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**Quality Assurance Standards**

**Audit Tool**

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**The Quality Assurance Standards Audit Tool**

The Quality Assurance Standards audit tool is designed to be used alongside the ten standards to assure quality and professionalism in every part of clinical practice and service delivery. Before using the audit tool please be sure to read the introduction and full criteria for the relevant standard.

Each of the QA standards has a number of measureable criteria, these are used in the audit tool.  Meeting the criteria enables an individual or service to demonstrate that a standard has been met. However, the criteria are not exhaustive and there will be additional ways in which a criteria may be met.  Additionally there will be services delivered whereby some criteria are not relevant.

As the standards and criteria vary, a range of ways for comparing the evidence with the criteria are needed. The QA audit tool has been designed to reflect this. The tool enables information-gathering from the most appropriate source. For some criteria, evidence may be gathered from more than one source.

Individual services will vary in their delivery and the ways in which responsibility for aspects of service delivery are apportioned. Therefore it may be necessary for local services to amend or redefine the source in the audit tool where information may be gathered from.

At times it will be most appropriate to audit a specific section of the standards, to explore a specific aspect of the quality of the service. Alternatively, members may prefer to audit the complete set of standards to provide a comprehensive insight into the standard of physiotherapy service delivery.

The audit tool is divided into ten sections reflecting each standard and has three parts:

**Part 1: Data collection**

This tool includes a list of short statements requiring the identification of evidence from:

* Part 1A: Physiotherapy records
* Part 1B: Organisational policies and procedures

For ease of analysis, the questions offer three responses: Yes, No or Not Applicable. Where a component has been observed in part, it is recommended that the No column is ticked and a comment should be added.

When adding comments, members should consider that these will inform the process of analysis and development of recommendations for action to be made. However, they will increase the time required for analysis.

As far a possible it is recommended that the Not Applicable box is only used when a criterion does not relate to the physiotherapy service being delivered, and this is noted in the comments box.

**Part 2: Service user feedback**

This is a structured tool to gather feedback from service users on components within a standard, which service users are able to observe or comment upon.

**Part 3: Link to ePortfolio**

This provides individual members with a structure for reflecting and reviewing their service delivery, and may also be used for peer review.

There is no expectation that this information will be shared. Members use this personally to record CPD and participation in the Quality Assurance process.

Alternatively, this information may be used to inform discussions with peers and analysis of the quality assurance process.

**Section 1 - Autonomy and Accountability: Quality Assurance Audit Tool**

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| **Section 1** **Part 1 A - Data collection tool from records****No data collected from records for Section 1** | **Yes** | **No** | **N/A** | **Comments** |

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| **Section 1** **Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **There are policies in place;**  |  |  |  |  |
| To support members in reflecting on their role identifying their learning needs |  |  |  |  |
| To put in place learning opportunities to develop and maintain competence in their role  |  |  |  |  |
| To check members are insured for the activities they undertake |  |  |  |  |
| To check disclosure status |  |  |  |  |
| To check physiotherapists are registered with the HCPC  |  |  |  |  |
| To identify learning needs within annual appraisals |  |  |  |  |
| To hold files including;* a CV, where applicable
* references
* records of appraisal
* engagement in CPD
 |  |  |  |  |
| For maintaining a signature book including signature, job title and work area for all physiotherapy team members and retained in line with record keeping legislation |  |  |  |  |
| To ensure signature books are retained in line with record keeping legislation |  |  |  |  |

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| **Section 1** **Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| **During physiotherapy;**  |  |  |  |  |
| I felt confident with the physiotherapy team  |  |  |  |  |

**Section 2 - Delivering a Safe and Effective Service: Quality Assurance Audit Tool**

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| --- | --- | --- | --- | --- |
| **Section 2 - Part 1 A - Data collection tool from patient records** | **Yes** | **No** | **N/A** | **Comments** |
| **There is evidence in the patient records that consideration is given, where appropriate, to;** |  |  |  |  |
| safeguarding children  |  |  |  |  |
| safeguarding vulnerable adults |  |  |  |  |
| national child protection guidance |  |  |  |  |
| control and prevention of infection |  |  |  |  |
| lone working |  |  |  |  |
| chaperoning  |  |  |  |  |
| Interpreters |  |  |  |  |
| **Risk management to include;** |  |  |  |  |
| Consideration of the management of risks |  |  |  |  |
| indications for a risk assessment carried out for every service user, prior to each procedure or treatment  |  |  |  |  |
| the analysis of findings from risk assessments to make recommendations for changed work practices.  |  |  |  |  |
| action taken on the results of the risk assessment, to minimise any hazards identified |  |  |  |  |
| weighing and recording of the weight of service users where indicated |  |  |  |  |
| safe equipment for the care of bariatric service users |  |  |  |  |
| Considerations of the risks of members working alone to include;* communication links between members working alone and their base
* the use of personal alarms
 |  |  |  |  |

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| **Section 2 - Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **The organisation has in place;** |  |  |  |  |
| A planned orientation and induction programme for all CSP members working in new roles |  |  |  |  |
| Recording where members attend the orientation and induction programme  |  |  |  |  |
| Procedures for members to provide feedback on the programme to ensure its continued relevance |  |  |  |  |
| An organisational policy to ensure that mandatory training is completed within agreed timescales |  |  |  |  |
| Notices of hazards to service users prominently displayed in areas of known risk |  |  |  |  |
| **There is a policy for the induction programme which includes;** |  |  |  |  |
| A named person responsible for planning and for implementation  |  |  |  |  |
| A named person responsible for evaluation and review to ensure it continues to fulfil its intended purpose  |  |  |  |  |
| The content and structure of the programme  |  |  |  |  |
| locally agreed time-scales for completion of the programme  |  |  |  |  |
| Issue of the programme to each new physiotherapy teammember  |  |  |  |  |
| **There is an organisational policy to ensure that CSP members receive training in**: |  |  |  |  |
| fire procedures |  |  |  |  |
| life support |  |  |  |  |
| moving and handling |  |  |  |  |
| dealing with violence and aggression |  |  |  |  |
| control and prevention of infection  |  |  |  |  |
| Confidentiality |  |  |  |  |
| information governance |  |  |  |  |
| safeguarding children and vulnerable adults  |  |  |  |  |
| familiarisation with record keeping systems (paper storage or electronic access) |  |  |  |  |
| approach to record keeping within team (style/use of acronyms and short forms etc). |  |  |  |  |
| **There are systems in place to** identify, report and learn from patient safety incidents and other notifiable incidents, using appropriate local and/or national governance systems and to demonstrate resulting improvements in practice. |  |  |  |  |
| **There is a health and safety policy which includes procedures to manage:** |  |  |  |  |
| Fire |  |  |  |  |
| waste disposal |  |  |  |  |
| disposal of medical waste |  |  |  |  |
| Resuscitation |  |  |  |  |
| first aid  |  |  |  |  |
| control and prevention of infection  |  |  |  |  |
| disposal of sharps  |  |  |  |  |
| lone working |  |  |  |  |
| chaperoning arrangements |  |  |  |  |
| Interpreters |  |  |  |  |
| working outside normal hours  |  |  |  |  |
| control of substances hazardous to health |  |  |  |  |
| safe moving and handling of loads report of industrial diseases and dangerous occurrences |  |  |  |  |
| planned maintenance |  |  |  |  |
| rehabilitation eg practising stairs policy |  |  |  |  |
| to summon urgent assistance when required. |  |  |  |  |
| **There are policies in place for the maintenance of :`*** + temperature
	+ humidity
	+ lighting
	+ ventilation.
 |  |  |  |  |
| **There is an organisational policy for risk management which includes:** |  |  |  |  |
| Evidence of a regular health and safety audit in accordance with locally defined time-scales. |  |  |  |  |
| Clearly defined procedures for the management of risks |  |  |  |  |
| Training for members to undertake risk assessments which includes identification and effective management of risks  |  |  |  |  |
| Indications for a risk assessment;* carried out for every patient, prior to each procedure or treatment
* risk assessment carried out for every activity involving a physiotherapy team members
 |  |  |  |  |
| The analysis of findings from risk assessments to make recommendations for changed work practices |  |  |  |  |
| Procedures for taking action on the results of the risk assessment, to minimise any hazards identified. |  |  |  |  |
| **There are organisational policies in place, which are followed, which include;** |  |  |  |  |
| visual and physical safety checks of medical devices prior to use or issuing to service users |  |  |  |  |
| the use of medical devices according to manufacturer’s instructions  |  |  |  |  |
| cleaning of medical devices according to manufacturer’s instructions and policies for control and prevention of infection  |  |  |  |  |
| regular servicing of medical devices and action taken |  |  |  |  |
| a reporting system for identification, reporting and recording of action taken regarding faults of medical devices |  |  |  |  |
| removal of faulty medical devices  |  |  |  |  |
| registration to receive by email patient safety and MRHA alerts  |  |  |  |  |
| a process for cascading information on ‘Patient Safety Alert’ notices |  |  |  |  |
| a procedure for acting upon Patient Safety Alerts and other communications that relate to the safe provision of physiotherapy. |  |  |  |  |
| ensuring that action is taken on new guidance about medical devices safety and on ‘Patient Safety Alert’ notices issued on treatments/ interventions that affect practice  |  |  |  |  |
| evaluation of new medical devices in the context of a clinical trial to ensure it meets the requirements of research governance |  |  |  |  |
| recording of all medical devices loaned to service users  |  |  |  |  |
| recording of medical devices purchased by the service user and the instructions on its use |  |  |  |  |
| instructions for safe use of any medical devices issued |  |  |  |  |
| physiotherapy team members are trained appropriately and a training record is kept in issuing and maintaining medical devices  |  |  |  |  |
| Equipment for the care of bariatric patients includes visible maximum weight of furniture (treatment couches, waiting room chairs, department toilets and upstairs flooring).  |  |  |  |  |
| provision to weigh patients |  |  |  |  |
| **There are organisational policies in place for lone working which are followed, which include:** |  |  |  |  |
| Physiotherapy team members working alone, and treating patients alone |  |  |  |  |
| establishment of communication links between the physiotherapist working alone and their base |  |  |  |  |
| use of a personal alarm carried by physiotherapists when the risk assessment requires it |  |  |  |  |
| where known risks exist, that patients’ homes are not visited alone |  |  |  |  |
| opportunity for service users and staff to have a chaperone. |  |  |  |  |

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| **Section 2 - Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| **During my treatment ;** |  |  |  |  |
| There were notices of any hazards or risks  |  |  |  |  |
| I was informed of any risks relating to the treatment  |  |  |  |  |
| I was given instructions and safety warnings on any medical devices |  |  |  |  |
| I was aware of how to call for help if needed |  |  |  |  |

**Section 3 - Learning and Development: Quality Assurance Audit Tool**

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| **Section 3** **Part 1 A - Data collection tool from patient records** | **Yes** | **No** | **N/A** | **Comments** |
| Nil applicable |  |  |  |  |

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| **Section 3 - Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **There is a structure in place to facilitate members to;** |  |  |  |  |
| Assess their learning and development needs and preferences  |  |  |  |  |
| Develop and engage in a personalised plan to meet their learning and development needs  |  |  |  |  |
| Critically evaluate their learning in terms of how it relates to their current/future practice |  |  |  |  |
| Record and evidence the outcomes of the learning process. |  |  |  |  |
| **There is a structure in place to facilitate;** |  |  |  |  |
| Members to work with learner(s) to establish learning outcomes for any CPD opportunity provided |  |  |  |  |
| Members design and deliver materials/experiences that facilitate an individual’s learning and development |  |  |  |  |
| Members to evaluate the effectiveness of the CPD opportunity provided |  |  |  |  |
| Members to critically reflect on the learning and development process  |  |  |  |  |
| Engaging with CPD opportunities to enable them to support student’s learning and development |  |  |  |  |
| Members in; * providing opportunities for students to learn and develop including by:
* ensuring that multidisciplinary working promotes understanding of the roles and the value of other professions involved in delivering high quality healthcare
* working collaboratively with other colleagues to ensure appropriate models of supervision
* critically evaluating their own learning and development needs and preferences as well as their students, in order to adapt their teaching styles appropriately
* sharing their own learning appropriately with other colleagues involved in supporting students, and with the students themselves
* consistency and transparency in member’s assessment of student learning.
 |  |  |  |  |
| **There is an organisational structure in place to;** |  |  |  |  |
| Ensure that the CPD policies and processes are inclusive and equitable, and implemented in ways that accommodate all members’ learning and development needs |  |  |  |  |
| Provide CSP members with protected personal learning time of at least ½ day/month for informal CPD activities in addition to study leave arrangements for formal CPD and mandatory training |  |  |  |  |
| Ensure that CSP members have access to advice, guidance, and a variety of learning and development resources that enable the individual to implement their CPD plan |  |  |  |  |
| Evaluate the development needs of the service on an annual basis to inform the learning and development physiotherapy team members  |  |  |  |  |

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| **Section 3 - Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| Nil applicable |  |  |  |  |

**Section 4 - Working in Partnership: Quality Assurance Audit Tool**

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| --- | --- | --- | --- | --- |
| **Section 4** **Part 1 A - Data collection tool from patient records** | **Yes** | **No** | **N/A** | **Comments** |
| **There is evidence that;** |  |  |  |  |
|  Service users are able to provide feedback on their care |  |  |  |  |
| The service user is addressed by the name of their choice |  |  |  |  |
| Service users are informed of the contact name of the physiotherapist responsible for their episode of care where appropriate  |  |  |  |  |
| The service user’s privacy and dignity is respected |  |  |  |  |
| The service user is offered a chaperone where appropriate |  |  |  |  |
| The service user is offered an interpreter where appropriate |  |  |  |  |
| There is consideration of the service user’s lifestyle, cultural beliefs and practices |  |  |  |  |
| Members respect and respond appropriately to, an individual’s lifestyle, personal and cultural beliefs and practices |  |  |  |  |
| **Information is provided to service users on;** |  |  |  |  |
| The range of services and options of intervention available |  |  |  |  |
| Costs of care where appropriate |  |  |  |  |
| Did not attend/ cancellation policies |  |  |  |  |
| Discharge planning |  |  |  |  |
| Providing feedback on the physiotherapy service |  |  |  |  |

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| **Section 4** **Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **There are policies in place to;** |  |  |  |  |
| Involve service users and carers in the planning, development and delivery of services.  |  |  |  |  |
| Inform service development and delivery by local demographic/epidemiological data  |  |  |  |  |
| To explore the effect of rationing and other measures on the sufficiency and quality of care received by service users |  |  |  |  |
| Obtain feedback from service users about existing services |  |  |  |  |
| Ensure service users are involved in service planning and service evaluation through;* service user experience surveys
* focus groups
* ongoing service user feedback
 |  |  |  |  |
| Ensure action is taken as a result of service users’ feedback |  |  |  |  |
| Inform service users of the contact name of the physiotherapist responsible for their episode of care where appropriate |  |  |  |  |
| Ensure the service user’s privacy and dignity is respected |  |  |  |  |
| Ensure the service user is addressed by the name of their choice. |  |  |  |  |
| Offer the service user a chaperone where appropriate |  |  |  |  |
| Offer the service user an interpreter where appropriate |  |  |  |  |
| **Information is provided to the service user on;** |  |  |  |  |
| the range of services and options of intervention available |  |  |  |  |
| arrangements for the first contact with the physiotherapist |  |  |  |  |
| access to services |  |  |  |  |
| costs of care where appropriate |  |  |  |  |
| transport and access |  |  |  |  |
| did not attend / cancellation policies  |  |  |  |  |
| access to medical records |  |  |  |  |
| access to physiotherapy records |  |  |  |  |
| hazards related to clinical care |  |  |  |  |
| discharge planning |  |  |  |  |
| how to provide feedback on the physiotherapy service |  |  |  |  |
| how to make a complaint |  |  |  |  |

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| **Section 4** **Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| **I was aware ;** |  |  |  |  |
| that service user and carers had been are involved in the planning the physiotherapy service. |  |  |  |  |
| Change had been made as a result of service users’ feedback. |  |  |  |  |
| That I could provide feedback on the physiotherapy services |  |  |  |  |
| That if appropriate;I could consider having a chaperone I could consider having an interpreter |  |  |  |  |
| **Members of the physiotherapy team;** |  |  |  |  |
| Show care and compassion  |  |  |  |  |
| Are courteous and considerate |  |  |  |  |
| Address me by the name of my choice. |  |  |  |  |
| Consider my lifestyle, cultural beliefs and practices. |  |  |  |  |
| Respect and respond to my lifestyle, personal and cultural beliefs and practices. |  |  |  |  |
| **I was given information on;** |  |  |  |  |
| the contact name of the physiotherapist responsible for my care  |  |  |  |  |
| the range of services and options of intervention available |  |  |  |  |
| arrangements for the first contact with the physiotherapist |  |  |  |  |
| access the physiotherapy services |  |  |  |  |
| costs of care, where appropriate. |  |  |  |  |
| transport and access options, where appropriate |  |  |  |  |
| did not attend / cancellation policies |  |  |  |  |
| accessing my records |  |  |  |  |
| discharge planning |  |  |  |  |
| how to provide feedback |  |  |  |  |
| how to make a complaint |  |  |  |  |

**Section 5 - Consent: Quality Assurance Audit Tool**

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| **Section 5 - Part 1 A - Data collection tool from patient records** | **Yes** | **No** | **N/A** | **Comments** |
| **There is evidence that;** |  |  |  |  |
| The consent process includes consideration of;* the service user’s age
* capacity to consent
* emotional state
* cognitive ability
 |  |  |  |  |
| The consent process includes;* discussion of treatment options, including;
* significant benefits
* risks
* side effects
* alternatives to proposed intervention
 |  |  |  |  |
| The consent process includes the opportunity for the service user to ask questions |  |  |  |  |
| The service user’s consent is documented before giving advice or beginning an assessment, examination, intervention, treatment or procedure |  |  |  |  |
| The service user’s consent is sought before sharing information to others directly involved in their care  |  |  |  |  |
| The service user is informed of their right to decline physiotherapy at any stage |  |  |  |  |
| If the service user declined physiotherapy, this is recorded in the notes with the service user’s rationale for the decision if known |  |  |  |  |
| The service user is informed when their physiotherapy is observed or delivered by another healthcare professional/ student  |  |  |  |  |
| The service user has the opportunity to decline observation of their physiotherapy or treatment by another healthcare professional confidentially  |  |  |  |  |
| Written information leaflets are used, where possible, to assist in the consent process |  |  |  |  |
| Where written information/ leaflets are used this is documented in the notes |  |  |  |  |
| Where consent is gained by the service user’s advocate under the relevant Mental Health or In/Capacity legislation, a record is retained in the service user’s records |  |  |  |  |

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| **Section 5 - Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **There are organisational policies for the consent process which include;** |  |  |  |  |
| Induction and training in the gaining of consent |  |  |  |  |
| A procedure for the consent process to include;* Discussion of treatment options, including significant benefits, risks side effects and alternatives to proposed intervention
* opportunity for the service user to ask questions
* establishing the service user’s consent or otherwise to sharing information to others directly involved in their care
* informing the service user of their right to decline physiotherapy at any stage
* specific recording in the notes when a service user declines physiotherapy, including a note as to the service user’s rationale for the decision if known
* informing the service user that their physiotherapy may be observed or delivered by another healthcare professional/ student
* giving the service user the opportunity to decline observation of their physiotherapy or treatment by another healthcare professional confidentially
* provision of patient information leaflets/sheets or other written information, where possible, to assist in the consent process
* reference in the records where information leaflets are used,
 |  |  |  |  |
| Identification of physiotherapy procedures where written consent is to be obtained  |  |  |  |  |
| Storage of versions of written information/ leaflets in line with legislation for the retention of medical records |  |  |  |  |
| * situations where the service user declines treatment by a student or support worker
* procedures for safeguarding children
* Procedures for safeguarding vulnerable adults
 |  |  |  |  |
| Obtaining the service user’s consent before starting any examination/ treatment/ procedure.  |  |  |  |  |
| **Organisational policies to include procedure for the consent process to include;** |  |  |  |  |
| Identifying when a service user may lack the capacity to give consent for treatment themselves  |  |  |  |  |
| Situations where a formal assessment of capacity may need to be made by an appropriate practitioner |  |  |  |  |
| The process for invoking the relevant Mental Health or In/Capacity Act where a service user lacks the capacity to give consent for themselves |  |  |  |  |
| The process where consent is gained by the service user’s advocate under the relevant Mental Health or In/Capacity legislation, a record is retained in the service user’s records  |  |  |  |  |
| Where a valid Lasting Power of Attorney (LPOA) is in place its directions are followed |  |  |  |  |
| Where there is a valid advanced directive following its directions  |  |  |  |  |
| **There are organisational policies for delegation for the consent process which include;** |  |  |  |  |
| The induction and training of physiotherapy team members in the delegation of consent  |  |  |  |  |
| Indications for when it is appropriate to;delegate the gaining of consentaccept the delegated task of gaining patient consent |  |  |  |  |

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| **Section 5 - Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| **I was given the opportunity**  |  |  |  |  |
| to agree or disagree to the examination/ treatment/ procedure. (consent) |  |  |  |  |
| to discuss treatment options |  |  |  |  |
| ask questions |  |  |  |  |
| agree or disagree to my information being shared with others directly involved in their care  |  |  |  |  |
| decline physiotherapy at any stage |  |  |  |  |
| agree or disagree to my treatment being observed by another healthcare professional/ student  |  |  |  |  |
| to use written information, where possible, to help me in making decisions |  |  |  |  |
| to discuss treatment being undertaken by another team member eg a student or support worker |  |  |  |  |

**Section 6 - Record Keeping and Information Governance: Quality Assurance Audit Tool**

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| **Section 6 - Part 1 A - Data collection tool from service user records** | **Yes** | **No** | **N/A** | **Comments** |
| **Records include the following components:** |  |  |  |  |
| Started at the time of the initial contact |  |  |  |  |
| Written immediately after the contact with the service user or before the end of that working day  |  |  |  |  |
| Include a reference in each entry to the date and time of treatment or advice |  |  |  |  |
|  Include a reference to the date and time that the entry into the record was made  |  |  |  |  |
| Are legible, factual, consistent and accurate such that service users and other health professionals can understand the content |  |  |  |  |
| Are attributable to the individual completing them |  |  |  |  |
| Provide evidence of the care planned, the decisions made, the care delivered and the information shared |  |  |  |  |
| Identify problems that have arisen and the action taken to rectify them |  |  |  |  |
| Provide evidence of actions agreed with the service user including consent to treatment and/or consent to disclose information) |  |  |  |  |
| Are written, wherever appropriate, with the involvement of the service user |  |  |  |  |
| Use standard coding techniques and protocols for electronic records where appropriate |  |  |  |  |
| Short forms used are included in a glossary describing the allowable abbreviations and their meaning |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 6 - Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **There are organisational policies for records which include;** |  |  |  |  |
| Records including the following components;* Are started at the time of the initial contact
* Are written immediately after the contact with the service user or before the end of that working day
* Include a reference in each entry to the date and time of treatment or advice
* Include a reference to the date and time that the entry into the record was made
* Are legible, factual, consistent and accurate such that service users and other health professionals can understand the content
* Are attributable to the individual completing them
* Provide evidence of the care planned, the decisions made, the care delivered and the information shared
* Identify problems that have arisen and the action taken to rectify them
* Provide evidence of actions agreed with the service user (including consent to treatment and/or consent to disclose information)
* Are written, wherever appropriate, with the involvement of the service user
* Use standard coding techniques and protocols for electronic records where appropriate
 |  |  |  |  |
| * a locally agreed short forms glossary
* disclosure of information
* service user access to records, including charges for viewing or receiving a copy of a health record
 |  |  |  |  |
| **There are policies for:** |  |  |  |  |
| the retention of records |  |  |  |  |
| the secure storage of records while current so that they can be easily retrieved |  |  |  |  |
| the secure storage of records once they are no longer current |  |  |  |  |
| the disposal of records in accordance with statutory requirements |  |  |  |  |
| identification of who has storage and access rights over the record |  |  |  |  |
| access to records by service users and others |  |  |  |  |
| Records are kept in accordance with relevant legal and regulatory requirements  |  |  |  |  |
| A policy for IT (Information Technology) and data security which is updated annually. |  |  |  |  |
| **There is:** |  |  |  |  |
| a signature book to ensure physiotherapy team members can be recognised and traced by their signature, job title and work area or other identifiable information |  |  |  |  |
| information available to ensure that the service user is aware of their right to access their records |  |  |  |  |
| a glossary of short forms describing the allowable abbreviations and their meaning |  |  |  |  |
| a process for destroying service user records in a secure manner after the (lapse of the) required time |  |  |  |  |
| **There is a procedure to ensure;** |  |  |  |  |
| Members are aware of their responsibilities under the Data Protection Act (1998). |  |  |  |  |
| Members comply with local health informatics/ IT security policies |  |  |  |  |
| Members are clear of the standards in place for governing their record keeping practice  |  |  |  |  |
| Audit of record keeping planned and undertaken annually to monitor compliance with relevant legislation and ensure best practice guidance is being upheld  |  |  |  |  |
| The results of audit are disseminated and recommendations made for action  |  |  |  |  |
| Systems are configured to meet information governance standards around maintaining the security and confidentiality of service user identifiable data, including encryption of emails and use of mobile/portable device. |  |  |  |  |
| There is evidence that action is taken as a result of the outcomes of audit |  |  |  |  |

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| **Section 6 - Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| I was given information on how to access my physiotherapy records |  |  |  |  |

**Section 7 - Communication: Quality Assurance Audit Tool**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 7 - Part 1 A - Data collection tool from patient records** | **Yes** | **No** | **N/A** | **Comments** |
| **There is evidence that;** |  |  |  |  |
| Members communicate openly and honestly with service users and consider the wishes of those who do not want themselves or other’s e.g. a relative to know the diagnosis |  |  |  |  |
| Members assess the recipient’s understanding of the information given |  |  |  |  |
| Members use active listening skills, providing opportunities for the service user to communicate effectively  |  |  |  |  |
| The service user is aware of the role of any other member of the physiotherapy team, allied health professional, or social services staff involved in their care  |  |  |  |  |
| All communication, written and oral, is clear, unambiguous and modified, where appropriate, to meet the needs of the service user |  |  |  |  |
| Methods of communication are modified to meet the needs of the service user e.g. where there is a language barrier an interpreter is used |  |  |  |  |
| Information is available on condition-specific support groups and networks |  |  |  |  |
| Where written information is provided to service users;* + 1. a copy or reference is kept in the service user’s record
		2. all information provided identifies the author, production date and review date
		3. superseded versions of information documents for service users are retained for the same length of time as health records
 |  |  |  |  |
| A copy or reference to written information to service users is kept in the service user’s record |  |  |  |  |
| **There is evidence that members;** |  |  |  |  |
| are aware of the roles of members of the multidisciplinary team  |  |  |  |  |
| provide information for multidisciplinary assessments, planned transfers and discharges |  |  |  |  |
| ensure that the information supplied to other professionals is directly relevant to their role with the service user |  |  |  |  |
| communicate with other health professionals and agencies involved in the service user’s care  |  |  |  |  |
| communicate relevant information clearly and promptly |  |  |  |  |
| agree common goals with the service user, multidisciplinary team and wider carers and family |  |  |  |  |
| when delegating a task, ensure that the line of responsibility is understood and clear |  |  |  |  |
| ensure that where a task has been delegated, the outcome is clearly communicated |  |  |  |  |
| **There is evidence that members ensure that;** |  |  |  |  |
| there is privacy when discussing personal details e.g. communication of a sensitive nature |  |  |  |  |
| service user identifiable information is transmitted securely |  |  |  |  |
| service user’s information is only released to sources, other than those immediately involved in the plan for intervention, with permission or when there is a signed consent form to allow this process |  |  |  |  |
| the written consent of service users is obtained before using identifiable clinical information (photographs, videos etc) for purposes other than the treatment of the patient |  |  |  |  |
| where confidentiality cannot be guaranteed, the service user is informed of this fact and given the option to decline giving information |  |  |  |  |
| when it is of benefit to the service user and in discussion with the service user, other healthcare workers may be given access to the physiotherapy record  |  |  |  |  |
| consent is sought from the service user before discussing confidential details with carers, friends or relatives |  |  |  |  |

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| **Section 7 - Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| There is an organisational chart available |  |  |  |  |
| **There are policies or procedures including;**  |  |  |  |  |
| Locally agreed systems for referral |  |  |  |  |
| Locally agreed processes for the provision of information for multidisciplinary assessments, planned transfers and discharges |  |  |  |  |
| Policies which govern the use of electronic communication to ensure it is appropriate, secure and confidential  |  |  |  |  |
| Policies for the use of social media professionally, socially and responsibly |  |  |  |  |
| Information available on condition-specific support groups and networks |  |  |  |  |
| A copy or reference to written information to service users is kept in the service user’s record |  |  |  |  |
| All written information for service users identifies the author, production date and review date |  |  |  |  |
| superseded versions of information documents for service users are retained for the same length of time as health records |  |  |  |  |
| **There are organisational policies in place for the;** |  |  |  |  |
| Referral and transfer of care |  |  |  |  |
| Use of electronic communication to ensure appropriate information is conveyed and that such communications are secure and confidential |  |  |  |  |
| Delegation of treatment to outside agencies |  |  |  |  |
| Use of multi-professional record keeping and service user-held records |  |  |  |  |
| **There are procedures in place to ensure that members;** |  |  |  |  |
| Are aware of lines of communication within and outside the organisation |  |  |  |  |
| Inform others of their own specific role |  |  |  |  |
| Are involved in regular team meetings/ briefings  |  |  |  |  |
| Are represented at organisation-wide meetings where these exist |  |  |  |  |
| Are involved in senior management policymaking and the business planning process |  |  |  |  |
| Are aware of the roles of members of the multidisciplinary team  |  |  |  |  |
| Provide information for multidisciplinary assessments, planned transfers and discharges |  |  |  |  |
| Ensure that the information supplied to other professionals is directly relevant to their role with the service user |  |  |  |  |
| Communicate with other health professionals and agencies involved in the service user’s care  |  |  |  |  |
| Communicate relevant information clearly and promptly |  |  |  |  |
| Agree common goals with the service user, multidisciplinary team and wider carers and family |  |  |  |  |
| When delegating a task, ensure that the line of responsibility is understood and clear |  |  |  |  |
| Where a task has been delegated, the outcome is clearly communicated |  |  |  |  |
| **There are procedures in place to enable members to;** |  |  |  |  |
| Ensure privacy when discussing personal details e.g. communication of a sensitive nature |  |  |  |  |
| Securely transmit service user identifiable information is transmitted securely |  |  |  |  |
| Release service user’s information only released to sources, other than those immediately involved in the plan for intervention, with permission or when there is a signed consent form to allow this process |  |  |  |  |
| Obtain the written consent of service users before using identifiable clinical information (photographs, videos etc) for purposes other than the treatment of the patient  |  |  |  |  |
| Inform the service user where confidentiality cannot be guaranteed and give them the option to decline giving information |  |  |  |  |
| Provide other healthcare workers access to the physiotherapy record when it is of benefit to the service user and in discussion with the service user |  |  |  |  |
| Seek consent from the service user before discussing confidential details with carers, friends or relatives |  |  |  |  |
| **There are policies in place, which are followed to;** |  |  |  |  |
| Ensure the confidentiality of service user identifiable data held, or transmitted, in electronic formats |  |  |  |  |
| Ensure the confidentiality of service user identifiable data seen by members but intended for other professional team members |  |  |  |  |

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| **Section 7 - Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| I felt that the physiotherapy team listened to me  |  |  |  |  |
| I was able to discuss my care  |  |  |  |  |
| I was aware of the roles of members of the physiotherapy team and others involved in my care  |  |  |  |  |
| Information given to me was clear and easy to understand |  |  |  |  |
| Information was available on support groups and networks for my condition-specific |  |  |  |  |

**Section 8 - Physiotherapeutic Treatment and Clinical Management : Quality Assurance Audit Tool**

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| **Section 8** **Part 1 A - Data collection tool from patient records** | **Yes** | **No** | **N/A** | **Comments** |
| There is evidence that standardised datasets are used |  |  |  |  |
| **There is evidence that the following information is collected;**  |  |  |  |  |
| The service user’s demographic details |  |  |  |  |
| Presenting condition/problems |  |  |  |  |
| History of the presenting condition including management of the problem to date |  |  |  |  |
| The service user’s perception of their needs |  |  |  |  |
| The service user’s expectations of intervention |  |  |  |  |
| Past medical history |  |  |  |  |
| Current medication/treatment |  |  |  |  |
| Contra-indications/precautions/allergies/red flags |  |  |  |  |
| Social and family history/lifestyle |  |  |  |  |
| Documentation and evaluation of relevant clinical investigations/results to assist the diagnosis and management process |  |  |  |  |
| **There is written evidence of a physical examination carried out including;**  |  |  |  |  |
| Observation |  |  |  |  |
| Use of specific assessment tools/techniques |  |  |  |  |
| Handling/palpation |  |  |  |  |
| Where the required information is missing or unavailable, the reasons are documented |  |  |  |  |
| **Appropriate outcome measures are identified and implemented at assessment including, where possible and appropriate;** |  |  |  |  |
| One recommended condition/disease specific patient (service user) reported outcome measures (PROM) |  |  |  |  |
| One disease specific performance measure (clinical outcome measure) |  |  |  |  |
| One patient (service user) reported experience measure (PREM) |  |  |  |  |
| **There is evidence that analysis is undertaken following information gathering and assessment in order to formulate a treatment plan, based on the best available evidence which includes;** |  |  |  |  |
| Consideration and critical evaluation of information about effective interventions relating to the presenting condition |  |  |  |  |
| Evidence of a clinical reasoning process with identified needs/problems, formulated from the information gathered |  |  |  |  |
| A working hypothesis/diagnosis formed, with relevant signs and symptoms recorded |  |  |  |  |
| The clinical impression documented and discussed with the service user |  |  |  |  |
| Subjective markers agreed with the service user |  |  |  |  |
| Objective markers agreed with the service user |  |  |  |  |
| Analysis is undertaken following information gathering and assessment in order to formulate a plan for intervention, based on the best available evidence |  |  |  |  |
| Where there is no intervention indicated, this information is relayed to the referrer, where there is one |  |  |  |  |
| Information relating to options for intervention is identified, based on the best available evidence, in order to deliver effective care |  |  |  |  |
| The findings of the clinical assessment are explained to the service user. |  |  |  |  |
| **There is evidence that appropriate treatment options are identified, based on the best available evidence, in order to deliver effective care which includes;** |  |  |  |  |
| Recording clinical reasoning that explains why a specific approach has been implemented  |  |  |  |  |
| Enabling the service user to make an informed choice about their care, based on the best available evidence on effective and appropriate interventions |  |  |  |  |
| Agreement of goals are agreed with the service user, multidisciplinary team including outside agencies and wider carers and family  |  |  |  |  |
| Where clinical guidelines or local protocols are used this is recorded in the records  |  |  |  |  |
| A treatment plan is included in the physiotherapy record |  |  |  |  |
| All interventions are implemented according to the treatment plan |  |  |  |  |
| All advice/information given to the service user is recorded, signed and dated |  |  |  |  |
| A record is made of medical devices loaned and issued to the service user  |  |  |  |  |
| When it is in the best interest of the service user a referral is made to another professional and the reasons discussed with the service user  |  |  |  |  |
| **There is evidence that the plan for intervention is constantly evaluated to ensure that it is effective and relevant to the service user’s changing circumstances and health status to include;** |  |  |  |  |
| At each treatment session there is a review of:* 1. the treatment plan
	2. subjective markers
	3. objective markers
	4. results of relevant investigations
 |  |  |  |  |
| Documentation of all relevant changes, subjective and objective  |  |  |  |  |
| Changes to the intended plan are recorded in the record with the reasons given  |  |  |  |  |
| Changes to the treatment plan are documented  |  |  |  |  |
| Outcome is measured as appropriate to each indicator to assess the effect of intervention |  |  |  |  |
| Information derived from the use of outcome measures is shared with the service user |  |  |  |  |
| Adverse and unexpected effects occurring during treatment are reported and evaluated using the relevant mechanisms |  |  |  |  |
| **There is evidence that on completion of the treatment plan, arrangements are made for discharge or transfer of care including;** |  |  |  |  |
| The service user is involved with the arrangements for their transfer of care/discharge and offered copies of transfer or discharge summaries |  |  |  |  |
| Arrangements for the transfer of care/discharge are recorded in the records  |  |  |  |  |
| When Where the care of a service user is transferred, information is relayed to those involved in their on-going care in the most appropriate manner and format |  |  |  |  |
| A discharge summary is sent to the referrer upon completion of the episode of care in keeping with agreed local policies |  |  |  |  |
| Where service user’s information is transferred this meets the requirements of consent, confidentiality and disclosure |  |  |  |  |

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| **Section 8** **Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **There are organisational policies and procedures to ensure fair and equitable access to physiotherapy services according to need including;** |  |  |  |  |
| stakeholder engagement specifically to support the planning and design of services |  |  |  |  |
| access routes to physiotherapy services being promoted to all referrers and appropriate service user groups or within appropriate service user environments  |  |  |  |  |
| transparent and ethical protocols governing waiting list management and the prioritisation of service users  |  |  |  |  |
| service features which support service user’s choice; these may include for example appointment times or place of treatment |  |  |  |  |
| a clearly communicated procedure for managing referrals which have not been seen within a locally agreed time-scale |  |  |  |  |
| protocols that ensure effective and appropriate discharge arrangements |  |  |  |  |
| **There is a system to ensure that physiotherapy care is based on the best available evidence of effectiveness including;**Members active engagement with the evidence base through critical appraisal of available evidence  |  |  |  |  |
| Members having access to;* + library and library search facilities
	+ internet facilities
 |  |  |  |  |
| Systems in place;* for disseminating information about effective practice
* for providing links with external agencies to identify good practice
* to demonstrate implementation of evidence-based clinical guidelines and the use of research evidence
* that support the integration of research activity within day-to-day practice
* that enable and encourage members to develop evidence and to share their research findings through appropriate channels
 |  |  |  |  |
| **There are policies in place to ensure appropriate information relating to the service user and the presenting problem is collected including;** |  |  |  |  |
| Where appropriate, the use of standardised datasets that facilitate benchmarking of data and respond to national good practice initiatives and requirements  |  |  |  |  |
| Information collected to include:* the service user’s demographic details
* presenting condition/problems
* history of the presenting condition including management of the problem to date
* the service user’s perception of their needs
* the service user’s expectations of intervention
* past medical history
* current medication/treatment
* contra-indications/precautions/allergies/red flags
* social and family history/lifestyle
* documentation and evaluation of relevant clinical investigations/results to assist the diagnosis and management process
 |  |  |  |  |
| Written evidence of a physical examination carried out including measurable data which includes:* observation
* use of specific assessment tools/techniques
* handling/palpation
 |  |  |  |  |
| Procedures where the required information is missing or unavailable, the reasons are documented |  |  |  |  |
| Identif Identification and implementation of appropriate outcome measures including, where possible and appropriate;* one recommended condition/disease specific patient (service user) reported outcome measures (PROM)
* one disease specific performance measure (clinical outcome measure)
* one patient (service user) reported experience measure (PREM)
 |  |  |  |  |
| **There are policies in place to ensure analysis is undertaken following information gathering and assessment in order to formulate a treatment plan, based on the best available evidence including;** |  |  |  |  |
| * Consideration and critical evaluation of information about effective interventions relating to the presenting condition
* Evidence of a clinical reasoning process with identified needs/problems, formulated from the information gathered
* Formation of a working hypothesis/diagnosis is formed, with relevant signs and symptoms recorded
* Documentation of the clinical impression and discussion with the service user
* Agreement of the subjective markers with the service user
* Agreement of the objective markers with the service user
* Analysis following information gathering and assessment in order to formulate a plan for intervention, based on the best available evidence
* Where there is no intervention indicated, this information is relayed to the referrer, where there is one
* Information relating to options for intervention is identified, based on the best available evidence, in order to deliver effective care
* The findings of the clinical assessment are explained to the service user
 |  |  |  |  |
| **There are policies and procedures to ensure that appropriate treatment options are identified, based on the best available evidence, in order to deliver effective care including;** |  |  |  |  |
| * Clinical reasoning is recorded that explains why a specific approach has been implemented.
* The service user is enabled to make an informed choice about their care, based on the best available evidence on effective and appropriate interventions
* Goals are agreed with the service user, multidisciplinary team including outside agencies and wider carers and family
* Where clinical guidelines or local protocols are used this is recorded in the records
* A treatment plan is included in the physiotherapy record
* All interventions are implemented according to the treatment plan
* Members contribute to the development of evidence by gathering information throughout the treatment of service users
* All advice/information given to the service user is recorded, signed and dated.
* A record is made of medical devices loaned and issued to the service user
* When it is in the best interest of the service user a referral is made to another professional and the reasons discussed with the service user
 |  |  |  |  |
| **There are policies and procedures to ensure that the plan for intervention is constantly evaluated to ensure that it is effective and relevant to the service user’s changing circumstances and health status including;** |  |  |  |  |
| * At each treatment session there is a review of:

 the treatment plan subjective markers  objective markers  results of relevant investigations* All relevant changes, subjective and objective, are documented.
* Any changes to the intended plan are recorded in the record with the reasons given
* Any changes to the treatment plan are documented
* Outcome is measured as appropriate to each indicator to assess the effect of intervention
* Information derived from the use of outcome measures is shared with the service user
* Adverse and unexpected effects occurring during treatment are reported and evaluated using the relevant mechanisms
 |  |  |  |  |
| **There are policies and procedures to ensure that on completion of the treatment plan, arrangements are made for discharge or transfer of care including;** |  |  |  |  |
| * The service user is involved with the arrangements for their transfer of care/discharge and offered copies of transfer or discharge summaries
* Arrangements for the transfer of care/discharge are recorded in the record
* When the care of a service user is transferred, information is relayed to those involved in their on-going care in the most appropriate manner and format
* A discharge summary is sent to the referrer upon completion of the episode of care in keeping with agreed local policies
* Where service user’s information is transferred this meets the requirements of consent, confidentiality and disclosure
 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Section 8** **Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| I was given a choice of times for physiotherapy or location where possible. |  |  |  |  |
| I was given the opportunity to provide information to help plan my care |  |  |  |  |
| I was able to discuss what I hoped to achieve with physiotherapy |  |  |  |  |
| I was given the opportunity to discuss my physiotherapy- related problems |  |  |  |  |
| I was able to discuss the plans for my physiotherapy |  |  |  |  |
| At the end of physiotherapy I was able to discuss my discharge  |  |  |  |  |

**Section 9 - Evaluation of Clinical Care and Services: Quality Assurance Audit Tool**

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| **Section 9** **Part 1 A - Data collection tool from patient records** | **Yes** | **No** | **N/A** | **Comments** |
| **There is evidence that;** |  |  |  |  |
| An appropriate measure is used to evaluate the effect of physiotherapeutic intervention(s); |  |  |  |  |
| The measure chosen is published, standardised, valid, reliable and responsive  |  |  |  |  |
| The measure used is the most relevant to the service user’s problems to evaluate the change in the service user’s health status |  |  |  |  |
| The measure is acceptable to the service user |  |  |  |  |
| The metric is used in an appropriate way for that specific measure (possibly at the start and end of treatment and at appropriate intervals including follow up)  |  |  |  |  |
| Account is taken of the service user’s welfare during the administration of the measure  |  |  |  |  |
| The result of the measurement is recorded |  |  |  |  |
| Information derived from the evaluation and the use of the outcome measure is shared with the service user and documented  |  |  |  |  |
| Written instructions in the manufacturer’s manual, test designer’s manual or service guidelines are followed during the administration and scoring of the measure if applicable |  |  |  |  |

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| **Section 9** **Part 1 B - Data collection tool from organisational policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **The organisation has effective quality improvement processes in place, which are integrated into existing organisation-wide quality programmes**.**a structure in place including;** |  |  |  |  |
| The opportunity for members to identify and contribute to progressing service improvements |  |  |  |  |
| A strategy for the implementation of clinical governance, which is linked to the organisation's overall strategy |  |  |  |  |
| Locally agreed standards of practice for common conditions developed by multi-professional groups in order to implement national guidance  |  |  |  |  |
| The physiotherapy service produces an annual clinical governance report that contributes to the organisation's overall clinical governance report |  |  |  |  |
| Support for members to identify and contribute to service improvement processes as an integral part of the process of service improvement  |  |  |  |  |
| **There is a clinical audit programme to ensure continuous improvement of clinical quality, with clear arrangements for ensuring that clinical audit monitors the implementation of clinical effectiveness which include policies and procedures to facilitate** |  |  |  |  |
| Members participating in a regular and systematic programme of clinical audit |  |  |  |  |
| Members participating in multi-professional clinical audit, where it is undertaken |  |  |  |  |
| The clinical audit programme taking account of service user, organisational, service and national priorities |  |  |  |  |
| The documented results and recommendations from clinical audit made available through the clinical governance process |  |  |  |  |
| Changes in practice implemented as part of the clinical audit cycle, in order to rectify any deficiencies identified |  |  |  |  |
| **There is a clear and responsive procedure for making and**  **dealing with complaints including;** |  |  |  |  |
| A process to ensure that all members understand their role within the complaints procedure. |  |  |  |  |
| Policies in place which ensure;* service users have access to information about the service’s complaints procedure
* complaints are managed within a locally defined time-scale
* complaints are monitored in order to identify trends and to inform the process of service improvement and risk management
* complaints inform the process of service improvement
 |  |  |  |  |
| **There are procedures in place the ensure the effect of the physiotherapeutic intervention and the treatment plan is evaluated to ensure that it is effective and relevant to the goals including;** |  |  |  |  |
| A policy;* to support members in engaging with service improvement initiatives
* for the use of service user experience surveys
* for the use of measures to evaluate clinical effectiveness
 |  |  |  |  |
| A procedure to facilitate the use of an appropriate measure to evaluate the effect of physiotherapeutic intervention(s) such that;* the measure chosen is published, standardised, valid, reliable and responsive
* the measure used is the most relevant to the service user’s problems to evaluate the change in the service user’s health status
* the measure is acceptable to the service user
* the metric is used in an appropriate way for that specific measure (possibly at the start and end of treatment and at appropriate intervals including follow up)
* members ensure they have the necessary skill and experience to use, administer and interpret the measure
* members take account of the service user’s welfare during the administration of the measure
* the result of the measurement is recorded
* information derived from the evaluation and the use of the outcome measure is shared with the service user and documented
* written instructions in the manufacturer’s manual, test designer’s manual or service guidelines are followed during the administration and scoring of the measure if applicable
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 9 - Part 2 - Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| Information was available on how to provide feedback on the physiotherapy service |  |  |  |  |
| Information was available on the complaints procedure |  |  |  |  |
| Measurements were taken to assess my progress with physiotherapy |  |  |  |  |

**Section 10 – Promoting Physiotherapy Services and Products: Quality Assurance Audit Tool**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 10 - Part 1 A****Data collection tool – Information to be taken from information provided for service users**  | **Yes** | **No** | **N/A** | **Comments** |
| **There is evidence that;** |  |  |  |  |
| Information accurately reflects the service offered and supports the decision making process. |  |  |  |  |
| Information accurately reflects the products offered and supports the decision making process |  |  |  |  |
| The promotion of services is based on evidence. |  |  |  |  |
| The promotion of products is based on evidence |  |  |  |  |
| The use of benchmarking and comparative statements against other services is based on fact |  |  |  |  |
| The use of benchmarking and comparative statements with other products is based on fact. |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Section 10 - Part 1 B** **Data collection tool from policies and procedures** | **Yes** | **No** | **N/A** | **Comments** |
| **There are policies and procedures in place which ensure that;** |  |  |  |  |
| Information provided to service users accurately reflects the service offered and supports the decision making process. |  |  |  |  |
| Information provided to service users accurately reflects the products offered and supports the decision making process. |  |  |  |  |
| The promotion of products is based on evidence. |  |  |  |  |
| The promotion of services is based on evidence. |  |  |  |  |
| The use of benchmarking and comparative statements is based on fact.  |  |  |  |  |
| Medical devices sold or supplied are appropriate to the presenting condition to support the achievement of expected treatment outcomes.  |  |  |  |  |
| The costs, to the service user (or service), of supplying medical devices are considered.  |  |  |  |  |
| Where possible service users are offered information on sourcing products and a choice in the goods recommended and the retail outlet for these goods. |  |  |  |  |
| **There is a procedure for the endorsement of a product to ensure that consideration is given to:** |  |  |  |  |
| The appropriateness of the product or service in respect of presenting conditions  |  |  |  |  |
| Members own experience of the effectiveness of the product or service  |  |  |  |  |
| The evidence presented by the manufacturer with regard to the stated purpose and benefits of the medical device |  |  |  |  |
| A reasonable assessment of the quality and cost of the service or product.  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Section 10 - Part 2** **Service user feedback**  | **Yes** | **No** | **N/A** | **Comments** |
| Information provided on the physiotherapy service reflects the service offered and helped me in making a decision about my care |  |  |  |  |
| Promotional information available on products and or services is based on fact |  |  |  |  |
| Information provided on products used during my care helped me in making a decision about my care |  |  |  |  |
| Medical devices sold or supplied to me during my care were useful in helping me achieve my treatment outcomes.  |  |  |  |  |
| I was able to consider and discuss the costs of medical devices used in my care.  |  |  |  |  |
| I was given a choice on sources of products.  |  |  |  |  |