new SCI Standard (CAN/HSO S3402:2024) provides health care leaders, clinical teams, community organizations, and the health system with guidance for implementing evidence-based policies, procedures, and practices to improve the health and well-being of people living with SCI. Implementing any or all parts of the SCI Standard in Canadian health care settings will improve the care and services for people living with SCI. Importantly, the SCI Standard aims to ensure that all care is centred around a person's individual goals, needs, and preferences, with the overarching goal of improving their health outcomes and quality of life across the continuum of care.

The new SCI Standard was co-developed by Praxis Spinal Cord Institute and the Health Standards Organization (HSO). It is the first HSO standard to incorporate the voices and real-world experiences of people living with SCI across the entire SCI journey.

The new SCI Standard guides the delivery of people-centred care and rehabilitation for people with SCI. By focusing on collaboration and respectful interactions between patients and their care team, the SCI Standard serves as a guide to providing people with SCI the right care, in the right place, at the right time, by the right people.

The new SCI Standard replaces the Acute and Rehabilitation SCI Standards developed in 2012. A key difference of the new SCI Standard is that it offers a more integrated approach, ensuring that individuals receive care that is based on their unique goals and needs. Notably, the new SCI Standard is applicable to people of who experience an SCI, regardless of their age and time since injury, and may be implemented by any organization involved in their care.

Purpose

The new SCI Standard (CAN/HSO S3402:2024) focuses on providing integrated, people-centred care for individuals living with SCI. It aims to ensure safe, high-quality, and equitable care across all stages of rehabilitation, from acute care to community re-integration.

A notable component of the new SCI Standard is the guidance to leaders and partners in SCI rehabilitation on implementing policies and practices that ensure integrated, safe, high-quality, and people-centred care throughout an individual's entire rehabilitation journey from the moment of injury through to community re-integration.

Development

The new SCI Standard was developed using a rigorous process, which draws on findings from literature reviews, clinical expertise, evidence-informed practices, and lived experiences.

Development began in 2020 with a partnership between HSO and Praxis Spinal Cord Institute. The first step was to identify health system gaps and opportunities to improve services for people living with SCI. With the lived experience of SCI central to the endeavour, the needs assessment set out to determine the most meaningful aspects of a person's rehabilitation journey in the first 18 months following their injury. Using a mix of research approaches, the list of goals, needs, challenges, barriers, and

recommendations were informed by People with Lived Experience (PLEX), health care providers, hospital administrators, and other members of the SCI community.

The development of the new SCI Standard was led by a 13-member Technical Committee made up of representatives from multiple stakeholder groups, including four PLEX, the workforce, researchers, and policy and decision makers. A 24-member Advisory Committee had eight PLEX to ensure representation across Canada and interest groups. The new SCI Standard was incorporated into Accreditation Canada's QMentum program in 2024.

The content of the SCI Standard is organized into the following six sections:

1. Integrating the SCI Rehabilitation Program Across the Continuum of Care

Integrating the SCI rehabilitation program begins with meaningful collaboration led by organizational leaders. The continuum of care involves many health system partners and community organizations. Improved programs and services in SCI rehabilitation start with organizational leaders aligning their vision and strategy.

This section focuses on providing organizational leaders guidance on how to establish an equity-based model of care that seamlessly coordinates, transitions, and promotes continuity of care across various settings.

Key guidelines include:

- Adopt a people-centred, systems-thinking approach that fosters equitable care experiences and improved health outcomes for people living with SCI.
- Invest in primary and secondary SCI prevention strategies.
- Establish a biopsychosocial framework to enable a holistic approach to care that is co-designed by PLEX and informed by validated and evidence-informed tools.
- Collaborate with partner organization to support timely medical transfers and access to services.

2. Upholding People-Centred Care

Core principles underpinning people-centred care include respecting, promoting, and protecting the rights of people receiving care. It is the responsibility of organizational leaders and clinical teams to foster active participation, respect, and support promote continuity and seamless integration of care around the individual needs, preferences, and rights of people living with SCI throughout their care journey.

This section specifies that design and delivery of individualized care plans must be based on ethical or values-based decision-making frameworks that are organized around the health needs and expectations of people with SCI.

Key guidelines include:

- Establish policies, co-designed with PLEX, that respect, promote, and protect the rights of people living with SCI.
- Contribute to culturally safe SCI care by adopting culturally safe practices.
- Design and deliver rehabilitation care that respects, promotes, and protects the rights of people with SCI, in alignment with the health needs and expectations of people with SCI and those providing care.
- Enable teams to support the participation of designated support people and services that offer holistic benefits, complement clinical care, and improve health outcomes.

3. Ensuring Comprehensive Assessments

Comprehensive assessment in SCI rehabilitation is important for ensuring a holistic understanding of an individual's health status, goals, needs, and preferences. Consistent assessments of body systems at risk of SCI complications benefit from using evidence-informed, validated tools on an ongoing basis.

This section outlines the criteria for conducting thorough and individualized assessments that capture the unique factors contributing to an individual's SCI experience. Using the guidelines in this section teams will understand how to improve the quality of care through intentional assessments.

Key guidelines include:

- Provide clinical teams with the necessary resources to conduct continuous comprehensive assessments throughout the continuum of care.

- Assess persons living with SCI in a consistent manner throughout the continuum of care and, importantly, at all points of care transitions.
- Tailor assessments to the individual's unique goals, needs, and preferences.
- Conduct continuous comprehensive assessments to evaluate various domains of health.

4. Co-designing the Individualized Care Plan

Individuals living with SCI have diverse needs that underscore the importance of collaborative development and continuous updating of individualized care plans. Continuity of care extends well beyond the initial acute care phase after SCI and transfer to a rehabilitation setting.

This section guides the development of individualized care plans in collaboration with individuals with SCI and their families, based on their unique needs, goals, and preferences. The guidelines provide support for a comprehensive, proactive approach to co-designing individualized care plans.

Key guidelines include:

- Co-design and continuously update the individualized care plan to ensure continuity of care to ensure safe and smooth transitions in care.
- Establish clear roles, responsibilities, and accountabilities to foster smooth care transfers and continuity of services.
- Provide access to self-management resources and adapt the care plan to the person's goals, needs, and preferences related to community re-integration.
- Follow established organizational admit, transfer, and discharge procedures.

5. Enabling a Healthy and Competent Workforce

A healthy and competent workforce are pivotal to providing high quality care in a safe environment. As such, clinical staff require the necessary education, skills, and tools to perform their full scope of practice.

This section outlines the need for skilled, well-supported, and equipped to deliver team-based, people-centred rehabilitation services across the continuum of care. The guidelines support optimizing staffing levels and retention through strategic planning and investing in appropriate health care equipment and evidence-informed technologies.

Key guidelines include:

- Ensure the workforce has the necessary competencies, education, training, and resources to deliver effective SCI rehabilitation care across the continuum in a culturally safe, responsive, and equitable manner.
- Ensure healthy work conditions by identifying and mitigating risks such as harassment, abuse, or neglect in collaboration with staff and people living with SCI, and ensuring access to physical and psychological support resources.
- Invest in appropriate equipment, technology, and ongoing training to provide supportive working conditions for high-quality SCI rehabilitation care.

6. Promoting Continuous Quality Improvement

Continuous quality improvement leads to measurable improvements in care delivery, experiences, and health outcomes for people living with SCI. A commitment to continuous quality improvement enhances the health and safety of people with lived experience and the workforce providing care.

This section describes how organizational leaders foster an environment of ongoing improvement, which involves supporting research, implementing its outcomes, and systematically planning and evaluating initiatives.

Key guidelines include:

- Allocate resources to ensure quality improvement is systematic, structured, and informed by evidence.
- Establish a people-centred action plan with aims, measures, actions, and outcomes.
- Support people-centred research activities that promote advances in care and enable implementation of evidence-informed innovations.
- Communicate with partner organizations about quality improvement priorities.