SERVICE STANDARD 17A : ALLIED HEALTH PROFESSIONAL SERVICES – PHYSIOTHERAPY SERVICES

PREAMBLE

Physiotherapy Services form an integral part of rehabilitation services. Physiotherapists deal with human function and movement and help people to achieve their full physical potential and functional ability. They use physical approaches to promote, maintain and restore wellbeing throughout the lifespan. Assessments are the result of Clinical Reasoning resulting in identifying existing and potential problems leading to the most appropriate intervention strategy based on the best available evidence in order to deliver effective care. Physiotherapist may direct their intervention to specific population, e.g. Cardio-respiratory/Cardio-pulmonary, Neurological, and Musculoskeletal Rehabilitation in all age groups.

These services are provided individually, institutionally, or in groups through social support systems.

TOPIC TOPIC 17A.1
ORGANISATION AND MANAGEMENT

STANDARD STANDARD 17A.1.1
The Physiotherapy Services shall be organised and administered to provide services to patients requiring restoration of physical and sensory disabilities and other related services in accordance with accepted standards of practices. In some instances, these services may be provided from external sources.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17A.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Physiotherapy Services are clearly documented and measurable that indicates safety, quality and patient centred care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.	NA			NA	
	EVIDENCE OF COMPLIANCE					
	1. Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body. — NA					
	2. Goals and objectives of the Physiotherapy Services in line with the Facility statements are available, endorsed and dated. — NA					
	3. Evidence of planned reviews of the above statements. — NA					
	4. These statements are communicated to all staff (orientation programme, minutes of meeting, etc) — NA					
	5. Achievement of goals and objectives are monitored, reviewed and revised accordingly. — NA					
17A.1.1.2	There is an organisation chart which:	NA			NA	

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<td>CORE</td>
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a) aprovides a clear representation of the structure, function and reporting relationships between Hospital Person In Charge (PIC), consultants, medical practitioners, Head of Physiotherapy Services and staff of the Physiotherapy Services;

b) is accessible to all staff and clients;

c) includes off-site services if applicable;

d) is revised when there is a major change in any of the following:

• i) organisation;
• ii) functions;
• iii) reporting relationships;
• iv) staffing patterns.

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<tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr>
<tr><td>1.</td><td>Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), consultants, medical practitioners, Head of Physiotherapy Unit and staff of the Physiotherapy Services.</td><td>NA</td></tr>
<tr><td>2.</td><td>Organisation chart of the service is endorsed, dated and accessible.</td><td>NA</td></tr>
<tr><td>3.</td><td>At each unit level where applicable, an organisation chart is available, endorsed and dated that reflects the working relationships within the team</td><td>NA</td></tr>
<tr><td>4.</td><td>The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).</td><td>NA</td></tr>
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<td>17A.1.1.3</td>
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The Governing Body shall ensure that Physiotherapy Services are organised in such a way as to:

a) facilitate the provision of physiotherapy services to patients in the Facility in a safe, efficient, effective and caring manner and with due regards for the needs, dignity and privacy of patients and confidentiality of their personal information;

b) assure continuity of care;

c) address the professional needs of staff;
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	d) ensure the relevant staff are involved in the formulation of policies and procedures concerning patient care appropriate to the scope of services of the Facility. **EVIDENCE OF COMPLIANCE** 1. The Physiotherapy Services is organised to cover activities but not limited to items (a) to (d) through: a) work assignment schedule to ensure service provision; NA b) staffing level and skill mix to provide the necessary service; NA c) record on continuity of care in patient's medical treatment record; NA d) Physiotherapy Standard Operating Procedures (SOP) and Code of Ethics made available, accessible and adhered to. NA e) Professional Development Plan NA					
17A.1.1.4	Regular staff meetings are held between the Head of Physiotherapy Services and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the Physiotherapy Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented. **EVIDENCE OF COMPLIANCE** 1. Minutes are accessible, disseminated and acknowledged by the staff. NA 2. Attendance list of members with adequate representatives of the service. NA 3. Frequency of meetings as scheduled. NA 4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved). NA	NA			NA	
17A.1.1.5	The Head of Physiotherapy Services is involved in the planning, justification and management of the budget and resource utilisation of the services. **EVIDENCE OF COMPLIANCE** 1. Minutes of Facility-wide management meeting NA 2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service. NA 3. Approved budget and resources. NA	NA			NA	

17A.1.1.6	The Head of Physiotherapy Services is involved in the appointment and/OR assignment of the staff. EVIDENCE OF COMPLIANCE 1. Records on staff interview (if applicable) — NA 2. Appointment/assignment letter of Head of Service — NA 3. Job description of Head of Service — NA 4. Records on staff deployment — NA 5. Duty roster — NA	NA			NA	
17A.1.1.7	Appropriate statistics and records shall be maintained in relation to the provision of Physiotherapy Services and used for managing the services and patient care purposes. EVIDENCE OF COMPLIANCE 1. Records are available but not limited to the following: a) workload/census; — NA b) annual report; — NA c) accident/incident reports; — NA d) staffing number and staff profile; — NA e) staff training records; — NA f) Data on performance improvement activities, including performance indicators. — NA	NA			NA	

TOPIC TOPIC 17A.2
HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD STANDARD 17A.2.1
The Physiotherapy Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the services and ensure continuing education and professional development.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17A.2.1.1 CORE	The Head and staff of the Physiotherapy Services shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions. All physiotherapists shall be registered following the requirements of the Allied Health Professions Act. **EVIDENCE OF COMPLIANCE** 1. Records on credentials of Head of Service and staff required to fill up the posts within the service (to match the complexity of the Facility and services) and registration. — NA 2. Appointment/assignment letters — NA 3. Credentialing and privileging process are being followed to allow practice of specialised skills — NA 4. Training and competency records — NA	NA			NA	
17A.2.1.2	The authority, responsibilities and accountabilities of the Head of Physiotherapy Services are clearly delineated and documented. **EVIDENCE OF COMPLIANCE** 1. Appointment/assignment letter for Head of Physiotherapy Services — NA 2. Description of duties and responsibilities — NA	NA			NA	
17A.2.1.3 CORE	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the need of the services. Relevant support staff shall work only under the supervision of a qualified physiotherapist. **EVIDENCE OF COMPLIANCE**	NA			NA	

	1.	Number of staff and qualification should commensurate with workload.	NA				
	2.	Appropriate skill mix of physiotherapists should be available to commensurate with the complexity of the services provided.	NA				
	3.	Staffing pattern	NA				
	4.	Duty roster	NA				
	5.	Census and statistics	NA				
17A.2.1.4	There are written and dated specific job descriptions for all categories of staff that include: a) qualifications, training, experience and certification required for the position; b) lines of authority; c) accountability, functions and responsibilities; d) reviewed when required and when there is a major change in any of the following: • i) nature and scope of work; • ii) duties and responsibilities; • iii) general and specific accountabilities; • iv) qualifications required; • v) staffing patterns; • vi) Statutory Regulations. e) administrative and clinical functions.			NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).	NA				
	2.	Job description includes specialisation skills	NA				
	3.	Relevant privileges granted where applicable	NA				
	4.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	NA				

17A.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff. Note: Staff personal record may be kept in Human Resource Department as per Facility policy		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Staff personal records include:					
	a)	staff biodata;	NA				
	b)	qualification and experience;	NA				
	c)	training record;	NA				
	d)	competency record and privileging;	NA				
	e)	leave record;	NA				
	f)	confidentiality agreement.	NA				
17A.2.1.6	There is a structured orientation programme where new staff are briefed on their services operational policies and relevant aspects of the Facility to prepare them for their roles and responsibilities.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Policy requiring all new staff to attend a structured orientation programme.	NA				
	2.	Records on structured orientation programme	NA				
	3.	Orientation Brief	NA				
	4.	List of attendance	NA				
17A.2.1.7	There is evidence of training needs assessment and staff development plan which provides the knowledge and skills required for staff to maintain competency in their current positions and future advancement.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Training needs assessment is carried out and gaps identified.	NA				
	2.	A staff development plan based on training needs assessment is available.	NA				
	3.	Training schedule/calendar is in place.	NA				

	4.	Training module	NA				
17A.2.1.8	There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice. EVIDENCE OF COMPLIANCE			NA			NA	
	1.	Continuing education activities and schedule	NA				
	2.	Contents of training programme	NA				
	3.	Training records on continuing education activities are kept and maintained for each staff.	NA				
	4.	Certificate of attendance/degree/post basic training.	NA				
17A.2.1.9	Staff receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility. EVIDENCE OF COMPLIANCE			NA			NA	
	1.	Performance appraisal for staff is completed upon probationary period and as an annual exercise.	NA				
17A.2.1.10	In a Facility where education programmes are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision of students. EVIDENCE OF COMPLIANCE			NA			NA	
	1.	Letter of appointment – Local Preceptor/Clinical Instructor.	NA				
	2.	Memorandum of Understanding with training institution	NA				
	3.	Adequate number of clinical instructor to students	NA				
	4.	Qualification and training records of local preceptor	NA				

TOPIC TOPIC 17A.3
POLICIES AND PROCEDURES

STANDARD STANDARD 17A.3.1
There are written and dated policies and procedures for all activities of the Physiotherapy Services. These policies and procedures reflect current standards of Physiotherapy Services and practice, relevant regulations, statutory requirements, and the goals and objectives of the Physiotherapy Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17A.3.1.1 CORE	There are written policies and procedures for the Physiotherapy Services which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices. These policies and procedures are signed, authorised and dated. There is a mechanism for and evidence of a periodic review at least once in every three years.	NA			NA	
	EVIDENCE OF COMPLIANCE					
	1. Documented policies and procedures for the service. — NA					
	2. Policies and procedures are consistent with regulatory requirements and current standard practices. — NA					
	3. Evidence of periodic review of policies and procedures. — NA					
	4. The policies and procedures are endorsed and dated. — NA					
17A.3.1.2 CORE	Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, Management and where required with other external service providers and with reference to relevant sources involved which include: Patient Care:- a) care plan for each patient to achieve appropriate outcomes; b) prevention and control of infection practices where applicable; c) monitoring of the patient to assess the outcome of the care of patient; d) modifying the care when necessary; e) completing the care;	NA			NA	

	f) discharge care plan and follow up; g) cross-referral within team; h) referral guidelines i) communication – within and outside the Physiotherapy Services. Cross departmental collaboration is practised in developing relevant policies and procedures where applicable. **EVIDENCE OF COMPLIANCE** 1. Minutes of committee meetings on development and revision on policies and procedures. — NA 2. Minutes of meeting with evidence of cross reference with other departments — NA 3. Documented cross departmental policies — NA 4. Policies, Procedures, Protocols, Manuals and Guidelines are customised to meet the relevant needs and level of services. — NA 5. Policies and procedures on infection control practices (within the service). — NA 6. Clinical documentation cover the following: a) assessment leading to problem list and appropriate clinically reasoned Evidence Based Practice (EBP) plan of treatment; — NA b) evidence of reviewing outcomes of intervention; — NA c) evidence of modification of treatment plan (as necessary); — NA d) evidence of discharge/transfer plan; — NA e) documentation of transfer of care if applicable; — NA f) original referral forms. — NA 7. Care plan and discharge plan including educational material provided for the patient. — NA					
17A.3.1.3	There shall be a policy to address emergency resuscitation in the event of any life threatening situations and the Emergency Resuscitation Team can be alerted immediately, e.g. Code Blue.	NA			NA	

	EVIDENCE OF COMPLIANCE						
	1.	Policy for Code Blue within the service area	NA				
	2.	Flow chart and contact number of Code Blue made available and accessible.	NA				
17A.3.1.4	Current policies and procedures are communicated to all staff.			NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Training and briefing on the current policies and procedures/Minutes of meetings	NA				
	2.	Circulation list and acknowledgement	NA				
17A.3.1.5 CORE	There is evidence of implementation and compliance with relevant policies and procedures through Risk Assessments prior to treatment			NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Compliance with policies and procedures through:					
	a)	interview of staff on practices;	NA				
	b)	verify with observation on practices;	NA				
	c)	results of audit on practices, e.g. safe use of hot wax, electrical modalities, etc.	NA				
	d)	practices in line with established policies and procedures.	NA				
	2.	Documented Risk Assessments	NA				
17A.3.1.6	All outpatients seeking consultation/treatment to the Physiotherapy Services shall be referred by a medical practitioner.			NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Facility policy on referral to allied health services by medical practitioner	NA				
	2.	Referral letter/referral form written by medical practitioner	NA				
	3.	All patients/clients are registered in the manual register book or electronic system.	NA				
	4.	Patient's medical record	NA				
17A.3.1.7	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, ByLaws and statutory requirements are accessible for staff reference.			NA			NA	

	EVIDENCE OF COMPLIANCE						
	1.	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site for staff reference.	NA				

TOPIC TOPIC 17A.4
FACILITIES AND EQUIPMENT

STANDARD STANDARD 17A.4.1
Safe and adequate facilities and equipment are available for the delivery of effective physiotherapy services and ensuring patient safety.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17A.4.1.1	There is appropriate access to the facility, adequate facilities and equipment with proper utilisation of space to enable staff to carry out their professional, teaching and administrative functions.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Adequate and proper utilisation of space.	NA				
	2.	Appropriate type of equipment to match the complexity of services/modalities of care.	NA				
	3.	Adequate facilities and equipment at patient care area for safe care (e.g. access to emergency cart, hand washing facilities, etc).	NA				
	4.	Easy access and clear exit routes	NA				
	5.	Absence of overcrowding	NA				
17A.4.1.2	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Testing, commissioning and calibration records. (certificates or stickers)	NA				
	2.	Certification of equipment from certified bodies, e.g. Standards and Industrial Research Institute of Malaysia (SIRIM), etc as evidence of compliance to the relevant standards and Acts.	NA				
17A.4.1.3 CORE	There is evidence that the facility has a comprehensive maintenance programme such as predictive maintenance, planned preventive maintenance and calibration activities, to ensure the facilities and equipment are in good working order.		NA			NA	
	EVIDENCE OF COMPLIANCE						

	1.	Planned Preventive Maintenance records such as schedule, stickers, etc.	NA				
	2.	Planned Replacement Programme where applicable	NA				
	3.	Complaint records	NA				
	4.	Asset inventory	NA				
17A.4.1.4	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	User training records	NA					
	2.	Competency record	NA					
	3.	Letter of authorisation	NA					
	4.	List of staff trained and authorised to operate specialised equipment	NA					
17A.4.1.5 CORE	Disabled friendly toilets with call systems for assistance shall be made available.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Disabled friendly toilet with alarm bell/call system is available.	NA					
17A.4.1.6	Alarm system for emergencies appropriate to client needs shall be made available			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Emergency alert alarm system, i.e. mechanical and Code Blue is in place.	NA					

TOPIC TOPIC 17A.5
SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD STANDARD 17A.5.1
The Head of Physiotherapy Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Physiotherapy Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17A.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Physiotherapy Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.	NA			NA	
	EVIDENCE OF COMPLIANCE					
	1. Planned performance improvement activities include (a) to (f) — NA					
	2. Records on performance improvement activities — NA					
	3. Minutes of performance improvement meetings — NA					
	4. Performance improvement studies — NA					
	5. Records on innovation if available — NA					
17A.5.1.2	The Head of Physiotherapy Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement to appropriate individual/personnel within the respective services.	NA			NA	

	EVIDENCE OF COMPLIANCE						
	1.	Minutes of meetings	NA				
	2.	Letter of assignment of responsibilities	NA				
	3.	Job description	NA				
17A.5.1.3	The Head of Physiotherapy Services shall ensure that the staff are trained and complete incident reports which are promptly reported, investigated, discussed by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility. Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.			NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	System for incident reporting is in place, which include:					
	a)	Training of staff	NA				
	b)	Policy on incident reporting	NA				
	c)	Methodology of incident reporting	NA				
	d)	Register/records of incidents	NA				
	2.	Completed incident reports	NA				
	3.	Root Cause Analysis	NA				
	4.	Corrective and preventive action plans	NA				
	5.	Remedial measure	NA				
	6.	Minutes of meetings	NA				
	7.	Acknowledgment by Head of Service and PIC/Hospital Director	NA				
	8.	Feedback given to staff regarding incident reporting.	NA				
17A.5.1.4 CORE	There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following: a) incidence of burns sustained during delivery of electrotherapeutic modalities or thermal agents (sentinel event) b) Patient with musculoskeletal condition reported a reduction in pain scale (VAS) in each physiotherapy session (minimum of 3 sessions) within 2 months - target is 80%			NA			NA	

	c) Percentage of inpatient referrals seen on time (≤ 24 hours) by the physiotherapist (Target: 90% d) Rate of positive outcomes from cases referred for chest physiotherapy by Intensive Care Unit e) Improvement in Modified Rivermead Mobility Index (MRMI) score within 6 months of physiotherapy intervention for newly referred Stroke patient EVIDENCE OF COMPLIANCE 1. Specific performance indicators monitored. NA 2. Records on tracking and trending analysis NA 3. Remedial measures taken where appropriate NA					
17A.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff. EVIDENCE OF COMPLIANCE 1. Results on safety and performance improvement activities are accessible to staff. NA 2. Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings. NA 3. Minutes of service/unit meetings NA	NA			NA	
17A.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved. EVIDENCE OF COMPLIANCE 1. Documentation on performance improvement activities and performance indicators. NA 2. Policy statement on anonymity on patients and providers involved in performance improvement activities. NA	NA			NA	

SERVICE SUMMARY	
-	
OVERALL RATING :	NA
OVERALL RISK :	-