

**WCB PRIMARY LEVEL PHYSIOTHERAPY
CLINIC SURVEY**

Clinic: _____ Director: _____

Address: _____ Phone Number: _____

Date of Survey: _____ Surveyors: _____

A. SCHEDULING (5 clients x 6 appts = 30 points total)

Name of Client	Dates of Attendance						20 Minutes Per Client		Points Available	Points Earned
	#1	#2	#3	#4	#5	#6	Yes	No		
1.									6	
2.									6	
3.									6	
4.									6	
5.									6	
TOTAL									30	

B. FACILITY

	Points Available	Points Earned
a. Adequate Space	1	
b. Physical Accessibility	1	
c. Adequacy of Equipment	1	
d. Cleanliness	1	
e. Emergency Procedures	1	
f. Equipment Maintenance	3	
g. Policy and Procedure Manual	1	
TOTAL		9

C. ONGOING EDUCATION

	Points Available	Points Earned
a. Evidence of Orientation Program	1	
b. Availability of Reference Books	1	
c. Access to Medical Library	1	
d. Availability of Professional Journals	1	
e. Evidence of Continuing Education	1	
f. Provision of In-service Education	1	
g. CPR Certification and Re-certification	1	
TOTAL	7	

D. RECORD KEEPING

	Client #					Present		Points Available	Points Earned
	#1	#2	#3	#4	#5	Yes	No		
a. History, Health Information								2.5	
b. Objective Findings								2.5	
c. Analysis								2.5	
d. Treatment Plan								2.5	
e. Timely Initial Report to WCB								15	
f. Timely Progress Reports								15	
g. Timely Discharge Report								15	
h. Indication of Client's Occupation and Specific Job Tasks									
Name of Client						Yes	No		
1								1	
2								1	
3								1	
4								1	
5								1	
Total								5	
i. Employer contacted									
Name of Client						Yes	No		
1								3	
2								3	
3								3	
4								3	
5								3	
Total								15	
TOTAL								75	

E. QUALITY ASSURANCE

	Present		Points Available	Points Earned
	Yes	No		
a. Therapists WCB Credentialed			2	
b. Availability of Job Descriptions			1	
c. Clinic Identification and Occupational Design			1	
d. Licensure with SCPT			1	
e. All Treatment Under Supervision of PT			1	
f. Consent Form for Spinal Manipulation			(1)	
g. Evaluation of Quality and Quantity of Treatment			3	
i) Impairment measure			3	
ii) Functional measure			3	
iii) Satisfaction measure				
TOTAL			15 (+1 if manipulation)	

F. Soft Tissue Injury Guidelines

Are Soft Tissue Guidelines followed?				
Name of Client	Yes	No		
1			5	
2			5	
3			5	
4			5	
5			5	
Total			25	

TABULATION OF TOTAL SCORE

	Points Earned
A. Scheduling	/30
B. Facility	/9
C. Ongoing Education	/7
D. Record Keeping	/75
E. Quality Assurance*	/15 +(1)
F. Soft Tissue Injury Guidelines	/25
TOTAL	/161 + (1)

*One point is given to those who use spinal manipulation and have consent form.

Mark attained by clinic surveyed: _____%

Required Pass Mark: 80%

Conditional Pass (70 – 80%)

- Review in 3 months

Standards not met (<70%)

SUMMARY/RECOMMENTATIONS

A.

B.

C.

D.

E.

Signature of Surveyors:

Clinic Representative

INTERPRETATION GUIDELINES for WCB PRIMARY PHYSIOTHERAPY CLINIC SURVEY

Refer to the CLINIC SURVEY

Scoring: Note the total points available in each section. Clinics will be scored on a 161-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 100 percent.

Clinic Tour: Tour of the clinic should be conducted before patients arrive, if this has been arranged.

A. SCHEDULING

The “Physical Therapy Practice Standards for WCB Service Providers” document states, “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 point will be given for each date of attendance where it is documented that there were no more than three patients scheduled in the hour in which the patient in question was treated. Where appointment book is not available, the clinic manager is required to demonstrate the above.

Note: Surveyors may require management assistance in interpreting methods of scheduling.

SCHEDULING Points Available: 30

Sources of Verification:

- Documentation
- Management Interview

B. FACILITY

- a) **Adequate Space:** The physical therapy clinic must have 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:** The physical space meets all applicable building and safety codes, and provides wheelchair accessibility to the clinic proper and bathroom.
- c) **Adequate Equipment:** The physical therapy service has the necessary equipment to allow for effective assessment and treatment of the populations served. Minimum standard for orthopedic practice: a safe treatment bed, treatment room (as described in subsection a) and basic neurological testing equipment (reflex hammer and sensory testing equipment). Where functional conditioning is provided, minimum standard equipment required is a box and lift station.
- d) **Cleanliness – facility, furniture, and equipment:** There are mechanisms in place to ensure that staff is aware of relevant infection prevention and control procedures. There should also be evidence that staff apply these procedures. Documentation should exist detailing:
 - Daily maintenance and cleaning schedules are maintained to ensure a clean and orderly service delivery environment
 - Biomedical waste management
 - Laundry and linen processing
- e) **Emergency Procedures – Fire:** There are 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 is instructed of these.
- f) **Equipment Maintenance:** 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: 9

Sources of Verification:

- Documentation
- Management Interview
- Facility Tour
- Staff Interview

C. 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 practice: 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 or easy access to 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, and
 - 4) Number of hours in attendance at continuing education course.
- f) Are in-services provided? There is documentation available showing:
 - 1) The in-service provided
 - 2) Name of presenter
 - 3) Date of in-service, and
 - 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

D. RECORD KEEPING

A chart review will be performed on all five (5) patients that were reviewed under Section A. 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) An analysis (diagnosis)
- d) Treatment plan
- e) Is there evidence of a timely admission report (Form PTI)? WCB requires that an admission report be sent to their Regina office within three (3) business 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.
- f) Are progress reports done in a timely fashion? According to WCB guidelines progress reports are to be sent after every ten biomechanical treatments.
- g) Are discharge reports done in a timely fashion? WCB requires that a discharge report be sent to their office within three business days of the client being discharged.
- h) Do the therapy notes indicate the client's occupation and information regarding specifics of job duties? There must be written evidence of both the worker's occupation and job duties to gain full points in this section

- i) Is there employer contact documented on file? All files with a worker not at full hours and duties required an employer contact within seven business days.

RECORD KEEPING Points Available: 75

Sources of Verification:

- Documentation

E. QUALITY ASSURANCE/OUTCOME MEASURES

- a) Are all physical therapists treating WCB clients credentialed with the WCB? WCB will supply the most current Approved Providers List (APL). Surveyors should verify that the treating therapist on each file is on the APL. Each therapist needs to be credentialed to obtain full points.
- b) Are job descriptions available? Job description documents should be in the possession of the service provider (in the Policy and Procedure Manual).
- c) Do staff wear clinic identification with occupational designation? Visual inspection will be used to grade this section.
- d) Is the service under the direction of a physiotherapist licensed with the Saskatchewan College of Physical Therapists (SCPT)? An inspection of license to practice will be carried out.
- e) Are treatments given under supervision of a physiotherapist? The chart review in Section D. RECORD KEEPING should show the signature or initials of the treating therapist following the analysis and treatment plan.
- f) Physical therapists practicing cervical spinal manipulation should have documentation in file (when spinal manipulation provided) which provides evidence of:
 - 1) Client consent forms re: spinal manipulation,
 - 2) Document to patients detailing the risks of spinal manipulation.
- g) Three methods are to be used by the physical therapy service provider to evaluate the quality and quantity of care provided. The WCB standards document states, "Within each clinic, there shall be a program to evaluate the quality and quantity of care provided. The evaluation should include an

evaluation of outcomes”. Note that there should be evidence of at least one impairment measure, one approved functional outcome measure, and one measure of client satisfaction.

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
- 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 of the five charts reviewed in Section D. 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).

ii. Functional Outcome Measures: Approved functional outcome measures: Roland Morris, DASH, LEFS and NDI. * 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 Practice and examples of Functional Outcome Measures.

Scoring for this section: The charts reviewed in this section will be the same charts reviewed in Section D. 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).

iii. Measures of client satisfaction:

- Client satisfaction questionnaires and/or
- Evidence of compliant mechanism guidelines

Scoring in this section: There should be evidence of 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)

QUALITY ASSURANCE Points Available: 18

Sources of Verification:

- Documentation
- Management Interview

F. SOFT TISSUE INJURY GUIDELINES

Are soft tissue guidelines being followed: a soft tissue injury is considered an injury to muscle, tendons, fascia and/or ligaments. The soft tissue guidelines exclude fractures, neurological & vascular injuries, and soft tissue recovery post surgery.

Up to four weeks post injury, physical therapists can provide up to a maximum of ten interventions which include: biomechanical treatment, regional conditioning instruction (it is recommended that this is done as a home programme during this timeframe), at least one education session done in a one-on-one manner. Return to work planning, telephone calls or consultation, and initial assessment are not counted as an intervention. Multiple interventions can be used in one day within the overall guidelines of ten interventions within the first 4 weeks following injury. If an injured worker presents for treatment later than the first week post injury, interventions are to be prorated (e.g.: if worker enters treatment at the three week mark, five interventions can be provided).

Weeks five to eight post injury: a maximum of 23 interventions can be provided. These interventions may include: biomechanical treatment, regional conditioning instruction, patient education session, global conditioning, functional conditioning and return to work planning.

Weeks nine to 12 post injury: a maximum of 16 interventions are allowed during this time period provided the worker is involved with a progressive return to work plan.

Scoring for this section:

If a file is completed within four weeks post injury: full marks are awarded for scheduling within the soft tissue healing guidelines. Partial points are not given for incorrect scheduling.

If a file is completed within eight weeks post injury: full marks are awarded for scheduling during both phases (weeks 1 – 4, and weeks 5 – 8) according to soft tissue healing guidelines. If scheduling is done correctly in one of the phases, half points will be awarded for the file.

If a file is completed within 12 weeks post injury and all phases are scheduled correctly, full marks will be awarded. If scheduling is done correctly in 2 of 3 phases, 2/3 of marks will be awarded, and if scheduling is done correctly in 1 of 3 phases, 1/3 of marks will be awarded.

Files will not be scrutinized past week 12

The totals from all sections are added or a final score to be obtained. This survey tool is marked out of an available 161 marks.