



Clinical audit tools



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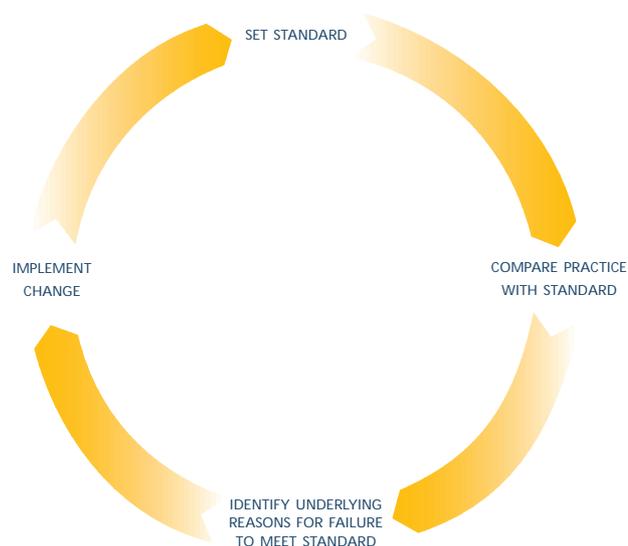
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'Clinical audit is the systematic and critical analysis of the quality of clinical care including diagnostic and treatment procedures, associated use of resources and outcomes and quality of life for the patient' (Department of Health, 1989^{*})

Clinical audit is a cyclical process, involving the identification of a topic, setting standards, comparing practice with the standards, implementing changes and monitoring the effect of those changes. Its purpose is to improve the quality of clinical care.

^{*} Department of Health, (1989), *Working for patients*, White Paper No 6. HMSO

Figure 1
The Clinical Audit Cycle



The first stage in the audit cycle has been prepared for you – the setting of core and service standards, which can be found in the other documents contained in this pack. This audit tools document will allow you to complete the second stage – comparing practice with the standards. Locally, it will then be possible to identify any underlying reasons for not achieving the standards, and to implement any changes required.

This revision of the CSP Standards of Physiotherapy Practice pack is the first to include a set of clinical audit tools. The different tools are designed to measure performance in different ways, depending on the source of information that will indicate whether the standards and criteria have been met. Together, the five audit tools will allow you to carry out a comprehensive audit of both the core and the service standards. Of course you don't need to use all the audit tools at the same time, the audit can be done in stages.

- **Core standards patient record audit**

The patient record audit tool measures standards and criteria for which the patient record provides 'evidence' of compliance, for example that the patient's treatment plan is documented (core standard 8.4). A **patient record audit data collection form** has been devised for this purpose. Much of physiotherapy practice is recorded in the patient record and needs to be of a high quality to ensure continuity of care and fulfil legal requirements

- **Core standards continuing professional development / life long learning (CPD/LLL) audit**

A **CPD/LLL audit data collection form** has been devised to audit the core standards which relate to CPD/LLL (core standards 19 to 22). Evidence of compliance with these standards is likely to be found in the documentation within an individual's CPD/LLL portfolio.



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Core standards peer review
Patient feedback audit
Service standards audit

- **Core standards peer review**

Peer review provides an opportunity to determine the appropriateness of the clinical decisions made at each stage of the patient episode. Some of the core standards cannot be measured through documentation or patient feedback, and it is recommended that these be subject to peer review. Peer review relates mainly to areas requiring a clinical reasoning process, for example how the clinical diagnosis was derived or why particular interventions were chosen. Guidance is provided for carrying out a suggested model of peer review and a **peer review form** has been devised.

- **Patient feedback audit**

The patient feedback audit measures those standards and criteria where the patient is best placed to judge conformance, for example core standard 2.3 'The patient is given the opportunity to ask questions'. Similarly, standards and criteria that have been designed to measure elements of practice such as effective communication, being courteous and respecting patients' dignity, cannot be easily measured using documentary evidence. To assess these standards, a **patient feedback questionnaire** has been devised.

- **Service standards audit**

In addition to the previous tools, which concentrate on areas of practice relating to individual physiotherapists, the service standards audit tool will assess the conformance of the organisation against the service standards and criteria.



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One of the key aspects of clinical audit is confidentiality. The reporting of audit results always respects the confidentiality of patients and usually of health professionals, in order to keep the process non-threatening.

However, some physiotherapists may wish to compare their practice with others. Some will want to identify their individual performance, for example as part of their assessment of learning needs (core standard 19.1) or to provide evidence that learning objectives have been met (core standard 22.1), and to include this in their CPD/LLL portfolio. In these circumstances it is usual to code the audit results so each physiotherapist is aware of their own identity, but not that of others.

Clinical audit is a professional development activity, not a procedure to identify negligent practice or gain evidence for disciplinary purposes. When clinical audit is implemented in a positive way, the benefits and acceptance from physiotherapists is likely to be far greater. These audit tools will help physiotherapists provide the highest standards of care, rightly demanded by the general public.



Introduction

- Core standards patient record audit
- Core standards CPD/LLL audit
- Core standards peer review
- Patient feedback audit
- Service standards audit

Patient record audit methodology

The steps laid out in this section for carrying out a patient record audit are intended to serve as guide. Some NHS organisations may have clinical audit staff that can help with the audit process, providing support and expertise in this task.

1

Select a sample

A random selection of patients' records should be used. Randomisation can be undertaken in many different ways. The most important aspect is that sources of potential bias are excluded. If you require a sample of 20 per cent of one month's records, an easy option is to take all that month's records and randomly start at any place in the collection, then select every fifth set of records. An alternative is to use a computer, calculator or random number table to select numbers, which would correspond to each set of records. When consecutive patient's records are used, it is important to ensure that the records for **all** the consecutive patients are used. Using a systematic method ensures that the sample represents the 'normal' patient record accurately. Sample size depends a great deal on the service/practice configuration so definitive advice is inappropriate. Examples for deciding the sample size are:

- 20 per cent of the patients seen in the last month
(for large services this could result in a very large sample).
- 10 patient records from each physiotherapist
(for small practices this could result in a very small sample).
- 100 records from the last patients discharged
(not appropriate for services that discharge small numbers of patients).
- If there are a number of specialties in the department, it may be appropriate to select a proportion of records from each specialty.

It is important that the sample is large enough to represent the range of practice included in the audit, but still remain manageable. The Research and Clinical Effectiveness Unit at the CSP can provide more detailed advice if necessary.



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2 Obtain patient records

Depending on local systems, obtaining the records may be a task undertaken by the medical records department, secretary or administrative assistant.

3 Complete the data collection form

The form that accompanies this section is designed to assess conformance with specific standards and criteria. The forms may be freely photocopied and further locally defined audit questions added as necessary (a blank page is included at the end of the form). There is a number next to each check box, which cross references to the numbering of the criteria in the core standards. This will assist with interpretation. 'Not applicable' (n/a) boxes are provided for situations where the criteria do not apply to a particular patient. For example, core standard 9.3 is n/a if the patient is not in receipt of any loaned equipment.

4 Analyse the data

To protect patient confidentiality, data that is entered on to a computer should not include patient identifiers. If it is necessary to use an identifier to cross reference patients, a code or index number (**not** the patient's hospital number) should be used.

Results are most usefully expressed in terms of the proportion of records that conform to the criteria, quoted as a percentage. Care should be taken when processing the data items that include 'not applicable' responses. In these cases the percentages should be calculated on the responses **excluding** the 'not applicables'. For example:

- 100 patient records analysed
- 20 were 'not applicable'
- 60 records conform to the criteria

Only the 80 applicable records should be included in the analysis, therefore the percentage is

$$\frac{60}{80} \times 100 = 75 \text{ per cent}$$



Results are normally analysed in an aggregated form so that the conformance to the standards for all the physiotherapists is assessed. It is sometimes useful for physiotherapists to audit their individual patient's records which may be of benefit to small services, or for the purposes of demonstrating CPD. If it is considered necessary to identify individual physiotherapist's results in a larger sample, it is good practice to use codes to identify the physiotherapists. Each physiotherapist is given their own code, but not that of their colleagues. This coding should be revealed only with the consent of all participants.

5 Interpret the results

Interpretation is very dependent upon local circumstances. It is essential that the reasons for not achieving the standards are understood and plans agreed by those involved in the audit before any changes are implemented. The management of the change is most effective when the process is 'owned' by the participants, rather than being imposed.

6 Re-audit

This is a much neglected part of the audit process, nonetheless a very important one. It is only through the regular, systematic approach to audit and re-audit that improvements can be measured. It is recommended that the audit is repeated at least annually.





Patient record audit data collection form

One form should be completed for each patient record.
Please photocopy as many forms as necessary.
Please place a cross in the box to indicate a positive response.

		Yes	No	not applicable
	Informed consent			
2 . 8	The patient's consent is documented	<input type="checkbox"/>	<input type="checkbox"/>	
	Assessment			
5 . 1	There is written evidence of a compilation of data consisting of:			
	a the patient's perceptions of their needs	<input type="checkbox"/>	<input type="checkbox"/>	
	b the patient's expectations	<input type="checkbox"/>	<input type="checkbox"/>	
	c demographic details	<input type="checkbox"/>	<input type="checkbox"/>	
	d presenting condition/problems	<input type="checkbox"/>	<input type="checkbox"/>	
	e past medical history	<input type="checkbox"/>	<input type="checkbox"/>	
	f current medication/treatment	<input type="checkbox"/>	<input type="checkbox"/>	
	g contraindications/precautions/allergies	<input type="checkbox"/>	<input type="checkbox"/>	
	h social and family history/lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	
	i relevant investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Examination			
5 . 2	There is written evidence of a physical examination that includes:			
	a observation	<input type="checkbox"/>	<input type="checkbox"/>	
	b use of specific assessment tools/techniques	<input type="checkbox"/>	<input type="checkbox"/>	
	c palpation/handling	<input type="checkbox"/>	<input type="checkbox"/>	
6 . 6	The result of the outcome measurement is recorded	<input type="checkbox"/>	<input type="checkbox"/>	
6 . 7	The result of the outcome measurement is recorded at the end of the episode of care	<input type="checkbox"/>	<input type="checkbox"/>	
	Analysis			
	There is written evidence of:			
7 . 2	Identified needs/problems	<input type="checkbox"/>	<input type="checkbox"/>	
7 . 3	Subjective markers being identified	<input type="checkbox"/>	<input type="checkbox"/>	
7 . 4	Objective markers being identified	<input type="checkbox"/>	<input type="checkbox"/>	
7 . 5	A clinical diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	

Guidance: This is the physiotherapist's assessment of the problem (not the medical diagnosis)



		Yes	No	not applicable
Treatment planning				
8 . 4	The plan documents:			
	a time scales for implementation/review	<input type="checkbox"/>	<input type="checkbox"/>	
	b goals	<input type="checkbox"/>	<input type="checkbox"/>	
	c outcome measures	<input type="checkbox"/>	<input type="checkbox"/>	
	d the identification of those who will deliver the plan	<input type="checkbox"/>	<input type="checkbox"/>	
Implementation				
9 . 1	Interventions are implemented according to the treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	
9 . 2	All advice/information given to the patient is recorded	<input type="checkbox"/>	<input type="checkbox"/>	
9 . 3	There is a record of equipment loaned and issued to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation				
10 . 1	There is written evidence that:			
	a the treatment plan is reviewed at each session	<input type="checkbox"/>	<input type="checkbox"/>	
	b subjective markers are reviewed at each session	<input type="checkbox"/>	<input type="checkbox"/>	
	c objective markers are reviewed at each session	<input type="checkbox"/>	<input type="checkbox"/>	
10 . 2	All changes, subjective and objective, are documented	<input type="checkbox"/>	<input type="checkbox"/>	
10 . 3	Any changes to the treatment plan are documented	<input type="checkbox"/>	<input type="checkbox"/>	
10 . 4	Outcome is measured at the end of the treatment programme	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer of care/discharge				
11 . 2	Arrangements for transfer of care/discharge are recorded in the patient's record	<input type="checkbox"/>	<input type="checkbox"/>	
11 . 3	When transferred, information is relayed to those involved in their on-going care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . 4	Discharge summary is sent in keeping with agreed local policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation				
14 . 1	Patient records are started at the time of the initial contact	<input type="checkbox"/>	<input type="checkbox"/>	
14 . 2	Patient records are written immediately after the contact with the physiotherapist or before the end of the day of the contact	<input type="checkbox"/>	<input type="checkbox"/>	
14 . 3	Patient records are contemporaneous	<input type="checkbox"/>	<input type="checkbox"/>	

Guidance: Records are not added to after the time of writing



		Yes	no	not applicable
14 . 4	Patient records conform to the following requirements:			
	a concise	<input type="checkbox"/>	<input type="checkbox"/>	
	b legible	<input type="checkbox"/>	<input type="checkbox"/>	
	c logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	
	d dated	<input type="checkbox"/>	<input type="checkbox"/>	
	e signed after each entry/attendance	<input type="checkbox"/>	<input type="checkbox"/>	
	f name is printed after each entry/attendance	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Guidance: Where patients are treated by the same physiotherapist throughout, it is sufficient for a printed name to appear once on each side of each page</i>			
	g no correction fluid is used	<input type="checkbox"/>	<input type="checkbox"/>	
	h written in permanent photocopyable ink	<input type="checkbox"/>	<input type="checkbox"/>	
	i errors crossed with a single line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i errors initialled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j each side of each page is numbered	<input type="checkbox"/>	<input type="checkbox"/>	
	k patient's name and either date of birth, hospital number or NHS number are recorded on each page	<input type="checkbox"/>	<input type="checkbox"/>	
	l abbreviations are contained within a locally agreed glossary	<input type="checkbox"/>	<input type="checkbox"/>	
15 . 1	There is evidence that patient records are retained securely:			
	written records	<input type="checkbox"/>	<input type="checkbox"/>	
	computer records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	audio tapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	faxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	video tapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Patient and physiotherapist safety			
16 . 1	There is written evidence of a risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	
16 . 2	There is written evidence that action has been taken as a result of the risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CPD/LLL audit methodology

This audit tool evaluates the process of CPD/LLL, and refers to core standards 19 to 22. For most physiotherapists this process is recorded in a portfolio. The term 'portfolio' is used throughout the CPD/LLL standards and audit tools. Other terms such as journal, learning log or personal development plan are used interchangeably and are equally applicable; all provide tangible means by which improvements in practice can be demonstrated to others, as a result of learning.

The portfolio is a private and personal document, and should be used and organised in a way that best suits the individual. From the portfolio, evidence can be drawn out for a particular purpose, for example:

- assessment of learning needs
- job application and interview process
- applying for accreditation of prior learning from an academic institute
- individual performance review
- potential re-registration requirements

The audit tool should be used at least every six months to monitor the progress of the CPD/LLL process.

For further information, paper no. CPD 6, *Keeping a portfolio – getting started*, is available from the Education department, CSP.

CPD/LLL audit data collection form

One audit data collection form should be completed for each physiotherapist.
Please photocopy as many forms as necessary.

Please place a cross in the box to indicate a positive response.

		Yes	No
Assessing learning needs			
19 . 1	There is written evidence of an assessment of learning needs	<input type="checkbox"/>	<input type="checkbox"/>
This assessment takes account of:			
a	development needs related to the enhancement of an individual's current scope of practice	<input type="checkbox"/>	<input type="checkbox"/>
b	feedback from performance data	<input type="checkbox"/>	<input type="checkbox"/>
c	mandatory requirements	<input type="checkbox"/>	<input type="checkbox"/>
d	new innovations in practice	<input type="checkbox"/>	<input type="checkbox"/>
e	the needs of the organisation	<input type="checkbox"/>	<input type="checkbox"/>
f	career aspirations	<input type="checkbox"/>	<input type="checkbox"/>
Planning CPD/LLL			
20 . 1	There is a written plan based on the assessment of learning needs	<input type="checkbox"/>	<input type="checkbox"/>
20 . 2	The plan includes learning objectives	<input type="checkbox"/>	<input type="checkbox"/>
20 . 3	The plan identifies activities to achieve the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>
Implementing the plan			
21 . 1	There is written evidence that the plan has been implemented	<input type="checkbox"/>	<input type="checkbox"/>
21 . 2	The plan is reviewed at least six monthly	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating the plan			
22 . 1	There is evidence that the learning objectives have been met	<input type="checkbox"/>	<input type="checkbox"/>
22 . 2	New learning objectives are developed to continue the cycle	<input type="checkbox"/>	<input type="checkbox"/>

Peer review methodology

Peer review provides an opportunity to evaluate the clinical reasoning behind the content of the documentation about the patient episode, in order to consider the appropriateness of the clinical decisions made at each stage of the patient episode. The process relates most closely to core standards 4 to 11, the section on the Assessment and Treatment Cycle.

This method enables the clinical reasoning skills of the physiotherapist to be evaluated by a peer. This must not be confused with other forms of professional assessment; it is not a means of judging an individual's competence to do their job, neither is it a method of clinical supervision or appraisal. (For further information *PA 45, Clinical supervision** is available from the Professional Affairs department.)

There are a number of different methods of peer review which could be used. One model, which included observation of practice, was considered too difficult to implement. This view was shared equally by both private and public sector physiotherapists in the standards of physiotherapy practice pilot sites. Individuals felt their behaviour would not be entirely natural if they were being observed and it would only give a 'snapshot' of their practice skills, rather than their evaluative and reasoning skills, throughout the whole patient episode. It was agreed to follow the model outlined in this guide.



Peer review should be approached with commitment, integrity and trust. It can then be an excellent learning opportunity for both parties involved, enhancing clinical reasoning, professional judgement and reflective skills. Whilst this will be the case for the vast majority of physiotherapists, conflict may arise when an individual's poor clinical reasoning results in the safety of the patient being put at risk. In these exceptional circumstances, peers are directed to the advice set out in Rule V of the CSP *Rules of Professional Conduct*, (CSP, 1996)* when a more formal procedure may be required, in the best interests of patient care. On a more positive note, for the majority of physiotherapists, evidence of participation in a peer review process (as peer or physiotherapist) should be used as a part of an individual's demonstration of their continuing professional development and recorded in their CPD portfolio.

* Chartered Society of Physiotherapy (1996), *Rules of Professional Conduct*, CSP, London

* Chartered Society of Physiotherapy (2000), *PA 45 Clinical Supervision*, CSP, London

The paragraphs listed on the following pages provide guidance on the process of carrying out peer review:

1

Select a peer

For the individual to gain maximum benefit from peer review, it is important that they are able to select their own peer. This is one factor which distinguishes peer review from clinical supervision and appraisal. The following criteria serve as a guide to identify a suitable peer:

- The peer should be similar in terms of grade, or experience or qualification or knowledge or skill or any combination of these. (For some physiotherapists there may be a preference for a peer who is of a higher grade, but that is their individual choice.)
- The selected peer should carry a similar complexity of caseload or casemix. This may not necessarily be from the same speciality.
- The peer should work in a similar type of practice or situation.
- There is mutual respect and a comfortable professional relationship.
- The peer is happy to participate.

2

Arrange a suitable date and time

The review process should take approximately two hours.

3

Select patient notes

The reviewer randomly selects a set of patient notes. This should be from a batch of the last twenty patients the physiotherapist has managed. This process of selection is dependent on local circumstances, and it is therefore the responsibility of the physiotherapist and the peer to make appropriate arrangements.

4

Review the notes

The notes are reviewed by the peer, to familiarise themselves with the patient episode. At this stage the physiotherapist being reviewed may wish to re-familiarise themselves with the detailed content of the notes.



5

Discussion of the episode of care

This should focus on the evaluation of the individual's clinical reasoning skills throughout the patient episode. The following seven questions, which relate directly to the standards, have been formulated to structure the discussion.

This should take approximately one hour:

- What sources of information did you consider to assist you with the assessment process? (core standard 4)
- How did you reach a clinical diagnosis, or identify the patient's main problems? (core standard 7)
- How did you decide which outcome measure to use? (core standard 6)
- How did you select the treatment techniques to meet the specific needs of the patient? (core standard 8)
- To what extent did you meet the expectations of the patient? (core standard 10)
- How was each stage of the episode of care evaluated? (core standard 10)
- Was it necessary to communicate with other professionals? If so, did this raise any particular issues? (core standard 13)

6

Issues arising from the discussion

Any issues raised during discussion, which both peer and physiotherapist feel are important, should be documented on the peer review form. The peer has a responsibility for reflecting only what has been agreed between the two individuals, in the review session. The peer review form should be kept in the physiotherapist's portfolio, as evidence of learning.

7

Identify areas for education and development

The peer has a responsibility for identifying potential areas for further education and development, in agreement with the physiotherapist. Both parties can then formulate a timed action plan.

8

Re-review date

A date for re-review is set. It is important that the process is regular and undertaken at least annually.





Peer review form

A peer review was carried out on (date) _____

Name of physiotherapist _____

Place of work _____

Telephone _____

Name of peer reviewer _____

Place of work _____

Telephone _____

Summary of issues raised during discussion

Agreed suggestions for further education and development

Action plan

Re-review date _____

Signature of physiotherapist _____

Signature of reviewer _____

Patient feedback methodology

'Patients are the most important people in the health service. The NHS has to be shaped around the convenience and concerns of patients. To bring this about, patients must have more say in their own treatment and more influence over the way the NHS works.'

Alan Milburn, Secretary of State for Health, The NHS Plan, July 2000

The involvement of patients in sharing decision-making about their care with health professionals, and monitoring the quality of that care is growing. This is supported by recent government initiatives and patient groups. In developing the patient feedback component of these audit tools it is recognised that only patients can be the final arbiters of what constitutes quality care. Physiotherapy cannot be considered high quality unless it is effective, efficient and acceptable to patients. The patient feedback questionnaire provides the means to measure the standards and criteria that the other audit tools in this document cannot and/or those where patients are best placed to judge conformance.

There are practical problems with identifying the characteristics of a 'typical patient'. Some lay people will be apprehensive about getting involved with this type of exercise and can feel intimidated by the idea. In spite of possible difficulties, patient feedback is a vital component of auditing the Society's standards. The following paragraphs provide guidance on the process of obtaining patient feedback.

1 Identify a sample

A sample that generates 80-100 questionnaire returns from patients should provide robust information. Response rates vary from about 30 per cent to 90 per cent depending on the characteristics of the patient group and the way in which the questionnaire is administered, so be prepared to increase the sample size appropriately.

2 Collect the data

Some suggestions of good practice are outlined below:

- Inform the clinical governance/consumer affairs leads (where they exist) that this exercise is being carried out. They will be pleased you are doing this work and may provide support, encouragement and assistance with the process.



- In some areas approval from the local Research Ethics Committee is required to send out questionnaires of this type. Whilst this is rare, local arrangements should be followed.
- Where there are no other options than for the physiotherapist to give out the questionnaires, first ensure the patient is happy to participate. A careful explanation given personally ensures a greater response rate. If an individual is not willing to participate, they always have the right to decline without fear of this affecting any subsequent care.
- If the questionnaire is sent out by post unannounced, take great care to ensure the patient is still at the same address and able to complete the questionnaire. (sending a questionnaire to a deceased patient is very distressing for relatives and carers). Always provide a contact name and number in case of any queries.
- A personalised covering letter and a postage paid envelope should be used to increase the response rate.
- To encourage honest feedback patients should be assured the comments they give remain confidential.
- If a questionnaire reply is not forthcoming, a polite reminder may be helpful. However, patients should not be coerced into participating.
- An independent person/agency should receive the returned questionnaires so the patient does not feel uncomfortable about physiotherapists reading anything they may write. Advice and practical help may be available from your local department responsible for consumer affairs.

3

Analyse the data

See previous section in the patient record audit.

4

Interpret the results

See previous section in the patient record audit.

5

Re-audit

See previous section in the patient record audit.

If you need help to provide patient feedback questionnaires in alternative languages or formats, contact:

The Research and Clinical Effectiveness Unit
14 Bedford Row
London WC1R 4 ED

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Patient feedback questionnaire

This questionnaire has been developed by the Chartered Society of Physiotherapy, the professional organisation for chartered physiotherapists, in order to improve physiotherapy services. You have been selected to take part in this important survey about the physiotherapy care you have received. If you are happy to participate we would be grateful for a few minutes of your time to complete this questionnaire.

If you would like to talk to someone about the questionnaire or answer any questions, please contact:

There are no right or wrong answers. It is for you to decide on the quality of your experience. This will help the service to improve the care it provides. The information will be confidential, and you will not be identified to any of the physiotherapy staff. Please tick the appropriate box(es) and write in the spaces provided.

1 **If a person other than the patient completes this questionnaire, please indicate your relationship:**

- | | |
|---------------------------|--------------------------|
| husband/wife/son/daughter | <input type="checkbox"/> |
| parent/guardian | <input type="checkbox"/> |
| other family | <input type="checkbox"/> |
| carer | <input type="checkbox"/> |

2 **Were you treated by:**

- | | |
|---------------------------|--------------------------|
| a student | <input type="checkbox"/> |
| a physiotherapist | <input type="checkbox"/> |
| a physiotherapy assistant | <input type="checkbox"/> |
| other | <input type="checkbox"/> |
| don't know | <input type="checkbox"/> |



Before your first visit

2 . 1 How long did you have to wait for your first appointment?

- under 24 hours
- 1-7 days
- between 1 and 4 weeks
- between 1 and 2 months
- more than 2 months

Yes no not applicable

2 . 2 I was offered a choice of appointment times

-

3 Your treatment sessions

Which statement most accurately reflects your views?

- | | <i>strongly disagree</i> | <i>disagree</i> | <i>uncertain</i> | <i>agree</i> | <i>strongly agree</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3 . 1 I was addressed by the name of my choice | <input type="checkbox"/> |
| 3 . 2 The staff were courteous and considerate | <input type="checkbox"/> |
| 3 . 3 I was not given a chance to say what was on my mind | <input type="checkbox"/> |
| 3 . 4 I felt involved in deciding about my treatment plan | <input type="checkbox"/> |
| 3 . 5 The physiotherapists listened to what I said | <input type="checkbox"/> |
| 3 . 6 The physiotherapist told me what I could achieve | <input type="checkbox"/> |
| 3 . 7 The physiotherapist had a manner which made me feel uneasy | <input type="checkbox"/> |

4 . 1 We aim to be sensitive to your particular expectations.

Yes no

Did we succeed?

If no, please explain:



4 . 2 **We aim to be sensitive to your fears and anxieties.** Yes no

Did we succeed?

If no, please explain:

5 . 1	Were you informed of the name of the therapist responsible for your care?	Yes	no	<i>don't know</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . 2	Were you given a choice of options for your treatment?	Yes	no	<i>don't know</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . 3	Were you encouraged to say what you wanted?	Yes	no	<i>don't know</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . 4	By the end of your first visit, were the results of the assessment explained?	Yes	no	<i>don't know</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 . 1	I was asked to do things I didn't agree to	<i>strongly disagree</i>	<i>disagree</i>	<i>uncertain</i>	<i>agree</i>	<i>strongly agree</i>
		<input type="checkbox"/>				
6 . 2	I was given all the privacy I needed	<i>strongly disagree</i>	<i>disagree</i>	<i>uncertain</i>	<i>agree</i>	<i>strongly agree</i>
		<input type="checkbox"/>				
6 . 3	The physiotherapist used words I didn't understand	<i>strongly disagree</i>	<i>disagree</i>	<i>uncertain</i>	<i>agree</i>	<i>strongly agree</i>
		<input type="checkbox"/>				
6 . 4	The physiotherapist was quite rough when giving me my treatment	<i>strongly disagree</i>	<i>disagree</i>	<i>uncertain</i>	<i>agree</i>	<i>strongly agree</i>
		<input type="checkbox"/>				



		Yes	no	don't know	not applicable
7 . 1	The physiotherapist explained the benefits and risks to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 . 2	I was given the chance to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 . 3	I was told of my right to decline treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 . 4	If you were offered treatment by a student, were you also given the option of being treated by a qualified physiotherapist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . 5	I was told how well I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 . 6	They asked for my permission before talking to my friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . 7	If other health professionals were involved in your care, did the physiotherapist discuss with you allowing them access to information about your physiotherapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . 8	If you had to do exercises at home, were you given a clear explanation of what to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . 9	If you had photographs or video taken, did you sign a consent form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 .10	If you were left alone during your treatment session were you told how to call for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your discharge (if this is not applicable, please go on to question 9)

Once you have completed your treatment plan, discharge arrangements should be made so things go smoothly.

		strongly disagree	disagree	uncertain	agree	strongly agree
8 . 1	I felt involved in the plans for my discharge	<input type="checkbox"/>				
8 . 2	I was given enough advance warning of my discharge	<input type="checkbox"/>				
8 . 3	I understood the physiotherapist easily	<input type="checkbox"/>				
8 . 4	All the plans for my discharge went smoothly	<input type="checkbox"/>				

		Yes	no	not applicable
9	If you were given equipment to use at home, were you given instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



General impressions

Please indicate your overall impression of the physiotherapy care you have received.

		<i>strongly disagree</i>	<i>disagree</i>	<i>uncertain</i>	<i>agree</i>	<i>strongly agree</i>
10 . 1	Overall, I was very satisfied with my care	<input type="checkbox"/>				
10 . 2	I didn't recover as well as I had hoped	<input type="checkbox"/>				
10 . 3	The physiotherapy was a complete waste of time	<input type="checkbox"/>				
10 . 4	I enjoyed coming for physiotherapy	<input type="checkbox"/>				

11 Please add any further comments that will help us improve the care we provide:

Thank you for your help in completing this questionnaire.

Please return the completed questionnaire to:

Service standards audit methodology

The use of the service standards audit data collection form is intended to serve as a checklist for services. It follows the same concept as the previous audit tools and as such they will serve either to demonstrate that the service complies with the standards, or that improvements should be made. Many physiotherapy managers will be able to read through the standards with their current knowledge, assessing whether their service complies with the standards. Whilst this is a useful familiarisation exercise, the use of the accompanying audit tool will make the process more formal. Completing the form requires the production of evidence (possibly not always written evidence) that certain structures and procedures are in place. The standards cannot be exhaustive and, for example, if the standard requires a clinical governance strategy, the audit tool will provide the means to assess whether there is or there is not a clinical governance strategy present, but cannot assess its quality or relevance. This is beyond the scope of these standards. The number next to each check box cross references to the numbering of the criteria in the service standards.

These standards aim to reflect the diversity of physiotherapy services in the UK. However there are instances in many services where the standards are genuinely not applicable, or the responsibility lies elsewhere. In these circumstances simply proceed to the next applicable standard.





Service standards audit data collection form

Please place a cross in the box to indicate a positive response.

Clinical governance

	Yes	No	comments
1 . 1 There is evidence of:			
1 . 1 Clinical governance strategy	<input type="checkbox"/>	<input type="checkbox"/>	_____
1 . 2 Locally agreed standards of practice for common conditions	<input type="checkbox"/>	<input type="checkbox"/>	_____
1 . 3 Routine collection and analysis of information about the service:			
a clinical outcomes	<input type="checkbox"/>	<input type="checkbox"/>	_____
b complaints	<input type="checkbox"/>	<input type="checkbox"/>	_____
c adverse events	<input type="checkbox"/>	<input type="checkbox"/>	_____
d accident reports	<input type="checkbox"/>	<input type="checkbox"/>	_____
e waiting times for appointment	<input type="checkbox"/>	<input type="checkbox"/>	_____
f waiting times within the department	<input type="checkbox"/>	<input type="checkbox"/>	_____
g DNAs	<input type="checkbox"/>	<input type="checkbox"/>	_____
h reports to referrers	<input type="checkbox"/>	<input type="checkbox"/>	_____
i clinical education provision	<input type="checkbox"/>	<input type="checkbox"/>	_____
1 . 4 Action taken in response to criterion 1.3	<input type="checkbox"/>	<input type="checkbox"/>	_____
1 . 5 An annual physiotherapy clinical governance report	<input type="checkbox"/>	<input type="checkbox"/>	_____



		Yes	No	Comments
Risk management				
There is evidence of:				
2 . 1	Clearly documented procedures for the management of risk	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . 2	Training to undertake risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . 3	The findings from risk assessments are analysed and work practices reviewed and changed	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . 4	Managers have checked the state registration certificate of all physiotherapists annually	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . 5	A system to ensure all physiotherapists have skills and experience in the areas in which they are required to work	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . 6	A procedure to recognise and correct poor clinical performance	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 . 7	Action on any new guidance about equipment safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clinical audit				
There is evidence that:				
3 . 1	The clinical audit programme takes account of:			
	a national priorities	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b the priorities of the service	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c patient priorities	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . 2	All physiotherapists participate in a regular and systematic programme of clinical audit	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . 3	The documented results and recommendations from clinical audit are made available through the clinical governance process	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . 4	Physiotherapists participate in multiprofessional clinical audit, where it is undertaken	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 . 5	Changes in practice implemented as a result of the clinical audit programme	<input type="checkbox"/>	<input type="checkbox"/>	_____



		Yes	no	<i>comments</i>
Evidence based practice				
There is evidence that there are links with:				
4 . 1	a CSP and CSP Clinical Interest and Occupational Groups	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b patient/user organisations	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c professional bodies	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d Institutes of Higher Education	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e national sources of critically appraised reviews	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 . 2	Physiotherapists have access to:			
	a library and library search facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b internet facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 . 3	There are systems for disseminating information about effective practice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Complaints				
There is evidence that:				
5 . 1	Users of the physiotherapy service have access to information about the complaints procedure	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 . 2	All physiotherapists understand their role within the complaints procedure	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 . 3	Complaints are dealt with within a locally defined time-scale	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 . 4	Complaints are monitored	<input type="checkbox"/>	<input type="checkbox"/>	_____



Human Resources

Continuing professional development/Lifelong learning

		Yes	No	Comments
There is evidence that:				
6 . 1	The service supports the implementation of the physiotherapists CPD/LLL plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 . 2	Records of CPD/LLL plans are maintained	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 . 3	The development and learning needs of the service are evaluated on an annual basis	<input type="checkbox"/>	<input type="checkbox"/>	_____
There is evidence that:				
7 . 1	The provision of student clinical education is addressed in workforce planning	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 . 2	There is documentation detailing the agreed arrangements for clinical education placements	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 . 3	The provision of clinical education placements is monitored	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 . 4	The service responds to the evaluation of the student's learning experience	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 . 5	There is regular liaison with the clinical co-ordinators of Higher Education Institutes	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 . 6	Clinical educators are supported	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 . 7	Induction material is made available to the students prior to the start of the placement	<input type="checkbox"/>	<input type="checkbox"/>	_____



		Yes	no	<i>comments</i>
Induction				
There is evidence that:				
8 . 1	A named person is responsible for the planning, implementation and evaluation of the induction programme	<input type="checkbox"/>	<input type="checkbox"/>	
8 . 2	A written copy of the induction programme is given to each new physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	
8 . 3	The induction programme is completed within locally agreed time-scales	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing				
There is evidence that:				
9 . 1	Staffing is commensurate with delivering a safe and effective service in terms of:			
	a grade	<input type="checkbox"/>	<input type="checkbox"/>	
	b skill mix	<input type="checkbox"/>	<input type="checkbox"/>	
	c experience	<input type="checkbox"/>	<input type="checkbox"/>	
	d numbers	<input type="checkbox"/>	<input type="checkbox"/>	
9 . 2	There are locally agreed procedures to deal with situations where staffing levels fall below locally agreed minimum levels	<input type="checkbox"/>	<input type="checkbox"/>	
9 . 3	Staffing levels are reviewed regularly	<input type="checkbox"/>	<input type="checkbox"/>	
Agency staff				
There is evidence that:				
10 . 1	The suitability of new agency staff is assessed by reviewing their current CV and references before they begin work	<input type="checkbox"/>	<input type="checkbox"/>	
10 . 2	The CV and references are retained in the relevant personal file	<input type="checkbox"/>	<input type="checkbox"/>	
10 . 3	Agency staff are state registered	<input type="checkbox"/>	<input type="checkbox"/>	
10 . 4	A signature is recorded in the signature book before the agency staff embarks on physiotherapy duties	<input type="checkbox"/>	<input type="checkbox"/>	



Appraisal

There is evidence of:

	Yes	no	<i>comments</i>
11 . 1 A procedure for appraising physiotherapists	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 . 2 A system to familiarise all physiotherapists with the appraisal process	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 . 3 Appraisal is undertaken at least annually	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 . 4 All appraisals are agreed, documented, and retained in accordance with local procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____



Service provision

User involvement

	There is evidence that:	Yes	No	Comments
12 . 1	When changes to physiotherapy services are proposed, there is a system to involve service users	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 . 2	There is evidence of action taken as a result of user feedback	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 . 3	There is a system for obtaining feedback from service users	<input type="checkbox"/>	<input type="checkbox"/>	_____

Patient information

	There is evidence that:	Yes	No	Comments
13 . 1	Patients are provided with details about the range of services available	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 . 2	Patients are provided with information about arrangements for their first contact	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 . 3	Patients have access to information about:			
	a access to services	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b how to make a complaint	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c consent to treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d access to medical records	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e hazards related to clinical care	<input type="checkbox"/>	<input type="checkbox"/>	_____
	f discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	_____
	g transport options	<input type="checkbox"/>	<input type="checkbox"/>	_____
	h DNA policies	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 . 4	Information is available to patients that helps them make informed choices based on the best available evidence	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 . 5	There is information for carers and users on condition-specific support groups and networks	<input type="checkbox"/>	<input type="checkbox"/>	_____

		Yes	No	Comments
13 . 6	There is evidence that:			
	a information is clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b information is available in appropriate languages for users.	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c information is produced in a range of media and formats	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 . 7	All information provided identifies:			
	a author	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b production date	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c review date	<input type="checkbox"/>	<input type="checkbox"/>	_____

Access to physiotherapy services

	There is evidence that:			
14 . 1	Physiotherapy managers collaborate with service commissioners to plan service provision	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 . 2	There is a policy in place for the prioritisation of patients waiting to be seen	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 . 3	There are criteria for urgent and routine referrals	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 . 4	A choice of appointment times is available	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 . 5	Routine referrals are re-evaluated if not seen within a locally agreed time-scale	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 . 6	There is a policy in place describing discharge arrangements	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 . 7	Physiotherapy managers collaborate with service commissioners to review service provision	<input type="checkbox"/>	<input type="checkbox"/>	_____

Communication

	There is evidence that:			
15 . 1	All staff are aware of lines of communication within the departmental structure	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 . 2	An organisational/departmental chart is available	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 . 3	Regular staff meetings/briefings are held	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 . 4	Physiotherapists are represented at organisation-wide meetings	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 . 5	The physiotherapy manager is involved in senior management policy making and business planning processes	<input type="checkbox"/>	<input type="checkbox"/>	_____



		Yes	no	<i>comments</i>
16 . 1	Health and safety The health and safety local policy includes procedures to manage:			
	a fire	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d first aid	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e control of infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
	f disposal of 'sharps'	<input type="checkbox"/>	<input type="checkbox"/>	_____
	g working alone/out of hours working	<input type="checkbox"/>	<input type="checkbox"/>	_____
	h control of substances hazardous to health	<input type="checkbox"/>	<input type="checkbox"/>	_____
	i safe moving and handling of loads	<input type="checkbox"/>	<input type="checkbox"/>	_____
	j report of industrial diseases and dangerous occurrences	<input type="checkbox"/>	<input type="checkbox"/>	_____
	k planned maintenance of equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . 2	All physiotherapy staff attend health and safety training in the following:			
	a fire procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b CPR	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d dealing with violence and aggression	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e infection control	<input type="checkbox"/>	<input type="checkbox"/>	_____



		Yes	no	comments
16 . 3	All physiotherapy staff attend a health & safety induction programme when joining the service or transferring to a different location	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . 4	A regular health and safety audit is carried out, in accordance with locally defined time-scales	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . 5	The following variables are maintained in accordance with local policy:			
	a temperature	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b humidity	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c lighting	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d ventilation	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . 6	Notices of hazards to patients are prominently displayed in areas of known risk	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . 7	There is a system for summoning help in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . 8	The service acts on guidance about health and safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 . 9	Clinical trials have approval from the relevant Research Ethics Committee	<input type="checkbox"/>	<input type="checkbox"/>	_____



Management of the hydrotherapy pool

		yes	no	comments
17 . 1	There is evidence that: The pool water temperature is maintained within a range 32 to 36 degrees Celsius, with the optimum being 34 to 35.5 degrees Celsius	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . 2	The ambient temperature in the pool hall is maintained within the range 25 to 28 degrees Celsius	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . 3	The ambient temperature in the change and rest areas is maintained within the range 22 to 26 degrees Celsius	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . 4	The atmospheric humidity level is maintained within the range 50 to 65 per cent with a preferred maximum of 60 per cent	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . 6	Disinfectant levels are maintained within the following parameters:			
	• If disinfected using chlorine only:			
	free chlorine is within the range 1.0 to 4.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____
	total chlorine is within the range 1.5 to 5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____
	residual chlorine is never more than 1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• If disinfected using chlorine and ozone:			
	free chlorine is maintained at approximately 0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____
	in slipstream ozone systems free chlorine is maintained at approximately 1 to 4 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____
	ozone levels are less than 1 mg/litre	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• If disinfecting with chlorine and ultraviolet:			
	free chlorine is maintained within the range 0.5 to 1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____



		Yes	No	Comments
17 . 7	The pH of the pool water is maintained within the range 7.2 to 7.8	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . 8	The total alkalinity is maintained within the range 100 to 250 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 . 9	The calcium hardness is maintained within the range 100 to 300 ppm	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 .10	Water balance is maintained within the parameters of the Langelier saturation index of 12.1 ± 0.5	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 .11	Pool water is tested at the following frequency:			
	• chlorine – free and total:			
	twice daily for automated systems	<input type="checkbox"/>	<input type="checkbox"/>	_____
	three times a day for manual systems	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• pH – as for chlorine	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• total alkalinity – once a week	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• calcium hardness – once a week	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• water balance – once a week	<input type="checkbox"/>	<input type="checkbox"/>	_____
	There is evidence that:			
17 .12	Samples of pool water are tested for bacteriological counts at least once per month	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 .13	Tests shall be conducted for the following: plate counts, coliforms, escherichia coli, pseudomonas species, pseudomonas aeruginosa and staphylococcus aureus	<input type="checkbox"/>	<input type="checkbox"/>	_____
	There is evidence that:			
18 . 1	For individual treatment, adults have four square metres of pool space	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 . 2	For group treatment, adults have two square metres of pool space	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 . 3	For all forms of treatment, there is a minimum of one pool side staff member either present within the pool room or within earshot	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 . 4	Physiotherapists should not work in the pool for more than three hours within any normal working day	<input type="checkbox"/>	<input type="checkbox"/>	_____



		yes	no	comments
Documentation				
There is evidence that:				
19 . 1	Facilities are available for the secure storage of patient records	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . 2	Patient records are stored so that they can be easily retrieved	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . 3	Local Information Technology (IT) security policies are followed	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . 4	There is a local policy which allows patients to access their records	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . 5	A notice is clearly displayed to ensure that the patient is aware of their right to access their records	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . 6	All records are disposed of in accordance with statutory requirements:	<input type="checkbox"/>	<input type="checkbox"/>	_____
	a records are retained for a minimum of 8 years after the conclusion of treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b obstetric records are retained for 25 years	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c records relating to children or young people are retained until the patient's 25th birthday or 8 years after the last entry, whichever is the longer	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . 7	A signature book is maintained	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 . 8	An abbreviations glossary is maintained	<input type="checkbox"/>	<input type="checkbox"/>	_____



		Yes	No	Comments
Information technology (IT) security				
There is evidence that:				
20 . 1	There is a policy for IT security	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 . 2	IT systems containing patient information are registered with the Data Protection Registrar	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 . 3	Physiotherapists are made aware of their responsibilities under the Data Protection Act	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 . 4	Systems are configured to maintain security and include:			
	a password protection	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b daily backup procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c protection in the event of interruption in power supply	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d protection against computer viruses	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e audit trails that can identify any person who edits/changes patient records	<input type="checkbox"/>	<input type="checkbox"/>	_____

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the United Kingdom's 35,000 chartered physiotherapists, physiotherapy students and assistants.

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