

Improving Standards in Therapy Hub – A Work Improvement Team Scheme (WITS) Project

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SPD, Therapy Hub.

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Overview

- ❖ Introduction
- ❖ Aim of Project
- ❖ Methods
- ❖ Results
- ❖ Conclusion
- ❖ Project Impact
- ❖ Sustainability and Scalability

Introduction

- **Role of SPD Therapy Hub**
 - Provision of Rehabilitation Services
 - Clients in Social Services & Intermediate and Long Term Care Sectors
- **Trigger for Change**
 - Growing demand for therapy services
 - Increasing need to ensure service standards
- **Literature Review**
 - Audit & Feedback can improve professional practice (Jamtvedt et al., 2006)

Project Conceptualisation

- **By appraising therapists serving in Therapy hub programmes:**
 - a) Clinical Standards will improve
 - b) Therapy Services rendered will be standardised
 - c) Clinician Satisfaction will be improved

Aim

Internal Audit

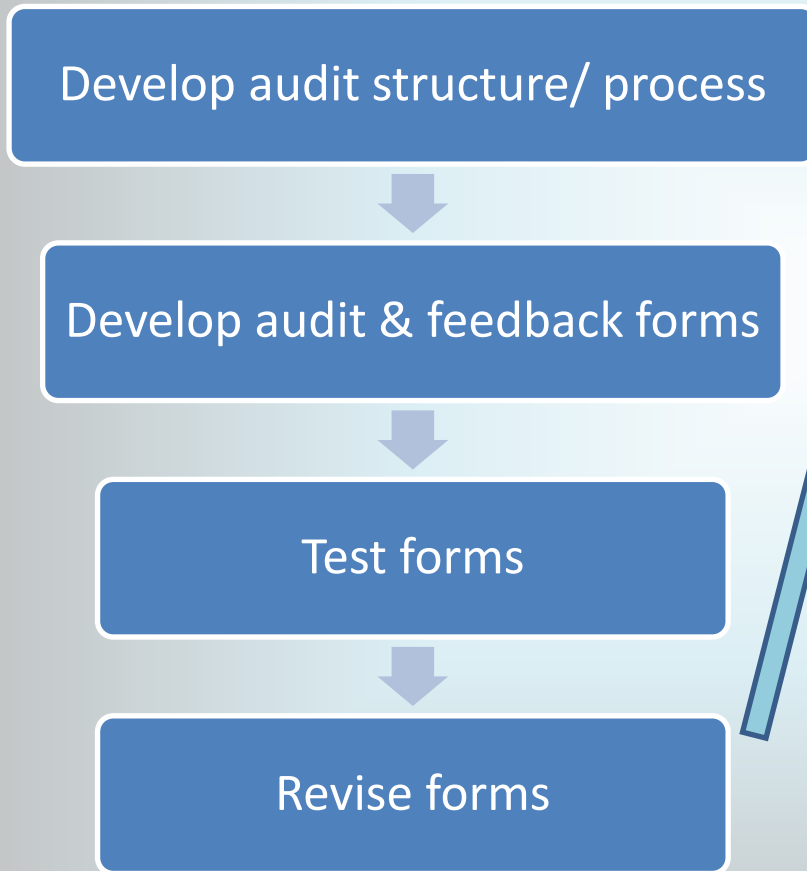
- To determine the inter-rater reliability of the discipline-specific audit forms

Clinician Satisfaction

- To determine clinician satisfaction with regards to the audit process

Methods

INITIAL PHASE

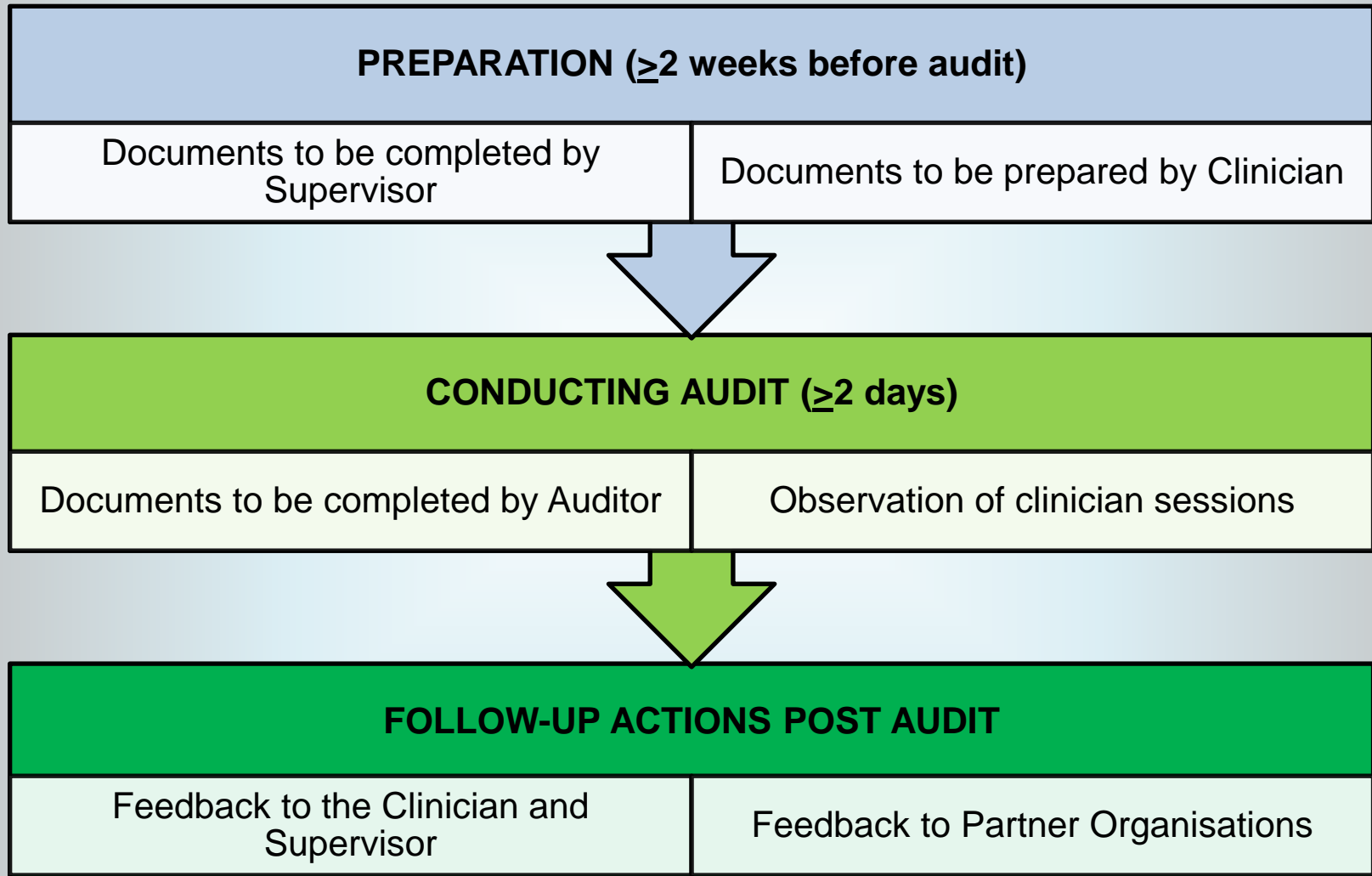


IMPLEMENTATION PHASE



Methods

<Internal Audit Workflow>



Methods

<Internal Audit Process>

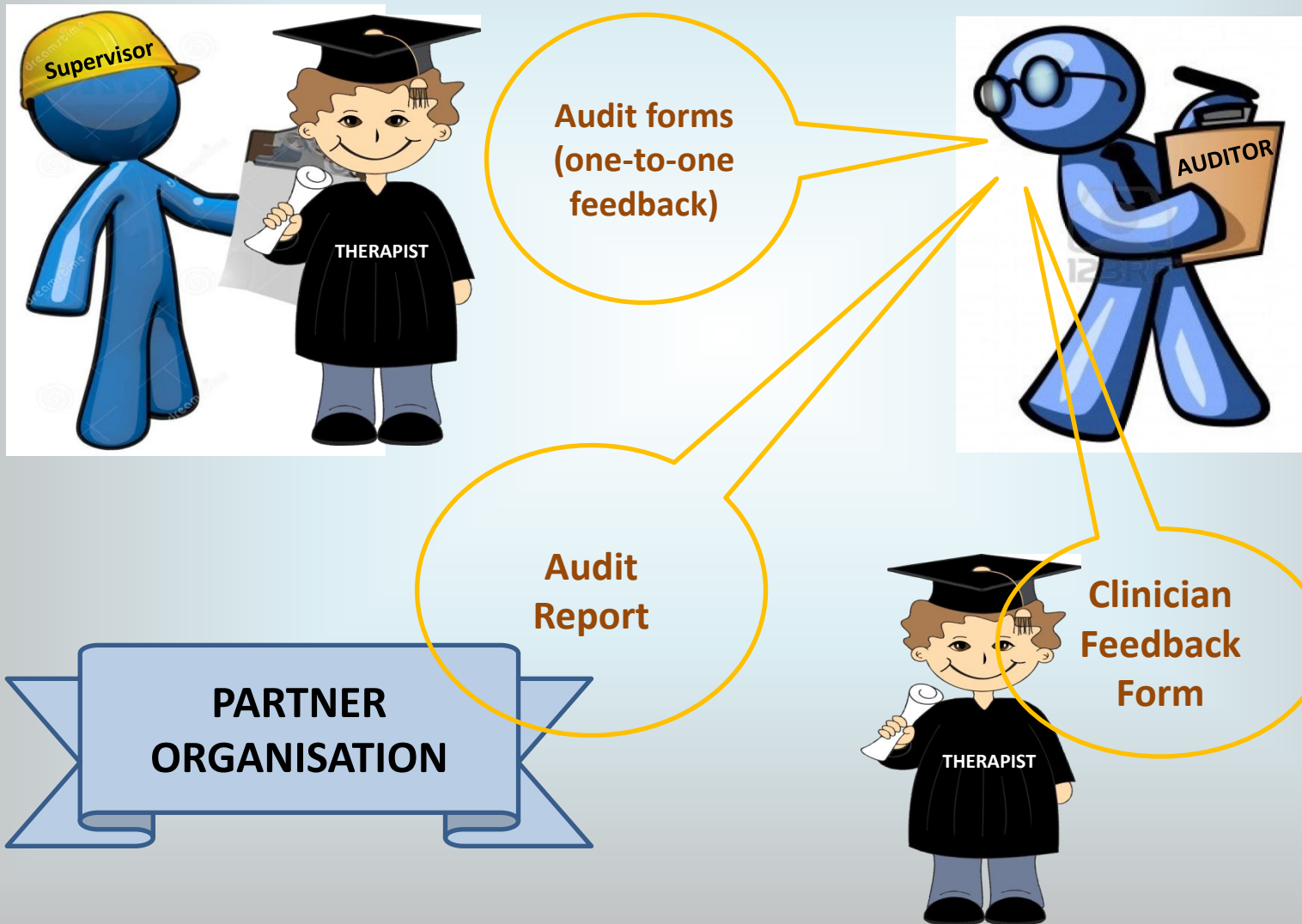


1. Core Competency Checklist
2. Supervisor Assessment Report

1. Programme Orientation Guide
2. Process Audit Checklist
3. Clinician's monthly report & timesheet
4. Core Competency Checklist
5. Supervisor Assessment Report

Methods

<Post Audit Follow-up>



Results

- **Forms developed for the audit included:**
 - 1) **Core Competency Form** (discipline specific)
 - 2) **Process Audit Form** (discipline specific)
 - 3) **Supervisor Assessment Report** (adopted from AHPC)
 - 4) **Clinician Feedback Form**

Discipline-specific Forms



SPD Therapy Hub Process Audit Checklist

Name _____ of _____ therapist _____ (supervisee):

Name _____ of _____ Programme/ _____ Organisation: _____

Orientation Guide

Is an Orientation Guide available for this organisation / programme?
Yes / No

- If yes, please complete the following questions
- If no, please state reason(s) for absence of Orientation Guide.

Reason(s): _____

No.	Item	Yes	No	N.A.	Remarks
1.	Overview Did the orientation guide cover the respective topics adequately: i. Organisation information ii. Clinical matters, documentation iii. Administrative matters				



Clinician's Core Competency Assessment (Physiotherapy – DRC) SPD Services Division – Therapy Hub

Name of Therapist (Supervisee) : _____

Supervisors: Please check the column that indicates the supervisee's competency level for each component:

1= Not competent 2= Developing 3= Competent NA/ NO = Not Applicable/ Not Observed

Physical Examination/ Assessment Techniques	1	2	3	NA/NO	Comments
1. Manual Muscle Testing					
2. Muscle Length/ Muscle Girth Testing					
3. Joint Range of Motion Testing					
4. Sensation Testing (light touch, pain, hot/cold)					
5. Proprioception Testing					
6. Muscle Tone Testing					
7. Coordination Testing					
8. Use of Sphygmomanometer (manual BP measurement)					
9. Auscultation Technique					
10. Sitting Balance Assessment					
11. Standing Balance Assessment					
12. Berg Balance Scale/ Fall Risk assessment					
13. Timed Up and Go/ Tinetti Performance Oriented Mobility Assessment					
14. 6 Minute Walk Test (with use of cardiovascular outcome measures)					
15. Modified Barthel Index (components: transfers, ambulation, stair climbing)					
16. Assessment of Pain					
Therapy Planning/ Analytical Skills					
1. Identify client's main problems and limitations					
2. Establish short term and long term goals (S.M.A.R.T.)					



Discipline-specific Forms



SUPERVISOR ASSESSMENT REPORT FOR REGISTERED PHYSIOTHERAPISTS

Name of Supervisee:		Registration No:	
Partner Organisation / Programme:			
Type of Registration:	<input type="checkbox"/> Full Registration <input type="checkbox"/> Restricted Registration		

1. PHYSIOTHERAPY KNOWLEDGE						
Physiotherapy knowledge refers to the ability to demonstrate theoretical knowledge in various disciplines of physiotherapy, e.g. cardiopulmonary, musculoskeletal and neurological science, which is necessary for effective practice.						
Developing		Competent		Exceeding		Not Observed
Demonstrates obvious gaps in knowledge of physiotherapy science. Shows minimal interest or effort in bridging gaps in knowledge identified in a timely manner.		Demonstrates adequate knowledge of physiotherapy science. Demonstrates effort to update and apply knowledge with current research evidence where appropriate.		Demonstrates good knowledge of physiotherapy science. Constantly updates knowledge and applies current research evidence to practice.		
1	2	3	4	5	6	N/O
State reason(s) for the selection:						
<u>Supervisor</u>				<u>Auditor</u>		
				Score: _____		



Results

Internal Audit Forms

- Inter-rater reliability
 - Core Competency Form: 89% agreement
 - Process Audit Form: 90% agreement

Clinician Feedback Form



THERAPY HUB INTERNAL AUDITS – CLINICIAN FEEDBACK FORM

Therapy Hub Project Audited/ Discipline: _____

Your feedback will assist us in the evaluation of the current Therapy Hub internal audit process. Thank you for taking time to complete this form.

S/N	Audit Feedback Statements	1	2	3	4	Comments
1	I was provided with sufficient information to prepare for the audit					
2	I was allowed sufficient time to prepare for the audit					
3	The time allocated for the audit was adequate					
4	Preparing for the audit spurred me to be more proactive in learning					
5	The audit enhanced communication between my supervisor and me					
6	The audit helped highlight areas for improvement in my practice					
7	The audit affirmed good work/ processes that were currently in place					
8	The audit served as a means of clinical supervision for me					
9	I was encouraged to strive towards evidence-based practice					
10	Feedback was provided in a timely manner					
11	Feedback provided was easy to comprehend and meaningful					
12	The post audit follow-up was adequate					
13	The audit helped address my needs as a clinician					
14	The audit has helped to improve/ maintain the quality of clinical practice in my rehabilitation setting					
15	Internal audits should be conducted routinely					

*Please tick (✓) in the box that best represents your personal opinion. See scoring below for more details.

Scoring for Feedback	
1	Strongly Disagree
2	Disagree
3	Agree
4	Strongly Agree

Other Comments:



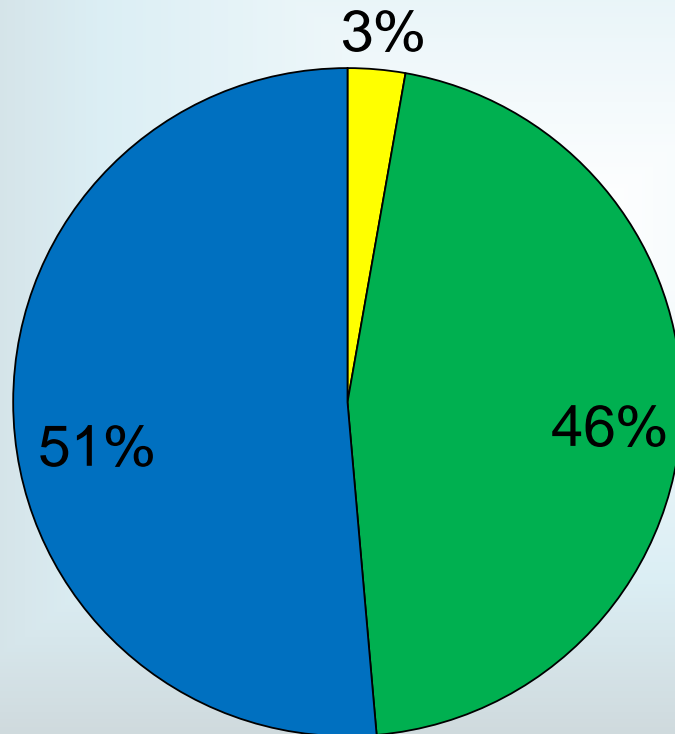
Results

Clinician Satisfaction

- 17 Therapy Hub Projects Audited
 - 19 Clinicians involved
 - 18 feedback forms completed
- 4 main categories for components in feedback forms
 - a. Adequacy of pre-audit preparation
 - b. Upholding standards in clinical practice
 - c. Enhancement of professional development
 - d. Adequacy of post audit evaluation/ follow-up

Results

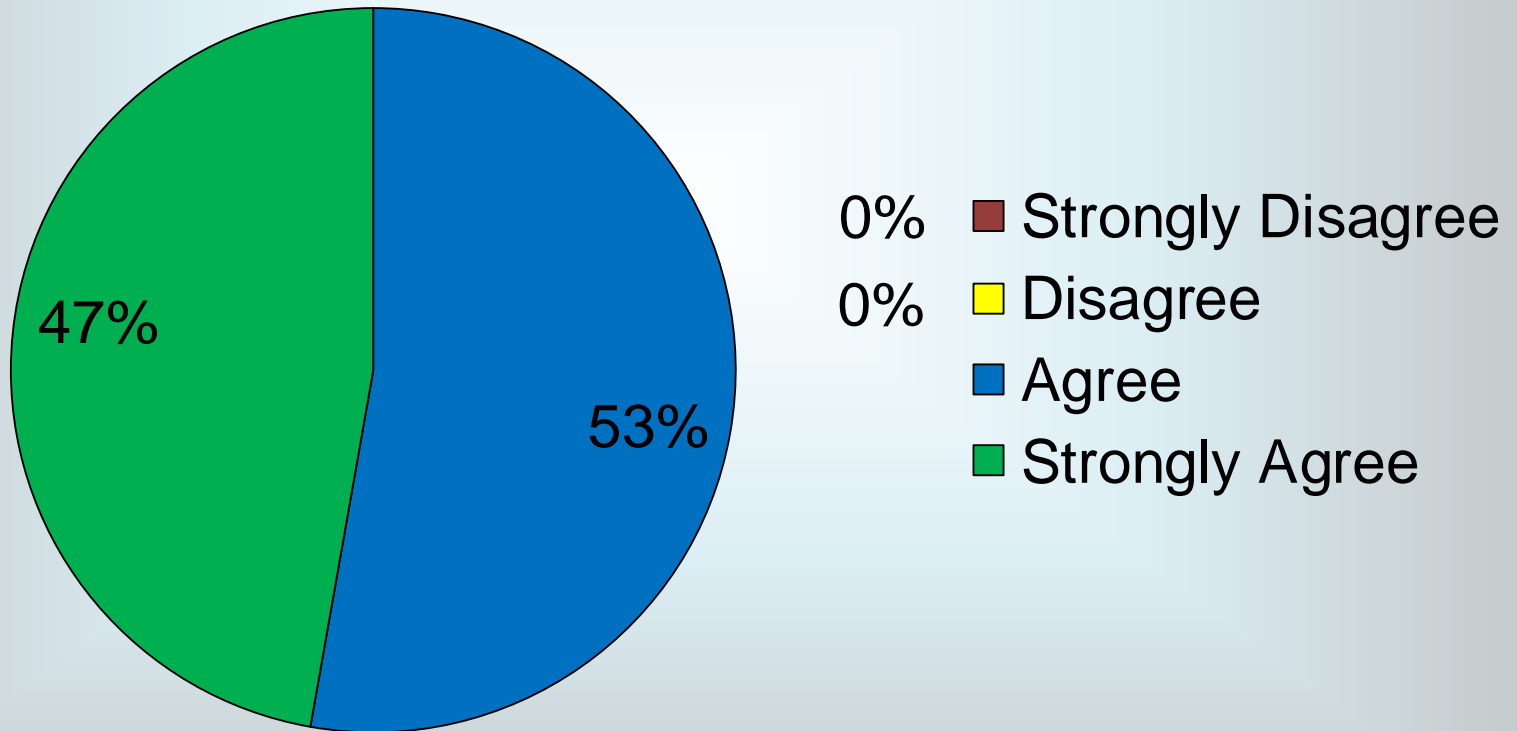
Pre-audit Preparation



- 0% Strongly Disagree
- Disagree
- Agree
- Strongly agree

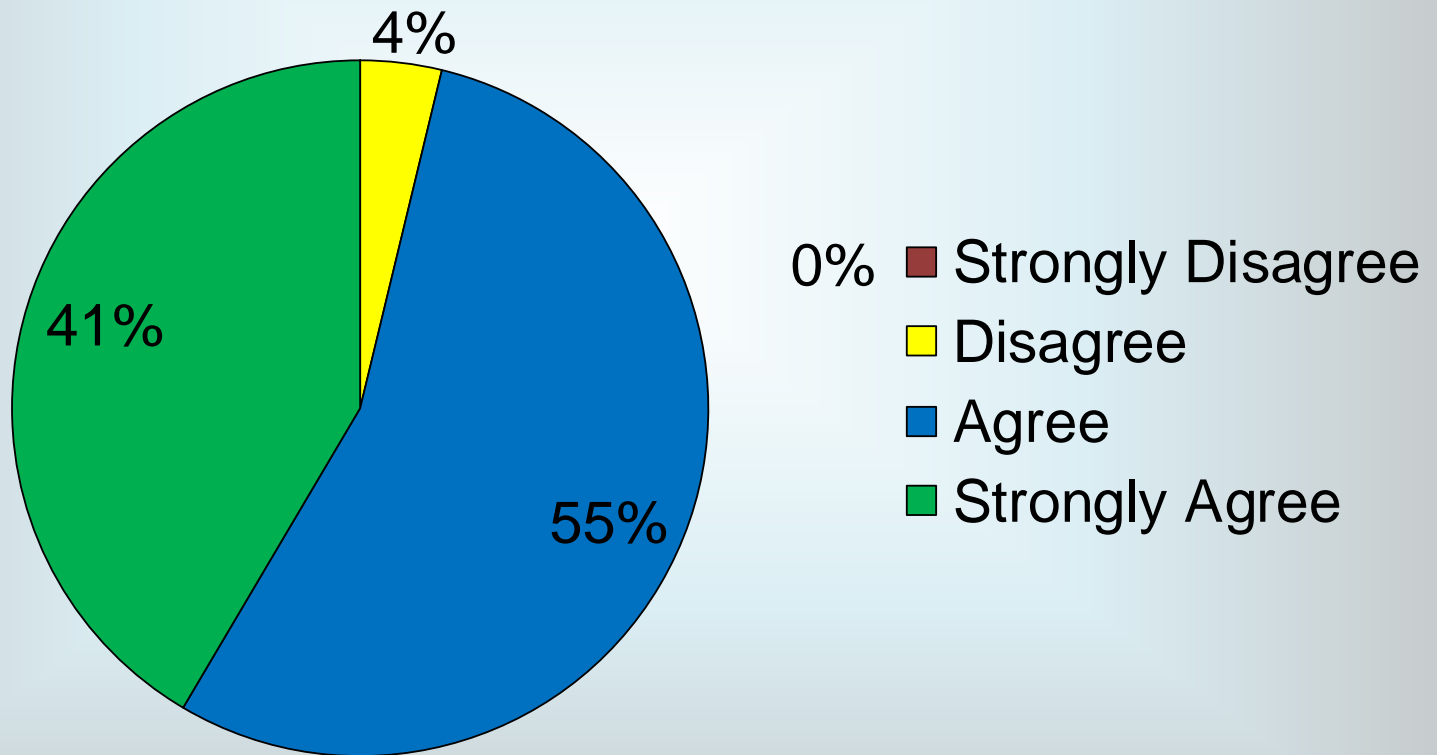
Results

Upholding Standards in Clinical Practice



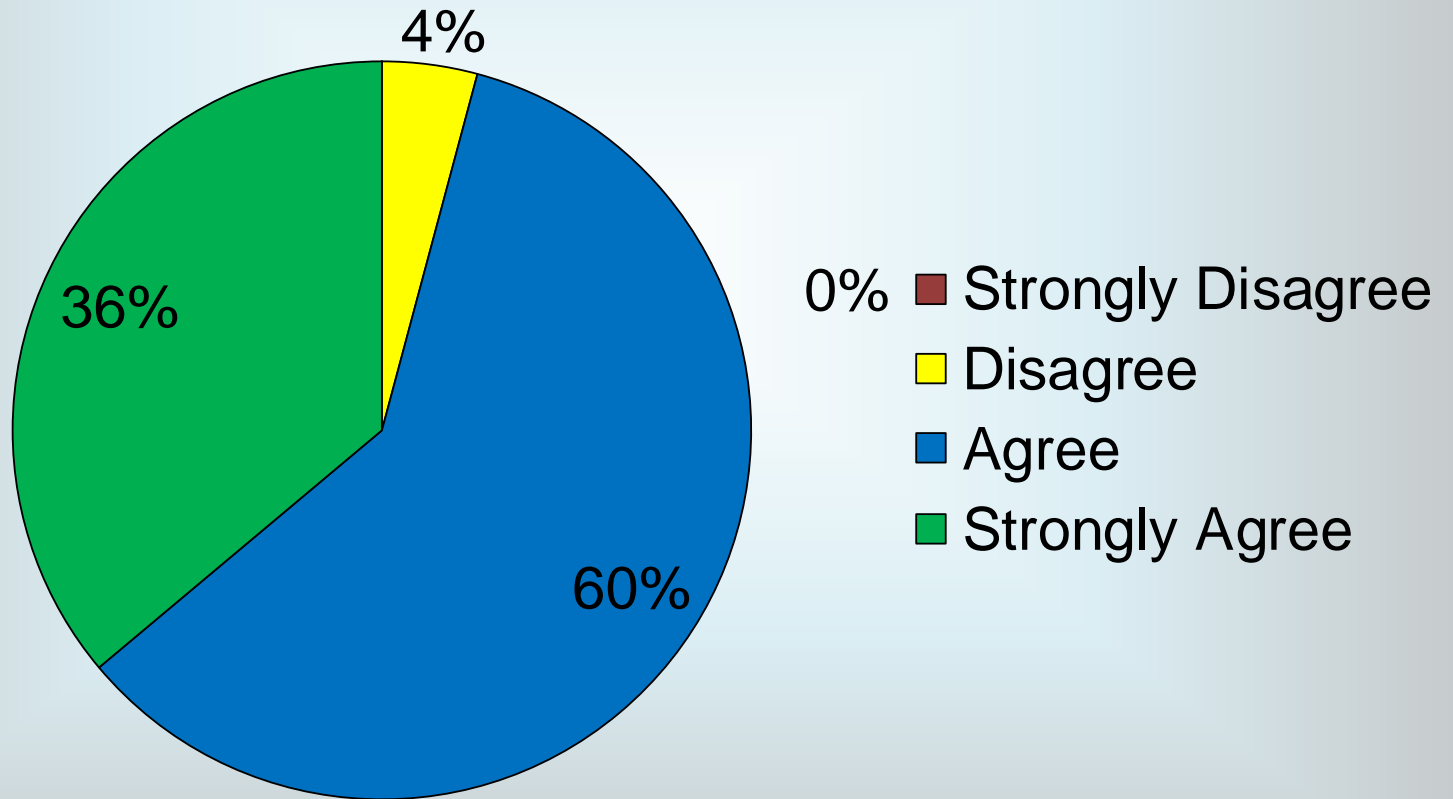
Results

Enhanced Professional Development



Results

Post Audit Evaluation



“it was helpful to have someone apart from my supervisor provide feedback”

“dependent on whether (partner) organisation is willing to work together”

– quotes from clinicians



Discussion/ Conclusion

- Audit forms developed
 - Reliable
- Audit is valued as a means to improve standards
- Limitations
 - Audit contributes to better standards in clinical practice remains to be ascertained
- Future research
 - To determine if audit improves standards in clinical practice

Project Impact

Benefits of structured audit process

- Identifies clinician's needs
- Allows supervisors to adequately & specifically address the stated needs
- Facilitates standardisation of work processes amongst organisations of similar clinical settings

Sustainability/ Scalability

Sustainability:

- availability of discipline-specific auditors with clinical experience
- structured training of auditors
- availability of clinical resources/ forms

Scalability:

- encourage young clinicians to pursue continual professional development within the organisation and be groomed into clinical supervisors themselves

References

1. Jamtvedt G, Young JM, Kristoffersen DT, O'Brien MA, Oxman AD. *Audit and feedback: effects on professional practice and health care outcomes*. *Cochrane Database of Systematic Reviews 2006, Issue 2*. Art. No.: CD000259. DOI: 10.1002/14651858.CD000259.pub2.
2. *SF3 - Supervisor Assessment Report*. Ministry of Health Singapore, Allied Health Professions Council. Downloaded from http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms_downloads.html

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Thank You.

