

SERVICE STANDARD 17**Rehabilitation Medicine Services****TOPIC 17.1: ORGANISATION AND MANAGEMENT****STANDARD 17.1.1**

Rehabilitation Medicine Services are a clinical specialty services offering inpatient as well as outpatient clinical care and rehabilitation via an interdisciplinary/multidisciplinary team. It provides for the address of the impairments, disability and handicap to improve and achieve optimum function for those with disability and handicap.

The Rehabilitation Medicine Services shall be organised, directed and coordinated with other services in the Facility to provide a standard of inpatient and outpatient care to the community in a safe, efficient, effective, and caring manner and with due regard for the needs, dignity and privacy of patients and confidentiality of their personal information. The Rehabilitation Medicine Services shall be easily accessible and continuity of care assured.

CRITERIA FOR COMPLIANCE:

- 17.1.1.1 There are documented purposes of the services which may be termed as Vision and Mission statements, Goals, and Objectives that suit the scope of the Rehabilitation Medicine Services. When compiling the purposes, consideration shall be given to the following:
- a) They are what the services want to achieve.
 - b) They support and contribute to the goals of the Facility.
 - c) They are written and consistent with professional standards, guidelines and relevant legislation.
 - d) They are monitored, reviewed and revised as required accordingly.
- 17.1.1.2 The organisational structure is clearly represented as one or more organisation charts which:
- a) provides a clear representation of the structure, function and reporting relationships of the clinical staff within the services;
 - a) is accessible to all staff;
 - b) is revised when there is a major change in:
 - i) organisation;
 - ii) functions;
 - iii) reporting relationships;
 - iv) goals and objectives;
 - v) staffing patterns.

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- 17.1.1.3 The Governing Body shall ensure that Rehabilitation Medicine Services are organised in such a way as to:
- a) facilitate the provision of Rehabilitation Medicine Services to patients in the Facility in a safe, efficient, effective, and caring manner and with due regard for the needs, dignity and privacy of patients and confidentiality of their personal information;
 - b) continuity of care is assured;
 - c) represent the professional needs of the medical staff;
 - d) ensure that all medical and relevant staff are involved in the formulation of policies and procedures concerning patient care appropriate to the needs of the community.
- 17.1.1.4 The roles of the Governing Body and the Rehabilitation Medicine Services and their relationship are clearly defined through documented delineation of authority, responsibilities and channels of communication.
- 17.1.1.5 The organisation of Rehabilitation Medicine Services is part of the governing framework of the Facility and is in keeping with statutory requirements. The complexity and format of the organisation of the Rehabilitation Medicine Services depend on the size and type of Facility and the scope of activities of medical staff.
- 17.1.1.6 There is a mechanism to ensure effective interaction between the Rehabilitation Medicine Services and the Governing Body and Management on all clinical aspects of healthcare and other relevant matters in the Facility. This mechanism is defined in the policies of the Governing Body and is accomplished through:
- a) appointment of a medical practitioner with experience in rehabilitation medicine as the Head of Services according to the relevant Acts to manage and control the Rehabilitation Medicine Services;
 - b) establishment of a Medical and Dental Advisory Committee to advise the Governing Body in clinical governance i.e. plan, coordinate, implement, control and improve activities relating to Rehabilitation Medicine Services.
- 17.1.1.7 There is documented evidence of multidisciplinary, interdisciplinary or transdisciplinary team management of patients led by a trained rehabilitation medicine specialist.
- 17.1.1.8 The services are involved in promotion of education, empowerment and advocacy of the disabled persons.
- 17.1.1.9 The designated medical staff appointed as Head to administer and facilitate Rehabilitation Medicine Services provision has duties that include:
- a) representation of the Governing Body in committees and subcommittees where relevant;
 - b) representation of the Governing Body in clinical staff liaison meetings;
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- 17.1.1.10 The Head of the Rehabilitation Medicine Services shall be involved in and be jointly responsible with the Governing Body for the following aspects of management of their service:
- a) The preparation of budget and ensuring that expenditure remains within the budget allocated. To achieve this, the Head of Rehabilitation Medicine Services will have to receive regular, accurate, and appropriately apportioned statements of current expenditure and resource utilisation.
 - b) Human resource management and development.
 - c) Facility and equipment management.
 - d) Development of policies and procedures and ensuring compliance to them.
 - e) Safety and quality improvement activities and risk management.
- 17.1.1.11 It is expected that staff members and Heads of respective rehabilitation unit meet with sufficient regularity and with an adequate quorum. Signed and dated minutes of meetings are kept. Findings, decisions and resolutions made during meetings shall be communicated and accessible to all staff.
- 17.1.1.12 Where there are medical staff in training, their responsibilities for patient care and their training needs are recognised and appropriate.
- 17.1.1.13 Appropriate statistics and records shall be maintained and used for managing the services and patient care purposes.

TOPIC 17.2: HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT**STANDARD 17.2.1: CREDENTIALING AND PRIVILEGING**

The Rehabilitation Medicine Services shall be directed and staffed by suitably qualified and trained personnel to achieve the goals and objectives of the services.

CRITERIA FOR COMPLIANCE:

- 17.2.1.1 There is documented evidence of appropriate training and competency for the granting of clinical privileging.
- 17.2.1.2 Documented evidence of privileges conferred by the Governing Body is available and accessible to all staff and at point of care.
- 17.2.1.3 Clinical staff perform within the privileges conferred.
- 17.2.1.4 There are written and dated job descriptions for all staff that include:
- a) qualifications, training, experience and certification required for the position;
 - b) lines of authority;
 - c) accountability, functions, and responsibilities;
 - d) review when required and when there is a major change in:
 - i) nature and scope of work;
 - ii) duties and responsibilities;
 - iii) general and specific accountabilities;
 - iv) qualifications required;
 - v) staffing patterns;
 - vi) Statutory Regulations.

STANDARD 17.2.2: STAFF TRAINING, EDUCATION, APPRAISAL AND RESEARCH

The Facility and all staff shall demonstrate an ongoing commitment to continuing medical education.

CRITERIA FOR COMPLIANCE:

- 17.2.2.1 Opportunities for continuing medical education are provided for all staff through:
- a) education activities organised in-house;
 - b) encouragement/sponsorship/facilitation for staff to attend classes, workshops, seminars or conferences organised elsewhere.

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- 17.2.2.2 The education needs of staff and the facility, as evidence by the results of medical-care evaluation such as incident reports, quality assurance studies and complaints, are taken into consideration when the content and structure of education activities are planned.
- 17.2.2.3 Clinical care providers document their continuing medical education activities in support of applications for appointments, reappointments, and delineation of clinical privileges.
- 17.2.2.4 In a Facility where medical education programmes are conducted, the Rehabilitation Medicine Services shall ensure that there are sufficient skilled trained staff to provide clinical supervision of students.
- 17.2.2.5 There is evidence of a staff development plan, which provides the knowledge and skills required for staff to maintain competency in their current positions as the demand on the positions evolve.
- 17.2.2.6 There are continuing education activities for staff to pursue personal, professional, and organisational interests in preparing for current and future changes.
- 17.2.2.7 Medical staff receive written evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.
- 17.2.2.8 Where appropriate the Facility shall endeavour to undertake clinical research using available resources.

STANDARD 17.2.3: STAFFING LEVEL AND STAFF COMPETENCY

The direction and staffing of the Rehabilitation Medicine Services are provided by individuals qualified by education, training, experience and certification commensurate with the demand of the position and requirement of the law.

CRITERIA FOR COMPLIANCE:

- 17.2.3.1 Staff deployment for any Rehabilitation Medicine Service takes the following factors into consideration:
- a) The number of persons deployed is proportional to the number of patients being cared for and also the intensity of care provided.
 - b) The categories of staff based on qualifications and experience providing care reflect the complexity of clinical problems being managed.
 - c) Staffing needs shall take into consideration absences due to leave or sickness.
 - d) Adequate staffing levels of appropriate competency shall be maintained throughout the hours the services are in operation. Where services need to be provided on a 24-hour basis, staffing level reflects the intensity of activities during each shift.
 - e) Where it is not possible to have staff on duty on site, e.g. after working hours, provision is made for relevant staff to be available on call.

STANDARD 17.2.4: STAFF ORIENTATION

A structured orientation programme introduces new staff to their services and to relevant aspects of the Facility to prepare them for their roles and responsibilities.

CRITERIA FOR COMPLIANCE:

- 17.2.4.1 There is an orientation programme for all newly appointed Rehabilitation Medicine Services staff and for those new to specific areas which includes explanation of:
- a) the Vision, Mission statements, objectives, policies and procedures of the Facility and those of the Rehabilitation Medicine Services;
 - b) methods of assigning clinical care, and the standards of the clinical practice;
 - c) staff appraisal procedures used in the Rehabilitation Medicine Services;
 - d) lines of authority and areas of responsibility;
 - e) particular duties and functions;
 - f) processes for the resolution of practice dilemmas;
 - g) methods of obtaining appropriate resource materials;
 - h) safety programmes of the facility.

TOPIC 17.3: POLICIES AND PROCEDURES**STANDARD 17.3.1: DEVELOPMENT, DERIVATION AND DOCUMENTATION**

There are written and dated policies and procedures for all activities of the Rehabilitation Medicine Services. These policies and procedures reflect current standards of medical practice, relevant statutory requirements, and the purposes of the services. These policies and procedures, terms of reference, by-laws, rules or regulations, state how the medical staff regulate themselves and provide patient care.

CRITERIA FOR COMPLIANCE:

- 17.3.1.1 There is a mechanism for, and evidence of, a periodic review and revision where necessary of the policies and procedures, terms of reference, by-laws, rules or regulations, and members of the medical staff are provided with written copies of the revised texts.
- 17.3.1.2 The policies and procedures, terms of reference, by-laws, rules or regulations include, but are not limited, to the following:
- a) description of the organisational structure of the medical staff;
 - b) specification of qualifications and procedures for appointment to, and retention of medical staff membership;
 - c) specification of the method of delineation of clinical privileges;
 - d) provision of an appeal mechanism in relation to medical staff appointments and clinical privileges;
 - e) requirement for an undertaking by each medical practitioner that patient care will be conducted in accordance with the proper ethical traditions of the Malaysian Medical Council Code of Ethical Conduct;
 - f) each member shall, on application for appointment to the medical staff, sign an agreement to abide by the current policies and procedures, terms of reference, by-laws, rules or regulations of the Facility.
- 17.3.1.3 The policy and procedure documentation shall cover at least the following topics and any others required by law:
- a) Clinical practice guidelines.
 - b) Clinical documentation.
 - c) Drug prescription, dispensing and administration.
 - d) Continuing of care including referrals where necessary.

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- e) Management of a death.
 - f) Management of cases with an infectious disease including notification of notifiable diseases.
 - g) The responsibilities of the medical staff in relation to internal and external disasters are documented, and known to the medical staff.
 - h) Incident reports shall be compiled, investigated, discussed, and recorded and action plans implemented.
- 17.3.1.4 The care process shows documentary evidence of goal planning that involves team members, patients and care givers.
- 17.3.1.5 Care programmes incorporate the use of functional assessments at entry and completion of planned care programme.
- 17.3.1.6 Care providers, where required, need to provide appropriate and adequate communication to subsequent healthcare providers taking over the patient's care.
- 17.3.1.7 Evidence of facilitation of societal reintegration shall be available in the care process as shown by:
- a) assistive devices procurement;
 - b) community placement;
 - c) school/employment placement.
- 17.3.1.8 A programme shall be in place for the monitoring and continued training of patients and staff safety with regards to falls, transport/transfers and handling of patients.
- 17.3.1.9 A programme shall be in place for monitoring, assessment, and improvement of the following:
- a) Conduct of interdisciplinary team meeting within one week of inpatient admission.
 - b) Use of functional assessment measures in patients with at least 7 days of inpatient rehabilitation programme.
 - c) Use of functional assessment measures before or at cessation of rehabilitation programme.
 - d) Monitoring of patient/staff falls and occupational injuries and backache amongst nursing staff.
- 17.3.1.10 The services shall operate on a 24-hour basis providing a level of care appropriate to the activity of the patients in the Facility.

TOPIC 17.4: FACILITIES AND EQUIPMENT**STANDARD 17.4.1**

There shall be adequate support facilities and equipment for all the staff to function effectively.

CRITERIA FOR COMPLIANCE:

- 17.4.1.1 Suitable office and meeting place are provided for the staff.
- 17.4.1.2 Existing facilities shall take cognisance of the safety aspects of staff and patients.
- 17.4.1.3 Suitable and adequate forms of communication and intercommunication systems and equipment are provided to enable clinical staff to communicate among themselves and with the other members of the healthcare team.

STANDARD 17.4.2: FACILITIES AND EQUIPMENT FOR PATIENT CARE

Adequate facilities and equipment shall be available to provide safe and effective patient care.

CRITERIA FOR COMPLIANCE:

- 17.4.2.1 Facilities are suitably located to facilitate easy access and to provide an atmosphere of user and environmental friendliness.
- 17.4.2.2 Equipment, both for emergency and non-emergency usage, shall be appropriate to the level of care.
- 17.4.2.3 The wards where inpatient rehabilitation care is undertaken shall be equipped with the following:
 - a) Single Fowler beds which are height adjustable and have nurse call systems.
 - b) Pressure support system for care and prevention of pressure sores.
 - c) Disabled friendly toilets, hand railings and baths that have thermostat safety control over piped hot water, nurse call system for assistance and safety devices for prevention of falls including mechanical lifting equipment.
 - d) Appropriate assistive devices for facilitating independent ability and basic activities of daily living shall be available. These include wheelchairs, commodes, walking aids amongst others.
- 17.4.2.4 There is documented evidence that equipment complies with relevant standards, e.g. those set by SIRIM Berhad.
- 17.4.2.5 The facilities and equipment are maintained in good working order and subject to ongoing planned preventive maintenance and calibration.

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- 17.4.2.6 Where specialised equipment is used, there is evidence that only qualified and privileged staff, operate such equipment.
- 17.4.2.7 Equipment is upgraded (based on evidence) from time to time so as to keep pace with advancement in operative and diagnostic techniques and technology.

STANDARD 17.4.3: FACILITIES FOR REHABILITATION MEDICINE OUTPATIENT SERVICES

Where specialist outpatient services are provided, there are adequate outpatient clinics to enable the provision of safe and effective patient care; and patient privacy and confidentiality are assured.

CRITERIA FOR COMPLIANCE:

- 17.4.3.1 The Specialist Outpatient Services shall have the following features:
- a) The organisation and management of the clinics are planned so as to ensure prompt attention to patients, minimal waiting time, and avoidance of unnecessary visits by the patients.
 - b) Record keeping shall be efficient.
 - c) An appointment or queuing system is used to manage patient consultations.
 - d) The clinic is easily accessible including for non-ambulant patient; is easily identified through adequate signage. Appropriate numbers of disabled friendly car parks are provided for.
 - e) The clinic is located close to other facilities, e.g. radiology, laboratories and pharmacy.
 - f) Appropriate assistive amenities and devices for facilitating independent ability and basic activities of daily living shall be available which include ramps, hand railings, wheelchairs, commodes, walking aids amongst others.
 - g) Disabled friendly toilets, hand railings and taps that have thermostat safety control over piped hot water, nurse call system for assistance and safety devices for prevention of falls.
 - h) Adequate provision is made for:
 - i) waiting area;
 - ii) rest rooms and refreshment;
 - iii) reading material;
 - iv) storage space for equipment.
- 17.4.3.2 Adequate number of rooms are provided for various patient care activities including:
- a) consultation;
 - b) conduct of minor procedures and nursing procedures;

- c) performance of various tests.

TOPIC 17.5: SAFETY AND QUALITY IMPROVEMENT ACTIVITIES**STANDARD 17.5.1**

The Head of Rehabilitation Medicine Services shall ensure the provision of safety and quality patient care with staff involvement in ongoing safety and quality improvement activities.

CRITERIA FOR COMPLIANCE:

- 17.5.1.1 There are clearly assigned responsibilities for safety and quality improvement activities within the services.
- 17.5.1.2 The clinical staff provide an appropriate peer group structure for performing the safety and quality improvement activities. The formal means established to accomplish medical care evaluation is dependent on, and varies with, the size and organisational structure of the Facility. The medical staff may undertake reviews:
- a) as a single committee for all safety and quality improvement activities;
 - b) in multidisciplinary committees within the Facility;
 - c) in a variety of purpose-specific committees, such as deaths and complications and infection control. Whatever structure is utilised, provision is made for review and analysis of the clinical work of each individual clinical service, department, unit or function;
 - d) incident reports;
 - e) customer satisfaction and complaints.
- 17.5.1.3 There are planned and systematic safety and quality improvement activities that monitor and evaluate the performance of the services including a plan for action and follow up to ensure that the action taken is effective in continually improving the quality of care.
- 17.5.1.4 The Rehabilitation Medicine Services has its own safety and quality improvement activities which are integrated with the overall quality management programme of the Facility including tracking and trending of specific performance indicators which include but not limited to the following indicators:
- a) percentage of inpatients with timely establishment of an interdisciplinary Rehabilitation Plan.
 - b) percentage of new outpatients with timely referrals to Rehabilitation Medicine Services.
 - c) percentage of inpatients receiving timely functional measure assessment.
 - d) percentage of inpatients with functional measure assessment prior to cessation of patient rehabilitation programme.

- e) percentage of spinal cord injury patients with tetraplegia whose length of stay for rehabilitation was greater than 4 months.
- 17.5.1.5 Appropriate documentation of safety and quality improvement activities is kept and confidentiality of medical practitioners, hospital staff, and patients is preserved.
- 17.5.1.6 There are safety and quality improvement activities that address staff safety.

BACK TO STANDARDS REFERENCE