

**INTERPRETATION GUIDELINES
for
WCB PRIMARY LEVEL
MESSAGE THERAPY THERAPIST/CLINIC SURVEY**

Refer to the Clinic Survey document.

Scoring: Note the total points available in each section. Clinics/therapists will be scored on a 100-point scale. See the survey for further details with respect to scoring and pass marks. If any section is not applicable, the score will be prorated out of the total score that the clinic achieves.

Scheduling

Facility

Ongoing Education

Record Keeping

Quality Assurance

A. Scheduling

The “**Practice Standards for Massage Therapy Service Providers**” document states that “There shall be evidence of some measure of volume per therapist with a minimum treatment time for Saskatchewan WCB patients of approximately one-half hour **at no time exceeding the volume of two patients per hour**”.

For clinic inspection purposes, the Workers’ Compensation Board will choose three patients that have been treated at the clinic being surveyed. At the time of clinic survey, six dates of attendance for each patient will be reviewed in the clinic appointment book. Six points will be given for each patient where it is documented that there were no more than two (2) patients scheduled in the hour in which the patient in question was treated. If there is evidence that just one date of attendance has been scheduled inappropriately (more than two patients/hour), all six points would be lost for that patient.

Note: Surveyors may require management assistance in interpreting methods of scheduling. The most efficient way of checking the scheduling is to use the therapy notes for the treatment dates and then check the appointment book.

SCHEDULING Points Available: 6

Sources of Verification:

- Documentation
- Management Interview

B. FACILITY

- a) **Adequate Space:** The massage therapy service has the necessary space to allow for effective assessment and treatment of the populations served. Treatment is provided in a room designated solely for health care.

Minimum standard: a treatment room (or curtained cubicle) of a size which contains a standard size treatment table and chair and in which adequate space is left for patient and therapist to comfortably move during the examination/treatment procedure. Patient privacy must be demonstrated in the way of proper closing of curtains or doors.

- b) **Physical Accessibility:** The surveyor will award two points if the facility is wheelchair accessible.
- c) **Adequacy of Equipment and Supplies:** The massage therapy service has the necessary equipment to allow for effective assessment and treatment of the populations served. Minimum standard for massage practice: a safe treatment table, treatment room (as described in subsection (a)), towels and sheets.
- d) **Cleanliness and Infection Control – facility, furniture, equipment:** There are mechanisms in place to control the spread of infection, i.e.:
- i. Antibacterial soap in treatment areas
 - ii. Adequate towels
 - iii. Nail brush
 - iv. Disinfectant spray for tables
 - v. Availability of latex gloves to be worn as necessary
 - vi. Linen changed after each patient
 - vii. Overall clinic cleanliness i.e. floors, garbage cans, sinks, etc.
- e) **Non-smoking Provisions:** There is evidence that this is a non-smoking facility, i.e. signage.
- f) **Emergency Procedures – (fire):** There is an adequate number of appropriate and well-maintained fire extinguishers prominently placed and easily accessible within the facility. Documentation should exist detailing annual inspection of fire extinguishers. There are written exit directions and telephone numbers with respect to fire or other emergency situations, and each staff member has been made aware of these. The surveyor may question staff to determine if staff is aware of emergency protocols.
- g) **Equipment Inspection/Preventative Maintenance Program:** All equipment is in good repair, e.g. table.
- h) **Policy and Procedure Manual:** There is a Policy and Procedure manual on site reflecting current additions to policy and procedures as required by WCB. This may be something as simple as a binder in which all WCB correspondence, etc. is filed for quick reference. Manual should include the orientation checklist (See C.a.).
- i) **First Aid Kit:** A first aid kit should be located in the clinic and should contain as a minimum Band-Aids, gauze, tape, tweezers, Polysporin, latex gloves, mouth barrier (for CPR), and a first aid handbook.

FACILITY Points Available: 32

Sources of Verification:

- Documentation
- Management interview
- Facility tour
- Staff interview

C. ONGOING EDUCATION

- Evidence of Orientation Checklist:** There is an orientation checklist in place that is used to orientate all new staff on clinic procedures, including training in emergency procedures. Orientation checklist is not expected to be present in sole massage provider practices.
- Are Reference Books/Charts Available:** The massage therapy service has the necessary reference books/charts to allow for effective assessment and treatment of the populations served.
- CPR Certification and Re-certification:** Evidence of Valid CPR/First Aid Certification.

ONGOING EDUCATION Points Available: 11

Sources of Verification:

- Documentation
- Facility tour
- Management interview

D. RECORD KEEPING

- Current History:** Client file indicates a history was taken to include chief complaint, duration, treatment given prior to, and results.
- Past Pertinent Medical History:** Client file indicates previous surgeries, allergies, pathologies.
- Physical Assessment:** Client file includes objective findings to include range of motion, asymmetry, and tissue structure.
- Treatment Provided:** Client file shows treatment and modalities provided and area of treatment.
- Treatment Plan:** Treatment plan to include reasonable expectation of treatment time.
- Authorization to Treat confirmed with WCB: Authorization to treat form forwarded to WCB and reply received before treatment commences.**
- Timely Initial Report:** Initial report received at WCB within three business days of the assessment. Where WCB has waived the need for Initial Assessment report, full points should be awarded by the surveyor.
- Timely Progress Report:** Progress report received at WCB at intervals stated in Standards document. Where WCB has waived the need for Progress reports, full points should be awarded by the surveyor.
- Timely Discharge Report:** Discharge report received at WCB within three business days if faxed and five business days if mailed. Where WCB has waived the need for Progress reports, full points should be awarded by the surveyor.

RECORD KEEPING Points Available: 37

Sources of Verification:

- Documentation
- Management Interview

E. QUALITY ASSURANCE

- a) **Therapists on APL:** All therapists in clinic who treated the WCB client are on the WCB Approved Provider List.
- b) **Therapist Currently Registered with MTAS:** Care provider has a current MTAS registration card.
- c) **Referral from Licensed Practitioner:** Client file includes referral from licensed practitioner.
- d) **History/Consent Form:** A signed consent form from client is on the chart.

QUALITY ASSURANCE Points Available: 14

Sources of Verification:

- Documentation
- Management Interview
- Staff Interview

MESSAGE THERAPY CLINIC SURVEYS FOR WCB PRIMARY CARE PROVIDERS

BEFORE THE VISIT

WCB HEALTH SERVICES

1. Arrange a survey date which is mutually acceptable to the surveyor and clinic manager (or department director). Offer clinic manager option of a brief meeting with clinic staff before the survey, and set a time for this. Clarify office space and equipment requirements with the manager.
2. Verify survey date in a letter to clinic manager and enclose practice standards, survey tool, guidelines and this preparation document.
3. Compile the survey package and send to surveyor. Package should include:
 - Clinic survey tool (3)
 - Guidelines (3)
 - Practice standards
 - Expense form for reimbursement
 - Letter confirming date of survey
 - This preparation document
 - Approved Provider List
 - Client files (3) to include authorization to treat form, invoices, therapist's report forms, other documents dealing with massage therapy
4. ITS and HCS should identify patient files to be reviewed within the clinic, ensuring that files are representative of a number of therapists in the clinic.
5. Compile a package including standards package, Approved Providers List, file reports and file invoices.

SURVEYORS

1. Notify WCB of any perception of conflict of interest in regard to clinic being surveyed.
2. Arrange travel and accommodation
3. Review survey package sent from WCB and ensure all materials are enclosed.
4. Have calendar available for survey day to determine timely reporting (initial assessment, progress and discharge forms).

CLINIC MANGER OR THERAPIST

1. Arrange appointment times for surveyors to meet with administrative staff, therapists, etc.
2. Ensure the WCB patient files are accessible for review. Surveyors will provide the patient names on the day of the survey.
3. Ensure the appointment book is accessible for review, keeping in mind that reception staff may not be able to access it during the surveyor's review. If the clinic does not have an appointment book, the manager and therapist should be prepared to demonstrate how the volume per hour requirement is met.

4. Assemble clinic policy and procedure manuals for on-site inspection. These should include documentation on the following points:
 - Cleanliness
 - Emergency procedures
 - Equipment maintenance
 - Orientation program
 - Continuing education

DURING THE VISIT

SURVEYOR

1. Introduce self to clinic staff.
2. Explain survey process to clinic staff, if clinic manager previously requested this.
3. Ask clinic staff to pull patient files.
4. Tour clinic prior to patients' arrival, when possible
5. Conduct survey, using survey tool and guidelines and calendar.

CLINIC MANAGER OR THERAPIST

1. Assist the surveyor by providing a tour, general information about the clinic, etc. Clinic manager may be asked to assist with review of appointment book and locating information on patient files.

AT END OF VISIT

SURVEYOR

1. Discuss the survey process with the clinic manager or department director, and solicit feedback with respect to the tool and survey process. The surveyors should ensure that this feedback is documented for later review.

AFTER THE VISIT

SURVEYOR

1. Submit expense forms to WCB.
2. Issue a report and results of survey to WCB within two weeks from date of survey.

WCB

1. Distribute results of the survey to clinic managers and department directors as soon as possible after receiving the surveyors' report.



Health Care Services
 200 – 1881 Scarth Street
 Regina, SK
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 Fax: (306) 787-4311
 Toll-Free Fax: 1-888-844-7773

THERAPIST / CLINIC SURVEY

PRIMARY LEVEL MASSAGE THERAPY

Refer to Interpretation Guidelines

Clinic: _____ Therapist Name: _____

Address: _____ Date of Survey: _____

Clinic Phone #: _____ Surveyors: _____

A. Scheduling

Name of Client	Name of Therapist	Dates of Attendance					Time Per Client: Max. 2 Per Hour		Points Available	Points Earned
		#1	#2	#3	#4	#5	Yes	No		
1.									2	
2.									2	
3.									2	
TOTAL									6	



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B. Facility

	Points Available	Points Earned
a. Adequate Space	5	
b. Physical Accessibility	2	
c. Adequacy of Equipment and Supplies	5	
d. Cleanliness and Infection Control	7	
e. Non-Smoking Provisions	2	
f. Emergency Procedures	5	
g. Equipment Maintenance	2	
h. Policy and Procedure Manual	1	
i. First Aid Kit	3	
TOTAL	32	



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C. ONGOING EDUCATION

	Points Available	Points Earned
a. Evidence of Orientation Checklist	1	
b. Availability of Reference Books/Charts	5	
c. CPR/First Aid Certification and Re-Certification	5	
TOTAL	11	



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D. RECORD KEEPING

	Client #			Present		Points Available	Points Earned
	1	2	3	Yes	No		
a. Current History						5	
b. Past Pertinent Medical History						5	
c. Physical Assessment						6	
d. Treatment Provided						3	
e. Treatment Plan						6	
f. Authorization to Treat confirmed with WCB						3	
g. Timely Initial Report to WCB (WCB Form TXI)						3	
h. Timely Progress Report to WCB (WCB Form TXP)						3	
i. Timely Discharge Report (WCB Form TXD)						3	
TOTAL						37	

E. QUALITY ASSURANCE

	Client #			Present		Points Available	Points Earned
	1	2	3	Yes	No		
a. Therapist on WCB Approved Provider List						3	
b. Current Registration with MTAS						5	
c. All Treatment at Request of Licensed Practitioner						3	
d. History/Consent Form for Massage Therapy						3	
TOTAL						14	
GRAND TOTAL							

Mark attained by clinic surveyed: _____%

Required Pass Mark: 80%

- Clinic maintains full accreditation.

Probationary Level: 70-79%

- Surveyors will suggest remedial action clinic needs to take, including timeliness and how verification of remedial action will occur.

Standards Not Met: <70%

- Clinic will lose WCB accreditation for a period of six months commencing on a date specified by WCB.

SUMMARY/RECOMMENDATIONS

A.

B.

C.

D.

E.

We verify that any information reviewed on non-WCB patients shall remain confidential.

Signature of Surveyors:

