


POLICY DOCUMENT

Policy Title:	Physiotherapy (Inpatients)
Policy Group:	Clinical
Policy Owner:	Director of Clinical Services
Issue Date:	November 2021
Review Period:	24 months
Next Review Due	November 2023
Author:	Rasheed Meeran
Cross References:	Health and safety policy Consent policy Information management policy Health records policy Hydrotherapy policy Wheelchair policy
Evidence:	Health and care Profession Council - Standards of Proficiency, Physiotherapists Health and care Professions Council - Standards of Conduct, Performance and Ethics, Physiotherapists
How implementation will be monitored:	Clinical governance meetings
Action to be considered in event of breach:	Further training, enhanced supervision, disciplinary procedures
Computer File Ref.	O: risk management: policies:
Policy Accepted by MT	10 th December 2021
Sign-off by CEO	

1. Statement of purpose

This policy sets out the standards and procedures, which aim to ensure patients at Holy Cross Hospital, receive a high quality, evidence based physiotherapy service, which is appropriate to their needs.

2. Policy statement

All patients at Holy Cross Hospital are assessed by a physiotherapist and provided with treatment according to their needs using a goal setting approach. Monitoring and assessment is a key component to enable changes to be made as and when appropriate.

Physiotherapists work as part of the multi-disciplinary team and provide training to other staff in positioning and posture management.

Physiotherapists are responsible for their practice and are required to comply with the standards of proficiency, conduct, performance and ethics as laid down by the Health and Care Professions Council.

3. Introduction

The physiotherapists at Holy Cross Hospital are led by the Director of Clinical Services and are a key part of the multidisciplinary team. They have representation at all clinical meetings, health and safety, infection prevention and clinical governance committees. They also hold a weekly physiotherapy team meeting.

Holy Cross Hospital operates a system where physiotherapy resources are targeted to the areas where they will be of the most benefit to ensure the service is high quality, efficient and effective.

Following assessment and discussion with the patient a set of goals are agreed. It must be emphasised that assessment is inherent in the treatment process so changes can be made as and when appropriate.

Risk assessments will be completed and a management plan formulated for managing patients having splinting, wheelchair and positioning guidelines. The plan of care will be documented in the care plan which is reviewed regularly.

4. Guidance for practice

4.1. Assessment

New patients will be assessed during the first week of admission and a set of goals agreed within 6 weeks. Patients will be allocated to one of the treatments streams as appropriate. Follow up assessment will take place after 3 months and discussed with the MDT to ensure treatment programme remains relevant.

A comprehensive reassessment will be undertaken every 12-18 months on each patient as a minimum standard.

Patients receiving regular physiotherapy will be re-assessed as part of the treatment process.

Up to date information will be provided to the Ward Sisters regarding each patient's stream. Information regarding the patient's stream will be documented in the top right corner of the therapy notes.

4.2. Streaming

4.2.1. Active (Intensive and slow stream Rehab patients)

This is defined as an intervention, which aims to improve a patient's functional ability e.g. walking, climbing stairs.

Improvements are measured using standardised objective measures.

Patients in an active stream will have a comprehensive assessment followed by physiotherapy sessions 3-5 hours per week. Ongoing assessment is an integral part of the treatment process.

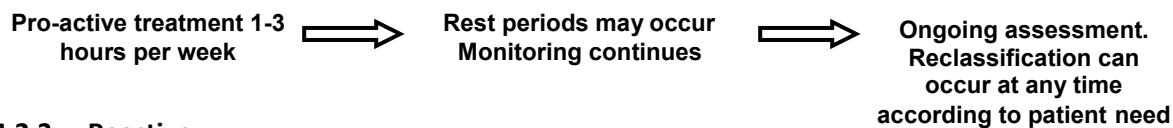


4.2.2. Pro-active

Interventions are aiming to maintain the patient's current status e.g. range of movement, muscle length, prevention of secondary complications. Examples are tilt table stands, therapeutic positioning and exercise programmes.

Patients in the pro-active stream will have 1-3 hours of physiotherapy per week. Breaks in therapy may be built in if considered beneficial to the patient.

Patients will continue to be monitored during any break and intervention will occur if there is any deterioration.



4.2.3. Reactive

The physiotherapist may intervene in reaction to an acute episode. Examples include chest infection, wheelchair issues, positioning problems and management of tone.

Patients may be from any stream and will be seen as often as required to assess and resolve the issues.

4.2.4. Inactive

Patients will not benefit from physiotherapy input or choose not to attend.

4.3 Treatments offered

4.3.1 Hydrotherapy

Patients who may benefit from hydrotherapy will be identified through a comprehensive assessment process. Hydrotherapy treatment sessions will be provided as blocks in which the patients will receive 1 session per week for up to 8 weeks. Depending on the goals identified by the MDT, patients may have frequent sessions or longer treatment blocks. Please refer to Hydrotherapy policy.

4.3.2 Spasticity management

The Consultant in Rehabilitation Medicine leads the service and is supported by Specialist Physiotherapists with injection therapy qualification. If indicated patients will be referred to external specialists for review and treatment e.g. Intrathecal Baclofen pump insertion surgery, Intrathecal phenol treatment.

4.3.3 Splinting and Orthotics

The therapy team provide an upper and lower limb splinting service in house and other off-the-shelf splints are purchased from medical suppliers.

An in house orthotics service is not available at the hospital and patients needing this services are referred to an NHS service where available and funded or is sourced using private funding (paid for by the patients or their family).

4.3.4 Posture management and wheelchairs

The therapists complete a comprehensive postural assessment and prescribe sleep systems or bed positioning systems for patients. Inexpensive positioning aids like T rolls or Log rolls are provided by the hospital. Funding for sleep systems is through the patient's CCG's or the local posture management service.

Please refer to Wheelchair policy for information regarding wheelchairs.

4.3.5 Other interventions

The therapists will offer a variety of other treatments as part of the treatment programme and some of the treatments may involve the use of equipment e.g. an active/ passive cycle exerciser or a standing frame.

4.4 Out of hours' arrangements

Physiotherapists are available 08:00 hrs to 18:00 hrs Monday to Friday (excluding Bank Holidays). Nurses should plan ahead as far as possible and make a request for urgent physiotherapy before the department closes for the day. In rare cases e.g. if a patient needs chest physiotherapy the physiotherapist can be requested to arrange to visit a patient outside normal hours.

4.5. Use of equipment

The physiotherapy department is well equipped with appropriate equipment to meet the needs of the patient group. It is the responsibility of the physiotherapy team leader and specialist Physiotherapist to ensure all staff are competent to use the equipment appropriately and safely.

All equipment should be logged on an inventory and maintained according to manufacturer's instructions. Any malfunctioning equipment must be taken out of use and repaired or replaced as necessary.

4.6. Consent

As with all other clinical interventions the patient's consent is required before a physiotherapy treatment can be undertaken. All physiotherapy staff must comply with the hospital's policy and guidance on consent.

4.7 Documentation

Physiotherapists must keep accurate patient records in accordance with Holy Cross standards for record keeping.

Physiotherapists will contribute to the preparation of multi-disciplinary reports.

Physiotherapists will work collaboratively with other clinical staff in the preparation and review of care plans.

4.8. Health and safety

Physiotherapists are required to keep abreast of and comply with relevant health and safety legislation.

5. Learning and development

Physiotherapy staff are responsible for keeping their knowledge and skills up to date and will receive support from the hospital to achieve this in the form of clinical supervision and sponsorship to attend external training courses. In return for this support it is expected that physiotherapist will share their learning, knowledge and skills with others through their practice and in house training sessions.

5.1 Clinical Supervision

Senior Physiotherapists supervise junior members of the team and physiotherapy assistants. External specialists are available to provide supervision as needed, for example by a Specialist Aquatic physiotherapist and a Respiratory specialist. Management supervision is provided by an external consultant.

6. Review

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found. The policy will be reviewed every 2 years to ensure that the system described continues to provide an effective framework for provision of physiotherapy services to inpatients.