



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

32. Physiotherapy Service

These forms are designed to be used by both hospital personnel and external surveyors. The following information must be provided after each survey, before submitting the completed survey forms.

1. NAME OF HOSPITAL/CLINIC/FACILITY: _____

2. BASELINE/INTERNAL SURVEY INFORMATION:

Title and name of person who completed this document: _____

Post and position held: _____

Date of survey: _____

3. EXTERNAL SURVEY INFORMATION:

Name of external surveyor: _____

Date of external survey: _____

GUIDE TO COMPLETION OF FORM

N.B. Hospital staff are please to use BLACK ink at all times. The external surveyors are requested to use RED ink at all times.

Please circle the rated compliance with the criterion, e.g. NA (Not applicable), NC (Non-compliant), PC (Partially compliant), C (Compliant).

The default category affected is designated on the form for each criterion as follows:

1. patient and staff safety
2. legality
3. patient care
4. efficiency
5. structure
6. basic management
7. basic process
8. evaluation

The seriousness of the default is designated on the form for each criterion as follows:

1. mild
2. moderate
3. serious
4. very serious

<p><u>Documents Checked</u></p> <p>Surveyor:</p> <p>Surveyor:</p>
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32.1 Management of the Service

32.1.1 Standard

The physiotherapy service is managed to ensure the provision of a safe and effective service.

Standard Intent: Departmental and service managers are primarily responsible for ensuring that the mission of the organisation is met through the provision of management and leadership at departmental level. Good departmental or service performance requires clear leadership from a suitably qualified individual. The responsibilities of each staff member in the department are defined in writing; each one signs their own document to show that they are in agreement with their job description/performance agreement.

Documents prepared by each department define its goals as well as identifying current and planned services. Lines of communication within each department are documented to ensure clear accountability.

Departmental policies and procedures are essential. They give the personnel the guidance they require to carry out the functions of the department and it is important that there is a system for making sure that departmental policies and procedures are known, understood and implemented. Policies may be standardised for similar departments or be unique to the particular department. They need to be available, indexed, signed and dated; they also need the authority of the organisational leaders.

	Criterion	Comments
		Recommendations
Criterion 32.1.1.1 Critical: '' Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	A designated individual is responsible for the physiotherapy service.	
Criterion 32.1.1.2 Critical: '' Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The physiotherapy service manager ensures that policies and procedures are available to guide the personnel and that they are implemented.	
Criterion 32.1.1.3 Critical: '' Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The manager plans and implements an effective organisational structure to support his/her responsibilities and authority.	



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Criterion 32.1.1.4 Critical: .. Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The responsibilities of the manager are defined in writing.	
Criterion 32.1.1.5 Critical: .. Catg: Basic Process + Pat & Staff Safety Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The manager ensures that there is a documented welfare programme in place for the staff within the department.	

32.2 Facilities and Equipment

32.2.1 Standard

The service has adequate facilities and serviceable equipment to meet the treatment needs of the population served.

Standard Intent: Departmental managers need to work closely with organisational managers to ensure that facilities and equipment are adequate. Departmental managers keep organisational managers informed of inadequate facilities, additional equipment requirements and the current state of facilities and equipment.

	Criterion	Comments
		Recommendations
Criterion 32.2.1.1 Critical: .. Catg: Basic Management + Physical Struct Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	There is adequate space for physiotherapists to treat patients effectively.	



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Criterion 32.2.1.2 Critical: .. Catg: Basic Management + Physical Struct Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Adequate and relevant equipment and consumables are available to provide an effective service.	
Criterion 32.2.1.3 Critical: .. Catg: Basic Management + Physical Struct Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	There is adequate space for the storage of equipment and consumables.	
Criterion 32.2.1.4 Critical: 0 Catg: Basic Management + Physical Struct Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Privacy is ensured through private cubicles, curtains or screens.	



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32.3 Policies and Procedures

32.3.1 Standard

Policies and procedures guide the management and patient care in the department.

Standard Intent: As indicated in 32.1.1, departmental policies and procedures are essential. They give the personnel the guidance they require to carry out the functions of the department. It is important that there is a system for making sure that departmental policies and procedures are known, understood and implemented. Policies may be standardised for similar departments or be unique to the particular department. They need to be available, indexed, signed and dated; they also need to be authorised by the organisational leaders.

Clinical policies and procedures guide professional personnel in providing uniform care to patients. Clinical guidelines are frequently helpful and may be included in the care process. Monitoring provides the information needed to ensure that the policies and procedures are adequately implemented and followed for all relevant patients and services.

It is particularly important that the policies or procedures indicate:

- how planning will occur
- the documentation required for the care team to work effectively
- special consent considerations
- monitoring requirements
- special qualifications or skills of the personnel involved in the care process and
- high-risk patients and procedures.

Policies and procedures should focus on the following:

- referral systems
- assessment methods
- high risk patients
- treatment protocols, and
- treatment techniques and equipment.

	Criterion	Comments
		Recommendations
Criterion 32.3.1.1 Critical: '' Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and procedures that guide the personnel in the management and clinical aspects of the physiotherapy service are available and implemented.	
Criterion 32.3.1.2 Critical: '' Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and procedures are signed by persons authorised to do so.	



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<p>Criterion 32.3.1.3</p> <p>Critical: ..</p> <p>Catg: Basic Management + Efficiency</p> <p style="text-align: center;">Compliance</p> <p style="text-align: center;">NA NC PC C</p> <p>Default Severity for NC or PC = 3 Serious</p>	<p>Policies and procedures are compiled into a comprehensive manual, which is indexed and easily accessible to all personnel.</p>	
<p>Criterion 32.3.1.4</p> <p>Critical: ..</p> <p>Catg: Basic Management + Efficiency</p> <p style="text-align: center;">Compliance</p> <p style="text-align: center;">NA NC PC C</p> <p>Default Severity for NC or PC = 3 Serious</p>	<p>Each policy and procedure is reviewed as per organisational requirement (frequency of the review).</p>	



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32.4 Coordination of Patient Care

32.4.1 Standard

The delivery of services is integrated and coordinated amongst care providers.

Standard Intent: The coordination of patient care depends on the exchange of information between the members of the multidisciplinary/interdisciplinary team. This can be through verbal, written or electronic means according to appropriate policies determined by the organisation. Clinical leaders should use techniques to better integrate and coordinate care for their patients (for example, team-delivered care, multi-departmental patient care rounds, combined care planning forums, integrated patient records, case management).

The patient, family and others are included in the decision process when appropriate. The patient's record contains a history of all care provided by the multidisciplinary/interdisciplinary team and is made available to all relevant caregivers who are authorised to have access to its content.

Establishing goal-orientated rehabilitation in a general hospital setting can be very difficult. One of the two models below may be used, or they may be combined:

1. Multidisciplinary teams consist of various professionals treating the patient separately, usually with discipline-specific goals. Patient progress with regard to each discipline is communicated through documentation or at meetings for information exchange.
2. In the interdisciplinary model, each professional evaluates the patient and then interacts with the other professionals involved at team meetings where assessments are shared and goals are established. A unique rehabilitation plan is then developed. When this approach is used, the result is greater than just the total of the various components.

Rehabilitation has been defined as the development of a person to his or her fullest physical, psychological, social, vocational and educational potential, consistent with his or her impairment and the environmental limitations.

It usually requires five sub-components:

- a unique patient-centred plan, formulated by the patient and the multidisciplinary team
- the establishment of achievable goals
- patient participation to reach those goals
- this should result in the person reaching his/her potential, and
- outcomes need to be measured/demonstrated.

	Criterion	Comments
		Recommendations
Criterion 32.4.1.1	There is a multidisciplinary/interdisciplinary approach to the development and implementation of a therapeutic programme.	
Critical:		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		



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Criterion 32.4.1.2 Critical: .. Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The team consists of appropriately qualified personnel, including representatives from the medical, nursing, social work, physiotherapy, occupational therapy, clinical psychology and other disciplines, departments or services, as appropriate.	
Criterion 32.4.1.3 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The team members' responsibilities include the development and implementation of a comprehensive, individualised care plan for each patient, based on the assessment of the patient.	
Criterion 32.4.1.4 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The team conducts periodic re-evaluation of each patient's care plan to determine whether established goals are being or have been met and whether change in the patient's condition requires modification of goals.	
Criterion 32.4.1.5 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The team includes the patient and his/her family in the development and review of the care plan, as appropriate.	
Criterion 32.4.1.6 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The multidisciplinary/interdisciplinary team meets regularly to coordinate patient care.	



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32.4.2 Standard

All patients treated by physiotherapists have their healthcare needs identified through an established assessment process.

Standard Intent: The assessment process needs to be planned and implemented to provide uniform assessments for all patients. Guidelines aid the implementation of uniform assessment processes. These are often available from the professional society. The assessment process will be modified to meet the needs of each patient.

Regular reassessments of patients ensure that the continuing care plans are suited to the needs of the patients and are essential to justify the treatment plans and on-going care.

	Criterion	Comments
		Recommendations
Criterion 32.4.2.1 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Only those individuals permitted by applicable laws and regulations or by registration perform the assessments.	
Criterion 32.4.2.2 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The findings of assessments performed outside the organisation are verified on admission.	
Criterion 32.4.2.3 Critical: 0 Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients are re-assessed at intervals appropriate to their conditions, care plans, individual needs or according to organisational policies and procedures.	



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32.4.3 Standard

The care provided to each patient is planned and written in the patient's record.

Standard Intent: Professional personnel have a responsibility to ensure that they are employing up-to-date methods for diagnosis and management, which are broadly consistent with those of other practitioners of the same profession.

Clinical practice guidelines provide a means for improving quality and they assist practitioners and patients in making clinical decisions. Guidelines are found in the literature under many names, including practice parameters, practice guidelines, patient care protocols and standards of practice. Regardless of the source, the scientific basis of guidelines should be reviewed and approved by organisational leaders and clinical practitioners before implementation. This ensures that they meet the criteria established by the leaders and are adapted to the community, patient needs and organisational resources. Once implemented, guidelines are reviewed on a regular basis to ensure their continued relevance.

Adequate medical records are essential for maintaining continuity of care, professional development and medico-legal protection.

	Criterion	Comments
		Recommendations
Criterion 32.4.3.1 Critical: '' Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Clinical practice guidelines, relevant to the patients and services of the organisation, are used to guide patient care processes.	
Criterion 32.4.3.2 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The implementation of guidelines is monitored as part of a structured clinical audit.	
Criterion 32.4.3.3 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Guidelines are reviewed and adapted on a regular basis.	



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32.5 Patient and Family Education

32.5.1 Standard

Education supports patient and family participation in care decisions and processes.

Standard Intent: Learning occurs when attention is paid to the methods used to educate patients and families. The organisation selects appropriate educational methods and people to provide the education.

Staff collaboration helps to ensure that the information patients and families receive is comprehensive, consistent and as effective as possible.

Education is focused on the specific knowledge and skills that the patient and his or her family will need to participate and make decisions on how to continue with care at home. Variables like educational literacy, beliefs and limitations are taken into account.

Each organisation decides the placement and format for educational assessment, planning and delivery of information in the patient's record.

Education is provided to support care decisions of patients and families. In addition, when a patient or family directly participates in providing care they need to be educated.

It is sometimes important that patients and families are made aware of any financial implications associated with care choices, such as choosing to remain an inpatient rather than being an outpatient.

Education in areas that carry high risk to patients is routinely provided by the organisation, for instance instruction in the safe and effective use of medications and medical equipment.

Community organisations that support health promotion and disease prevention education are identified and, when possible, on-going relationships are established.

The service has a range of health promotion information materials and resources, specific to the particular patient population. Health information provided is recorded to ensure follow-up and to reduce medico-legal risks.

	Criterion	Comments
		Recommendations
Criterion 32.5.1.1 Critical: '' Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about participation in the care process.	
Criterion 32.5.1.2 Critical: '' Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about any financial implications of care decisions.	



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Criterion 32.5.1.3 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Interaction between personnel, the patient and the family is noted in the patient's record.	
Criterion 32.5.1.4 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	When appropriate, patients and families indicate that they have been educated about the use of rehabilitation techniques.	
Criterion 32.5.1.5 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	When appropriate, patients and families indicate that they have been educated about the use of equipment.	



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32.6 Quality Improvement

32.6.1 Standard

A formalised proactive quality improvement approach is maintained in the service.

Standard Intent: This refers to the implementation of organisational quality improvement processes (Service Element 8).

It is the responsibility of management of the organisation to ensure that standards are set throughout the organisation. Within each department or service, it is the responsibility of managers to ensure that standards are set for the particular department. This requires coordination with the organisation's central/management/coordinating quality management structures or systems. Departmental managers use available data and information to identify priority areas for quality monitoring and improvement.

Quality monitoring could include:

- a) patient assessment
- b) the success of physiotherapy procedures carried out
- c) the availability, contents and use of patient record, and
- d) patient and family expectations and satisfaction.

The following will be evaluated:

- problems identified in this service for which quality improvement activities were initiated
- the processes put in place to resolve the problems
- identification of indicators to measure improvement
- the tool(s) used to evaluate these indicators
- the monitoring of these indicators and corrective steps taken when goals were not achieved, and
- graphed and/or tabled results, as appropriate.

	Criterion	Comments
		Recommendations
Criterion 32.6.1.1 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are formalised quality improvement processes for the service that have been developed and agreed upon by the personnel of the service.	
Criterion 32.6.1.2 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Indicators of performance are identified to evaluate the quality of treatment and patient care.	



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Criterion 32.6.1.3 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The quality improvement cycle includes the monitoring and evaluation of the standards set and the remedial action implemented.	
Criterion 32.6.1.4 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	A documentation audit system is in place.	

32.7 Patient Rights

32.7.1 Standard

The department/service implements processes that support patient and family rights during care.

Standard Intent: This refers to the implementation of organisational policies on patient and family rights (Service Element 5). Compliance will be verified during observation of patient care processes, patient record audits and patient interviews.

	Criterion	Comments
		Recommendations
Criterion 32.7.1.1 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are processes that support patient and family rights during care.	
Criterion 32.7.1.2 Critical: .. Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Measures are taken to protect the patient's privacy, person and possessions.	



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Criterion 32.7.1.3	The personnel respect the rights of patients and families to treatment and to refuse treatment.	
Critical: ..		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

32.8 Prevention and Control of Infection

32.8.1 Standard

The department/service implements infection prevention and control processes.

Standard Intent: This refers to the implementation of organisational processes for infection prevention and control (Service Element 9).

	Criterion	Comments
		Recommendations
Criterion 32.8.1.1	The department identifies the procedures and processes associated with the risk of infection and implements strategies to reduce risk.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 32.8.1.2	Infection control processes include prevention of the spread of communicable diseases.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 32.8.1.3	Infection control processes include prevention of the spread of infection through use of medical and rehabilitation equipment.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		



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32.9 Risk Management

32.9.1 Standard

The department/service implements risk management processes.

Standard Intent: This refers to the implementation of organisational risk management processes (Service Element 7).

	Criterion	Comments
		Recommendations
Criterion 32.9.1.1 Critical: '' Catg: Basic Process + Pat & Staff Safety Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The department conducts on-going monitoring of risks through documented assessments as part of organisational risk management processes.	
Criterion 32.9.1.2 Critical: '' Catg: Basic Process + Pat & Staff Safety Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	A system for monitoring incidents/near misses/sentinel/adverse events is available and includes the documentation of interventions and responses to recorded incidents.	
Criterion 32.9.1.3 Critical: '' Catg: Basic Process + Pat & Staff Safety Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Security measures are in place and implemented to ensure the safety of patients, staff and visitors.	
Criterion 32.9.1.4 Critical: '' Catg: Basic Process + Pat & Staff Safety Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Fire safety measures are implemented.	



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Criterion 32.9.1.5	The organisation's policy on handling, storing and disposing of healthcare waste is implemented.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		