





PHYSIOTHERAPY UNIT KANOWIT HOSPITAL

PHYSIOTHERAPY UNIT OPERATIONAL POLICIES

Prepared by:	Stella Lis Anak Joeffelwind Jurupulih Perubatan Fisioterapi U29 Kanowit Hospital Date:07.11.2023	 STELLA LIS ANAK JOEFFELWIND Jurupulih Perub. Fisioterapi U29 Hospital Kanowit (Signature)
Approved by:	Dr Bernadette Syonnia Bt. Jaru Sawat Hospital Director Kanowit Hospital Date:07.11.2023	 DR. BERNADETTE SYONNIA BT. JARU SAWAT PENYARAH HOSPITAL, HOSPITAL KANOWIT, MMC NO.61590 (Signature)
Date Due For Revision:	07.11.2026	

PHYSIOTHERAPY UNIT OPERATIONAL POLICIES HOSPITAL KANOWIT

1.0 MISSION, VISION, OBJECTIVES, SCOPE OF SERVICE

1.1 MISSION

To provide physiotherapy service based on the values of caring services, team work and professionalism and ensuring the delivery of quality services by qualified physiotherapists to fulfill clients' needs in attaining optimal functional independence.

1.2 VISION

To serve the best physiotherapy services for patient's functional independence.

1.3 OBJECTIVES

1.3.1 General Objectives:

- I. To provide optimal patient care based on the analysis of movement and the use of physical approaches for the promotion of health, and the prevention, treatment and management of the sequential of diseases.
- II. To help the patients to achieve optimal functional recovery and independence in order to regain optimal living condition as well as re-integration into the society

1.3.2 Specific Objectives:

- i. To provide condition-specific rehabilitation for the patients in order to assist them to achieve maximal functional recovery
- ii. To help the patients to achieve physical independence despite their residual disabilities.
- iii. To provide guidance to the patients on the means to cope with their physical disabilities

- iv. To prevent and to alleviate physical manifestation of somatic and psychological diseases
- v. To co-ordinate the patients' care plans with other multidisciplinary team members for optimal therapeutic benefit.

1.4 SCOPE OF SERVICES

The provision of the following types of physiotherapy treatments to:

- i. In-patients
- ii. Out-patients (Inclusive but not exclusive to Rehabilitation in: Stroke, spinal, cardiac rehabilitation, musculoskeletal injury, women's and men's health management of incontinence, lymphedema)
- iii. Networking with MCH Kanowit for Clinic based rehabilitation for children with special needs (assessment for custom-made wheelchair/equipment)

1.4.1 Service Provider

- I. The physiotherapy service shall be provided by qualified physiotherapists.
- II. The physiotherapists shall maintain and improve their knowledge and skills through continuing medical education and professional development.
- III. The attendant(S) in the Physiotherapy Department shall be trained to assist the physiotherapists in their work. They shall be trained based on the module for physiotherapy attendants.

1.4.2 Modalities:

i. Electrotherapy

1. TENS

ii. Light Therapy

1. Infra-Red Therapy

iii. Exercise Therapy

1. Passive, assisted active and active exercises
2. Group Exercises
3. Mechanical
4. Ambulation / gait training
5. Sensory Re-education
6. Pelvic Floor exercises
7. Relaxation Techniques
8. 6.2.3.9 Functional activities

iv. Cryotherapy

1. Ice therapy

v. Support

1. Taping
2. Bandaging

vi. Special Techniques

1. Joint Mobilisation / Manipulation
2. McKenzie Techniques
 - i. Proprioceptive Neuromuscular Facilitation
 - ii. Soft Tissue Manipulation
 - iii. Myofascial Release
 - iv. Neuromuscular Developmental Techniques

- v. Motor Relearning Program
- vi. Optimising Motor Performance
- vii. Bobath Techniques

vii. Chest Physiotherapy

- 1. Breathing Exercises
- 2. Gravity Assisted Drainage
- 3. Manual techniques :Percussion / Vibration / Shaking
- 4. Bronchial Catheter Suction
- 5. Inspiratory Muscle Training
- 6. Active Cycle Breathing Technique (ACBT)

viii. Special Tests / Diagnostic Procedure

- 1. Voluntary Muscle Charting
- 2. Sensory tests: thermal / pinprick

ix. Education

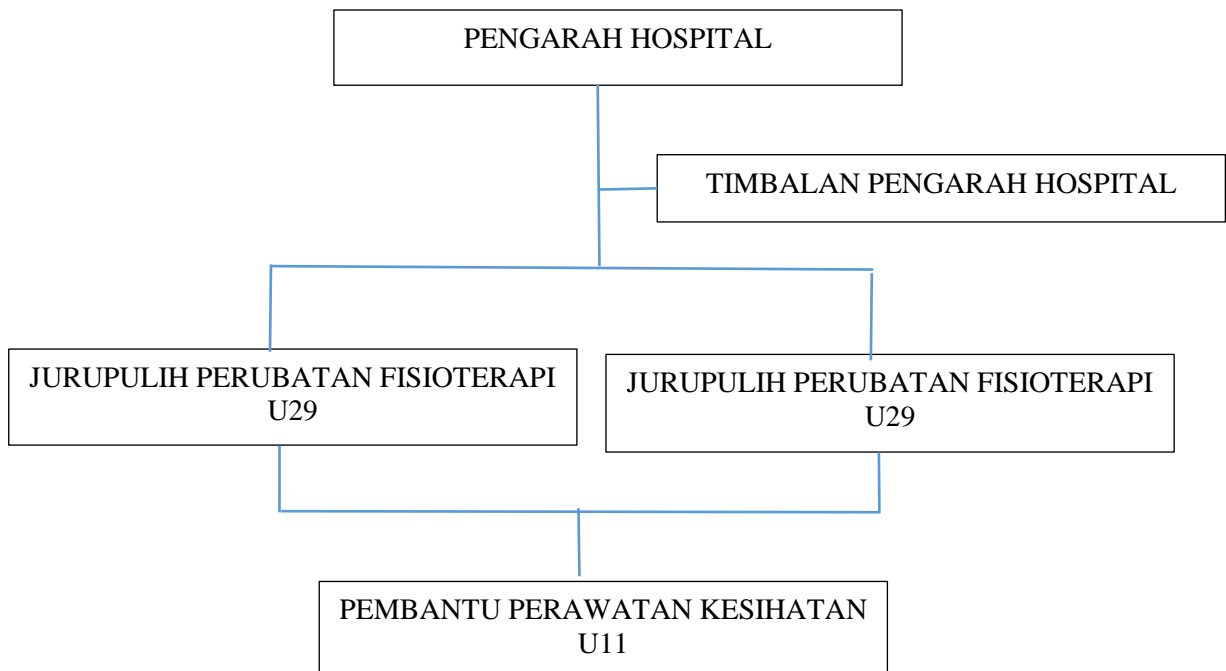
- i. Patient / carer education
- ii. Counseling

2.0 ORGANIZATION AND LOCATION

2.1 ORGANIZATION

2.1 A senior physiotherapist shall head the department. The head shall be responsible for the overall management of the Physiotherapy Department. He/she shall be assisted by the other senior physiotherapists in the day-to-day operation of the department as well as clinical supervision of the junior physiotherapists.

2.2 The organization chart is shown below:



2.2 LOCATION

The Physiotherapy Unit is located behind Female Ward, next to the Hospital's Kitchen and Dietary Services.

2.3 OPERATING HOURS

2.3.1 Physiotherapy services shall be provided during the office hours only.

Day	AM	PM
Monday-Thursday	8.00 a.m. - 1.00 p.m.	2.00 p.m - 5.00 p.m.
Friday	8.00 a.m. - 11.45 a.m.	2.15 p.m - 5.00 p.m.

2.3.2 The out-patient department shall be closed on Saturdays, Sundays and Public

Holidays.

HOSPITAL KANOWIT
PHYSIOTHERAPY UNIT OPERATIONAL POLICIES

A. REQUISITION FOR A PHYSIOTHERAPY SERVICE

1. All referrals shall be made in the prescribed physiotherapy requisition form.
2. All referrals shall be made by the doctors only.
3. The name of the referring doctor shall be clearly indicated on the referral form to facilitate case discussion and feedback. It should be dated, chopped and signed.
4. The physiotherapist shall decide the most appropriate treatment modality and its treatment frequency for a patient. The decision may be communicated to the referring doctor, whenever necessary.
5. Incomplete forms shall be rejected and be returned to the doctor/ward.

B. OPERATIONAL POLICIES

1. COUNTER SERVICE

1.1 RECEPTION

1.1.1 All patients shall be attended to within 30 minutes of their arrival.

1.1.2 All patients shall be treated with appropriate courtesy, warmth and friendliness.

1.2 REGISTRATION

1.2.1 Master register shall be maintained for all patients:

- ✧ In-patient service
- ✧ Out-patient service

1.2.2 All new patients shall be registered in the master register during their first treatment session.

1.2.3 The following details shall be recorded:

- ✧ Name
- ✧ Sex
- ✧ Age
- ✧ Race
- ✧ Registration number (identity card number)
- ✧ Diagnosis
- ✧ Date referred for physiotherapy
- ✧ Date discharged from physiotherapy
- ✧ Discipline / Ward

- ✧ Address
- ✧ Telephone contact

1.2.4 All the workloads (patients' name and treatments provided) shall be recorded in the daily register and in the *Sistem Maklumat Rawatan Pesakit (SMRP)*.

2. PHYSIOTHERAPY OUTPATIENT CARDS (OPD CARD)

2.1 All physiotherapy OPD cards shall be kept in the Physiotherapy Department.

2.2 All physiotherapy OPD cards shall be filed on daily basis.

2.3 The active cards (i.e. the patients who are currently on physiotherapy) shall be filed in alphabetical order at the counter under the following areas : ***SPINE, UPPER LIMB, LOWER LIMB, NEUROLOGY AND GENERIC.***

2.4 The inactive cards (i.e. the patients who have been discharged) shall be filed in the filing cabinet.

2.5 All the inactive cards shall be arranged according to the last four (4) digit of the registration number.

2.6 The physiotherapy OPD cards shall be destroyed seven years after the last treatment session

C. IN – PATIENT SERVICE

In – patient service receives referrals form from the ward doctors/specialists.

1. All referrals shall be made on the prescribed physiotherapy forms.
2. The ward staffs shall send the form to the Physiotherapy Department for registration.
3. In general, all forms of physiotherapy shall be carried once a day. However, the treatment frequency may be adjusted according to the patient's condition or on the doctor's request.
4. The physiotherapist shall make documentation in the patient's BHT whenever they review a patient.
5. The documentation shall be made according to POMR (Problem Oriented Medical Record) system.
6. All BHT entry shall be documented clearly with legible hand writing. Only well accepted and standard abbreviations/symbols are allowed.

D. INTER – WARD TRANSFER

1. After a patient is transferred to a new ward, the doctor shall decide whether the patient would require further therapy.
2. If deemed necessary, the doctor shall make a new referral to continue such therapy.

E. OUT – PATIENT FOLLOW-UP TREATMENT AFTER A HOSPITAL DISCHARGE

1. The ward doctors are required to make new referrals for those patients who need to continue their physiotherapy as an out-patient.
2. All appointments for the out-patient shall be made prior to the hospital discharge.

F. PORTERING OF PATIENTS

1. The physiotherapy attendant (PPK) shall be responsible for moving the patients between the unit and the wards.
2. Whenever the attendant is not on duty, the ward staff of physiotherapy shall be responsible for all patients movement between the unit and the wards.

G. OUT – PATIENT SERVICE

1. The out-patient service receives referrals from:
 - I. The wards
 - II. The Specialist Clinics
 - III. The Polyclinic
 - IV. The Government Hospitals
 - V. The Private Practitioners
 - VI. The Private Hospitals
2. All referrals from the hospital, Lanang Polyclinic and Oya Polyclinic shall be made on the prescribed physiotherapy form.
3. The private practitioner/hospitals shall refer their patients in writing (referral letter).
4. A progress report on physiotherapy treatment shall be given to the referring doctor on request.

5. All the treatments provided shall be documented in the physiotherapy OPD card using the Problem Oriented Medical Record System (POMR).
6. All entries into the Physiotherapy OPD card shall be dated and signed together with the name of the attending Physiotherapist.
7. Treatment shall be carried out on an appointment basis.
8. A patient who has missed his/her appointment dates for two consecutive occasions shall be considered as “absconded patient”. No further appointment shall be given.
9. A patient who developed acute problem during treatment shall be sent to Accident and Emergency Department (A&E) for further management.

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1. All referrals shall be made in the prescribed physiotherapy requisition form.
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L. OUT – PATIENT SERVICE

1. The out-patient service receives referrals from:
 - VII. The wards
 - VIII. The Specialist Clinics
 - IX. The Polyclinic
 - X. The Government Hospitals
 - XI. The Private Practitioners
 - XII. The Private Hospitals
2. All referrals from the hospital and Klinik Kesihatan shall be made on the prescribed physiotherapy form.
3. The private practitioner/hospitals shall refer their patients in writing (referral letter).
4. A progress report on physiotherapy treatment shall be given to the referring doctor on request.
5. All the treatments provided shall be documented in the physiotherapy OPD card using the Problem Oriented Medical Record System (POMR).
6. All entries into the Physiotherapy OPD card shall be dated and signed together with the name of the attending Physiotherapist.
7. Treatment shall be carried out on an appointment basis.
8. A patient who has missed his/her appointment dates for two consecutive occasions shall be considered as “absconded patient”. No further appointment shall be given.
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M. PATIENTS' SAFETY

1. Patient's safety shall be ensured throughout their treatment sessions.
2. Risk of fall assessment for the following out- patients on the first visit and when there is a change in the patient's condition:
 - a) All patients over 60 years of age
 - b) All patients with neurological conditions
3. Thermal sensation tests shall be carried out prior to thermal therapy for all new patients identified for heat treatment. The area tested and the result of the test carried out shall be documented in the patient's case note.
4. Skin sensation tests, such as pinprick test, (where appropriate) shall be carried out prior to electrical stimulation.
5. All contraindications shall be ruled out before initiation of a treatment.
6. The patients shall be given a safety terminal (where available) to stop the on-going treatment whenever they have concerns or develop acute problem.
7. Clear explanations and instructions regarding the treatments and the expected sensations shall be given to the patients prior to the treatment.
8. All patients shall be orientated :
 - a) Universal precaution :
 - b) Practice Hand hygiene.
 - c) Cough ethics
 - d) Fire safety and evacuation

N. TREATMENT CHARGES

1. All patients shall be charged according to the AKTA FEE 1951 – PERINTAH FEE (PERUBATAN) 1982 and any relevant circulars regarding payment that are issued from time to time
2. The out-patients shall make the payment at the Out-patient Payment Counter prior to the treatment.
3. The receipt number for each out-patient payment shall be recorded in the Physiotherapy registration book.
4. The daily charges for the in-patients treatment shall be recorded in the ward charges sheet.

O. EQUIPMENTS

1. All equipment in the department shall be maintained in good working conditions by the concession holder.
2. Maintenance and safety test shall be carried out by the concession holder according to schedule.
3. Downtime for all machines (owing to malfunction) shall not exceed two weeks.
4. All specialized equipments shall only be operated by the physiotherapists or physiotherapy staffs who have undergone the relevant user-training.

P. INVENTORY

1. An updated inventory of all equipment and assets shall be maintained.
2. Inventory checking shall be carried out on a yearly basis and when necessary.
3. Equipment loss shall be reported to the Hospital Director through the Head of the Unit.
4. All assets shall be tagged with an inventory number.
5. All assets classified as “beyond economic repair” shall be recommended for disposal.

Q. ADDITIONAL POLICY : PATIENT AND FAMILY RIGHTS.

1. Patient and family Rights

Patient have the right :

1.1 Respect And Dignity

- ✓ To be treated without discrimination on the basis of nationality, religion, age, gender, race, creed, politics, social status, sexual orientation, or health status or disability.

1.2 Safety

- ✓ To be treated in environment where priority is given to reasonable safety and comfort. A patient and, when appropriate, their families will be informed about outcomes of care, including unanticipated outcomes. A warning sign will be displayed asking patient who are pregnant, have a pacemaker or artificial implants of any nature, have HIV or Hepatitis or any ongoing illness or health problems.

1.3 Identity

- ✓ To know the name and qualifications of the person giving treatment and to have a family member/carer present during consultation in aiding/supporting the patient. Any patient below 18 years of age shall have their presence of their guardian during consultation and treatment sessions.

1.4 Patient's Need

- ✓ Where the patient's needs are beyond the scope of the physiotherapist expertise, the patient shall be informed and assisted in identifying a qualified person to provide the necessary service and/or the physiotherapist will seek the advise of a senior colleague to assist with the patient's management.

1.5 Communication

- ✓ To have access to have interpreting services where necessary and practical so as enable the patient to communicate effectively during rehabilitation.

1.6 Confidentiality And Access To Records

- ✓ To confidentially of all information provided by the patient and only and only divulges their information with their permission, except when the law otherwise requires. All patient records will be securely stored to prevent unauthorized access to patient information.

1.7 Privacy

- ✓ To appropriate level of personal privacy during treatment sessions.

1.8 Information

- ✓ To be provided with sufficient information, including significant benefits, risks and side effect of proposed treatments, in a manner that they can understand, to enable them to make an informed decision, before the start of any examination/treatment/procedure. This consent will be documented together with the reason if they are known. Also continuing healthcare needs following discharge from the hospital.

1.9 Consent And Decision Making

- ✓ To discuss treatment during its course and to withdraw from or refuse treatment at any stage, without prejudicing their future care. This consent will be documented in patient's record.

1.10 – Hospital Rules / Regulations

- ✓ The patient has the right to know the rules and regulations of the hospital.

1.11 Refusal Of Care

- ✓ The patient has the right to refuse treatment to the extent of the law.

1.12 Charges

- ✓ The patient has the right to examine and receive an explanation of the hospital bill.

1.13 Transfer And Continuity Of Care

- ✓ A patient may not be transferred to another healthcare facilities unless he/she has received a complete explanation as to the need for transfer alternatives and risks.

1.14 – Protective Services

- ✓ The patient has the right to access services that protect and/or investigate child and elderly abuse and neglect, and access governmental agencies that license or accredit the hospital.

1.15 Restraints

- ✓ The patient has the right to be free from use of restraints. Restraints are only used in accordance with a patient's plan of care and may be used only as last resort and in the least restrictive manner possible, to protect the patient and others from harm.

1.16 Resolution Of Complaints

- ✓ The patient has a right to register complaints with the Patient Advocate. A resolution process is in place to properly address the complaints..

2. Patient / Family Responsibility

2.1 – Providing information

Patients are responsible for providing to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health. Patients and families are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition.

2.2 – Asking questions

Patients and families are responsible for asking questions when they do not when they do not understand what they have been told about their care or what they are expected to do.

2.3 - Following instructions

Patients and families are responsible for following the care, services or treatment plan developed. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. Every effort is made to adapt the plan to the patient's specific needs and limitations. When such adaptations to the treatment plan are not recommended, the patient and family are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.

2.4 - Refusal treatment

Patients are accountable for his/ her action if treatment is refused

2.5 - Accepting consequences

Patients and families are responsible for the outcomes if they do not follow the care, services or treatment plan.

2.6 - Following Rules and Regulations

Patients and families are responsible for following the hospital's rules and regulations concerning patient care and conduct.

2.7 – Showing respect and considerations.

Patients and families are responsible for being considerate of the hospital's personal and property as well as complying with hospital rules and regulations all the times

2.8 – Meeting financial commitments.

Patients and families are responsible for promptly meeting any financial obligation agreed to with the hospital.

2.9 –Valuables

The hospital is not responsible for valuable, which the patient bring to the hospital.

2.10 – Visitors

Visitors are accountable for complying with hospital rules and regulations and being considerate of the patients's condition. There are specific visitation policies for different areas within the hospital.

3.0 The Physiotherapist Prerogative

3.1 – The physiotherapist reserves the right to cease intervention if the physiotherapy clinical practice does not achieve identifiable goal within a time frame appropriate to the condition or injury, or does not enable the patient to maintain health or lifestyle.

3.2 – The physiotherapist ceases intervention when the physiotherapy clinical practice has achieved and sustained agreed defined functional goals

R. PERFORMANCE INDICATORS (PI)

The following performance indicators will be monitored:

- **Key Performance Indicator (KPI) (National level)**

KPI 1 : Timely response (within 10 days) by physiotherapist to outpatient referrals
Standard : Not less than 80%

- **NIA (National level)**

NIA: Incidence of burns sustained during delivery of electrotherapy modalities or thermal agents
Standard : NO CASE of burns (sentinel event)

- **KPI (State level)**

KPI : Problem Oriented Medical Record (POMR) forms must be completely filled during initial documentation of in - patient.
Standard : 80%

- **KPI (TPKN)**

KPI : Peratusan Pesakit Musculoskeletal yang Mencapai Pengurangan Tahap Kesakitan Selepas 3 Kali Rawatan Fisioterapi Berpandukan Skala Visual Analog Scale (VAS) / Numerical Analogue Scale (NAS)
Standard : 80 %

- **KPI (MSQH)**

PI : Timely response (within 24 hours) by physiotherapist to inpatient referrals.
Standard : 90 %

PI : Peratusan Pesakit Musculoskeletal yang Mencapai Pengurangan Tahap Kesakitan Selepas 3 Kali Rawatan Fisioterapi Berpandukan Skala Visual Analog Scale (VAS) / Numerical Analogue Scale (NAS)
Standard : 80 %

PI: Incidence of burns sustained during delivery of electrotherapeutic modalities or thermal agents
Standard : NO CASE of burns (sentinel event)

S. WHOLE HOSPITAL POLICIES

1. Relevant aspects of the Whole Hospital Policies shall be adhered to.

Prepared by:

.....
(Stella Lis Anak Joeffelwind)
Head of Physiotherapy Unit
Hospital Kanowit
Date:

Policies For Physical Therapy

- i. All referrals shall be made in the prescribed physiotherapy requisition form.
- ii. All referrals shall be made by the doctors only
- iii. Fracture cases involving upper extremities and lower extremities, soft tissue injury, general pain of joints, neurology cases and paediatric cases are categorized under physical therapy or gymnasium.
- iv. Cases from ward that required physical therapy shall be noted in the requisition form.
- v. The physiotherapist shall decide the most appropriate treatment modality and its treatment frequency for a patient. The decision may be communicated to the referring doctor, whenever necessary.
- vi. The physiotherapist shall decide the frequency of the treatment based on the condition and progression.
- vii. The treatment are include :
 - 1) Electrotherapy**
 - Tens
 - 2) Light therapy**
 - Infra red therapy
 - 3) Exercise Therapy**
 - Passive, assisted active and active exercises
 - Group exercises
 - Mechanical
 - Ambulation / gait training
 - Sensory Re-education
 - Pelvic Floor exercises
 - Relaxation technique
 - Functional activities
 - 4) Ice Therapy**
 - Cryotherapy
 - 5) Support**
 - Tapping
 - Bandaging
 - 6) Special Techniques**
 - Joint Mobilisation
 - Mc Kenzie Technique
 - Proprioceptive Neuromuscular Facilitation
 - Soft Tissue Manipulation
 - Myofascial Release Program
 - Optimising Motor Performance
 - Bobath Techniques

7) Chest Physiotherapy

- Breathing Exercises
- Gravity Assisted Drainage
- Manual Techniques : Percussion / Vibration / Shaking
- Bronchial Catheter Suction
- Inspiratory Muscle Training
- Active Cycle Breathing Technique

8) Special Test / Diagnostic Procedure

- Voluntary Muscle Training
- Sensory Test : Thermal / pinprick

9) Education

- Patient / Carer Education
- Counseling

Policies For Electrotherapy

- i. All referrals shall be made in the prescribed physiotherapy requisition form.
- ii. All referrals shall be made by the doctors only
- iii. All cases involved spine problem, general back pain & bell's palsy shall be categorized under the electrotherapy.
- iv. The physiotherapist shall decide the most appropriate treatment modality and its treatment frequency for a patient. The decision may be communicated to the referring doctor, whenever necessary.
- v. The physiotherapist shall decide the frequency of the treatment based on the condition and progression.
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- Voluntary Muscle Training
- Sensory Test : Thermal / pinprick

9) Education

- Patient / Carer Education
- Counseling

Policies For Chest Physiotherapy

- i. All referrals shall be made in the prescribed physiotherapy requisition form.
- ii. All referrals shall be made by the doctors in-charged the ward for in-patient or Out-Patient Department / Specialist Clinic for out-patient.
- iii. The cases are including pulmonary problem, cardiac problem, neurology and orthopedic cases that required chest physiotherapy or other condition that need chest physiotherapy.
- iv. The physiotherapist shall decide the most appropriate treatment modality and is treatment frequency for a patient. The decision may be communicated to the referring doctor, whenever necessary.
- v. The physiotherapist shall decide the frequency of the treatment based on the condition and progression.
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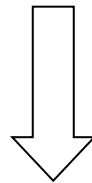
PHYSIOTHERAPY UNIT EMERGENCY POLICY

A. CODE BLUE: PHYSIOTHERAPY UNIT

- A cardiopulmonary arrest (patient collapse) happening to a patient in Outpatient Physiotherapy Unit requiring a team of providers (Code Team) to rush to Physiotherapy Department and begin immediate resuscitative effort.

Physiotherapy Unit:

Staff calls Operator at **EXT 0** and mention 'CODE BLUE' (helps to inform other unit or nearby unit for help)



A&E Department:

Staff will go to Physiotherapy Unit stat to help resuscitate patient.

B: CODE BLUE: A&E DEPARTMENT

- A cardiopulmonary arrest (patient collapse) happening to a patient in Outpatient Physiotherapy Unit requiring a team of providers (Code Team) to rush to Physiotherapy Department and begin immediate resuscitative effort.

A&E DEPARTMENT

Upon receiving 'CODE BLUE' A&E staff to inform Doctor-On-Call stat.



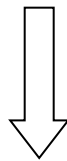
A&E DEPARTMENT DESPATCH:

1. Office Hours:

- 1 MO, 1 AMO, / SN, 1 JM

2. After Office Hours :

- 1MO, 1 AMO





Resuscitate collapsed patient.

Physiotherapy Unit:

ANY EMERGENCY / COLLAPSE

- Staff calls Operator at **EXT 0** and mention '**CODE BLUE**' (helps to inform other unit or nearby unit for help)

Physiotherapy Unit Operational Policies ini telah dibaca, difahami dan dipersetujui:

BIL	NAMA KAKITANGAN	JAWATAN	TANDATANGAN
1	Stella Lis Anak Joeffelwind	Jurupulih Perubatan Fisioterapi U29	
2	Collisk Anak Suai	Jurupulih Perubatan Fisioterapi U29	
3	Jeniffer Anak Nurie	Pembantu Perawatan Kesihatan U11	