

INTERPRETATION GUIDELINES
for
WCB PRIMARY LEVEL PHYSIOTHERAPY CLINIC SURVEY

Refer to the CLINIC SURVEY document.

Scoring: Note the total points available in each section. Clinics 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.

A. FACILITY

- a) **Adequate Space:** The physical therapy service has the necessary space to allow for effective assessment and treatment of the populations served. Minimum standard: a treatment room (or curtained cubicle) of a size which contains a standard size treatment bed and chair; and in which adequate space is left for patient and therapist to comfortably move during the examination procedure. Patient privacy must be demonstrated in the way of proper closing of curtains or doors.
- b) **Physical Accessibility:** Wheelchair accessibility as per current local building codes.
- c) **Adequacy of Equipment:** The physical therapy service has the necessary equipment to allow for effective assessment and treatment of the populations served. Minimum standard for orthopedic practise: a safe treatment bed, treatment room (as described in subsection (a)) and basic neurological testing equipment (reflex hammer and sensory testing equipment).
- d) **Cleanliness - facility, furniture, equipment:** There are mechanisms in place to ensure that staff are aware of relevant infection prevention and control procedures. There should also be evidence that staff apply these procedures:
 - i) daily maintenance and cleaning schedules are maintained to ensure a clean and orderly service delivery environment
 - ii) biomedical waste management
 - iii) laundry and linen processing

The clinic Policy and Procedure Manual should include written documentation of cleaning schedules and should indicate whom is responsible for the duties. The manual should also indicate clinic policy on laundry and linen processing. It is expected that this policy will indicate

that pillow cases (or pillow covers) and bed covers (paper, linen or towels) are changed after each patient use.

e) **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 regulations and procedures 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.

f) **Equipment Inspection/Preventative Maintenance Program:** All equipment is in good repair and is subject to a preventative maintenance program of inspection and service. It is recommended that the equipment be inspected on a yearly basis.

g) **Policy and Procedure Manual:** A Policy and Procedure Manual is on site and should reflect current additions to policy and procedures as required by WCB.

FACILITY Points Available: 7.5

Sources of Verification:

- Documentation
- Management Interview
- Facility Tour
- Staff Interview

B. ONGOING EDUCATION

a) **Evidence of Orientation Program:** There is an orientation program in place that is attended by all new staff, including training in emergency procedures.

b) **Are Reference Books Available?** The physical therapy service has the necessary reference books available to allow for effective assessment and treatment of the populations served. Minimum standard for orthopedic practise: one (1) comprehensive anatomy text, and one (1) comprehensive orthopedic examination manual.

c) **Can a Medical Library be Accessed?** The physical therapy service has posted documentation detailing the process of accessing a medical library (i.e. internet computer access and/or medical library phone number).

- d) **Are Professional Journals Subscribed To?** The physical therapy service subscribes to at least one peer reviewed professional journal.
- e) **Is Continuing Education Encouraged?** There is documentation available showing: 1) the educational course attended, 2) staff member's name, 3) dates of attendance.
- f) **Are In-services Provided?** There is documentation available showing: 1) the in- service provided, 2) name of presenter, 3) date of in-service, 4) names of staff in attendance
- g) **Are Therapists CPR Certified?** There is evidence of annual CPR certification (by certificate).

ONGOING EDUCATION Points Available: 7

Sources of Verification:

- Documentation
- Facility Tour
- Management Interview

C. QUALITY ASSURANCE/OUTCOME MEASURES

- a) **Is There an Appropriate Professional/Non-professional Staff Ratio?** In the WCB Practise Standards document, it is stated that, "Statistics shall be available to indicate the total number of professional staff working hours per month and the total number of non-professional staff hours worked per month, excluding reception and office staff. This could be indicated as full-time equivalents of 40 hours per week. The ratio of non-professional to professional staff shall not be greater than one physical therapy assistant to one active full-time physiotherapist". The surveyor will choose two dates and ask the clinic manager to demonstrate the professional to non-professional staff ratio. Clinic managers who do not wish to share their payroll records should be prepared to demonstrate this in another manner. Surveyor should inquire if office staff helps with any direct patient care.
- b) **Are All Physical Therapists Treating WCB Clients Credentialed With WCB?** WCB will supply the most current Approved Providers List. Surveyors should verify with the clinic manager that all therapists that treat WCB clients are on the APL.
- c) **Are Job Descriptions Available?** Job description documents should be in the possession of the service provider (in the Policy and Procedures Manual).

d) **Do All Staff Wear Clinic Identification With Occupational Designation?** Visual inspection.

e) **Is the Service Under the Direction of a Physiotherapist Licensed with the Saskatchewan College of Physical Therapists (SCPT)?** An inspection of license to practise will be carried out.

f) **Are Treatments Given Under Supervision of a Physiotherapist?** The chart review in Section E. RECORD KEEPING should show the signature or initials of the treating therapist following the analysis and treatment plan. Each page of all PT records should be signed or initialled and professional designation included. If initials are used, each chart should have a signature log included indicating name, initials and professional designation.

g) **Those Physical Therapy Services Providing Cervical Spinal Manipulation Should Provide Evidence of:** 1) patient consent forms re: spinal manipulation, 2) documents to patients detailing the risks of spinal manipulation.

h) **List Three (3) Methods Used by the Physical Therapy Service to Evaluate the Quality and Quantity of Care Provided:** The WCB standards documents states, "Within each clinic, there shall be a program to evaluate the quality and quantity of care provided. The evaluation shall include an evaluation of outcomes". Note that there should be evidence of at least one (1) Impairment Measure, one (1) Disability/Handicap Outcome Measure, and one (1) Measure of Client Satisfaction.

1. Examples of accepted, documented Impairment Measures: (this list is not exclusive to other accepted impairment measures that inspectors may find in use):

- numeric pain rating scale
- visual analogue scale for pain
- ROM, goniometer
- cervical ROM/back ROM
- neurological testing results

Scoring for this section: To gain the three points available in this section, there should be evidence of at least one impairment measure in at least four out of the five charts reviewed in section E. RECORD KEEPING. Partial points are available (e.g. 2 points for evidence of an impairment measure in 3 out of the 5 charts and one point for evidence of an impairment measure in 2 out of the 5 charts).

2. Functional Outcome Measures: * Clinicians requiring more information may refer to the September/October 1998 issue of the Orthopedic Division Review published by the Canadian Physiotherapy Association Orthopedic Division for explanation of Evidence-Based Practise and examples of Functional Outcome Measures.

Scoring for this section: The charts reviewed in this section will be the same charts reviewed in section E. RECORD KEEPING. For a total of three points, four out of five charts must show evidence of at least one functional outcome measure per chart. Partial points are available (e.g. 2 points for evidence of an acceptable outcome measure in 3 out of the 5 charts reviewed and 1 point for evidence of an acceptable outcome measure in 2 out of the 5 charts reviewed).

3. Measures of client satisfaction:

- patient satisfaction questionnaires and/or
- evidence of complaint mechanism guidelines

Scoring in this section: There should be evidence of either:

- patient satisfaction questionnaires in use in the clinic (material evidence and an indication that the questionnaires are being mailed or given randomly by office staff to discharged patients) or
- a complaint mechanism guideline information sheet.

Three points will be given for evidence of either 1 or 2.

QUALITY ASSURANCE Points Available: 18

Sources of Verification:

- Documentation
- Management Interview

D. SCHEDULING

The **Physical Therapy Practise Standards for WCB Service Providers** document states that “The maximum booking for WCB clients is **not to exceed three patients per hour**. This ratio does not apply for back classes, education classes, conditioning programs or work hardening programs”.

For clinic survey purposes, the Workers' Compensation Board will choose five 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. One (1) point will be given for each date of attendance where it is documented that there were no more than three (3) patients scheduled in the hour in which the patient in question was treated. Where appointment book is not available, the clinic manager will have been advised of the need to demonstrate the above.

In clinics where exercise therapists are employed and responsible for WCB clients, it is recommended that clinic managers be prepared to indicate which clients are under the supervision of the exercise therapist (i.e. color coding or "E.T." following the client's name). This will allow the surveyors to count the number of patients under direct care of the physical therapist in the hour time block in question.

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: 30

Sources of Verification:

- Documentation
- Management Interview

E. RECORD KEEPING

A chart review will be performed on all five (5) patients that were reviewed under Section D. SCHEDULING. Note again that the patient files will be closed (patients have been discharged from primary care).

There is an initial assessment with evidence of:

- a) **A Subjective Inquiry (relevant health information)**
- b) **Objective Findings**
- c) **Analysis (diagnosis)**
- d) **Treatment Plan and Goals**
- e) **Authorization to Treat/Treatment Notification Forwarded to WCB?** Surveyor should check that therapist obtained WCB authorization to treat. If a current pilot project is extended, a therapist may have sent a negative response notification form instead of a request form.

f) **Is There Evidence of a Timely Admission Report (Form TXI)?**
WCB requires that an admission report be sent to their Regina office within two (2) working days from the time of assessment. The documentation required would be a facsimile (fax) record of transmission (supplied by the physical therapy service), an indication from WCB of the day they received the report via mail, or a stamped date of mailing on the form supplied by the clinic.

g) **Do the Therapy Notes Indicate the Client's Occupation?**
There must be written evidence of the worker's occupation to gain full points in this section.

h) **Do the Therapy Notes Indicate the Client Information Regarding Specifics of Job Duties?** There must be written evidence of two or more of the worker's job duties to gain full points in this section. WCB wishes special recognition be given to this area, so that treatment is directed towards functional improvement with respect to job duties, and so that there is clear indication that a return to work is the primary goal of treatment.

i) **Is There Evidence of Timely Progress Reports (Form TXP)?**
WCB requires that a progress report be sent to their office within three (3) weeks (fifteen working days and not counting statutory holidays) of the date of initial assessment, and then every three weeks thereafter while the patient is on treatment.

j) **Is There Evidence of a Timely Discharge Summary (TXD form)?** WCB requires that a TXD report be sent to their office within three (3) working days of the patient being discharged. "Discharged" for WCB purposes means that the patient's status on discharge has satisfied one of the six outcome codes on form TXD.

k) **Treatment Outcome Recorded in Terms of Return To Work and Reported to WCB:** If the outcome code is 1-4, then no explanation is required, and full points are given if checked. If the outcome code is a 5 or 6, then explanation must be given with respect to the client's status on discharge (i.e. if client has been referred to a specialist or other practitioner, this must be noted). Where the worker discontinued attendance prior to being discharged by the therapist, the date the discharge form is completed will be the discharge date.

RECORD KEEPING Points Available: 37.5

Sources of Verification:

- Documentation