# Physiotherapy practice systems self-audit

## Section 1: Practice details

Name of practice:		Date of audit	•				
Address:		Phone:					
Other sites:							
Practice management software system:							
Patient population number (approx. number):	Estimated patier	nt type (%):	Private	Work-Injury	MVA	DVA	EPC
Patient notes: Paper 🗌 Electronic 🗌		Medical prac	tice/other alli	ed health (AH) on	site: Yes	🗌 No	
Notes linked to diary/invoicing?: Yes 🗌 No 🗌		Discipline(s):	Physio	Massage E	P 🗌 Podi	atry 🔲 O	T 🗌 Dr

### Practice staff - please forward a list to prov.main@rtwsa.com if you would like your details updated

Practice principal/s:		Practice mana	ger/s:			
Total number of PTs:		Number of other AH:				
Name of PT/allied health (or attached)	Current	ly working	No longer at this clinic	Commenced practice less		
				than 12 months ago		

## Section 2: Admin audit

	ninistration and procedures you have processes in place for:	Admin team	Physio/ Allied Health	Principal overview and quality assurance (QA)	Current process and opportunities for improvement
rive	A phone procedure for reception when taking bookings for ReturnToWorkSA patients				
they ar	Requesting that the patient attends the appointment early to complete paperwork:				
ຍ	<ul> <li>Including the Orebro screening tool</li> </ul>				
Befo	How to manage when a patient reports that they have a work injury claim on the day				



	ninistration and procedures	Admin team	Physio/	Practice Principal	Current process and opportunities for
Doy	ou have processes in place for:		Allied Health		improvement
	Requesting and recording a patient's:				
	– Claim number				
	– Employer details				
	<ul> <li>Return to work coordinator/workplace contact details</li> </ul>				
	– Insurer details				
	– Claims/case manager (CM) contact details				
	– GP				
_	– Specialist				
On arrival	<ul> <li>Work capacity certificate details, patient to bring updates as they occur</li> </ul>				
	Status of claim and timeframes:				
	Finding out when a patient's insurance cover for medical expenses ends:				
	– Who is responsible? When does this happen? How frequently is it followed up?				
	Do you use the provider online services: – Would you like information or assistance?				
	•				
	Recording who patients are referred to/from: – GP, Specialist				
	– Allied health				
	Scheduling a workplace visit:				
sit	<ul> <li>Setting up the meeting</li> </ul>				
ace vi:	<ul> <li>Ensure communication to employer/worker/ CM completed</li> </ul>				
Workplace visit	<ul> <li>Booking travel and appointment time in diary</li> </ul>				
≥	– Knowledge of codes				
	– Feedback to CM/doctor				

# **Clinical audit**

Clin	ical management	Admin team	Physio/	Practice	Comment
Do you have processes in place for:			Allied Health	Principal	
	Routinely using psychosocial screening questionnaires to help identify issues that may impact a patient's recovery and return to work:				
	– Are staff confident in evaluating?				
Screening/outcome tools	<ul> <li>Do they modify their management plan after considering the screening questionnaire data if required?</li> </ul>				
	Calculating and recording outcome measures/ other screening tools:				
ening	– www.orthopaedicscore.com calculator, CAHE calculator, Front Desk, etc.				
Scre	Scheduling when follow up outcome measures/ screening tools are due:				
	– Auto alert				
	– Paper alert				
	– Electronic systems, e.g. Physitrack				
ns	Collect work/job information:				
itio	– Details of current duties, hours and days				
Work & expectations	<ul> <li>Details of alternate duties available at workplace</li> </ul>				
& e	Setting expectations:				
ork	<ul> <li>Role of physiotherapist &amp; patient</li> </ul>				
M	<ul> <li>Overview of management</li> </ul>				



Clin	ical management	Admin team	Physio/	Practice	Comment
Doy	ou have processes in place for:		Allied Health	Principal	
s	Conducting a workplace visit:				
ion	<ul> <li>Physio(s) are aware of process</li> </ul>				
ctat	<ul> <li>Confidence in setting up</li> </ul>				
bed	<ul> <li>Timing for greatest impact</li> </ul>				
Work & expectations	<ul> <li>Call to CM and follow up to CM/doctor/ employer/patient</li> </ul>				
Nor	<ul> <li>Role in facilitating return to work</li> </ul>				
	– Usual note taking				
	Management plan completion and regular updates				
	Identifying when a longer consultation is required, and completing a restricted consultation application:				
	<ul> <li>Follow up if no response is received in 7 working days</li> </ul>				
ation	Allied health routinely reporting on treatment progress to the doctor/CM				
Communication	Capacity recommendations doctor's letter template (see Section 3)				
Соп	Recording phone calls to the CM and/or treating team for billing purposes				
	Requesting CM contact, attendance at workplace visit or a case conference: – Troubleshoot making contact with CM				
	Confidence in having critical conversations and planning for these				
	Other issues raised				

## Training and benchmarking audit

ma	ichmarking best practice in clinical nagement You have processes in place for:	Admin team	Physio/ Allied Health	Practice Principal	Comment
Scheme	Systems/training to educate new staff about the Return to Work scheme and capped timeframes, and procedures to manage these clients in the practice:				
	<ul> <li>Implications for admin and physio staff and procedures to assist</li> </ul>				
	<ul> <li>Consider ReturnToWorkSA support suite (see Section 3)</li> </ul>				
Diagnosis	Supporting staff if they are not confident in diagnosing complex presentations:				
	<ul> <li>Differential diagnosis support/clinical patterns for new graduates' learning and development</li> </ul>				
ē	<ul> <li>How do you feed back to the doctor and CM any discrepancy in initial claim diagnosis versus physio diagnosis</li> </ul>				
	Anticipating the duration of treatment considering factors such as:				
S	– Previous injury to same body part				
iosi	– Orebro score				
ogn	– Workplace support				
gpr	– Home support				
tin	<ul> <li>Availability of alternative duties</li> </ul>				
Predicting prognosis	<ul> <li>Attitudes and stories impacting their fears/ understanding</li> </ul>				
	– Key drivers of patient				
	<ul> <li>Matching discharge date with anticipated discharge date (performance review/QA)</li> </ul>				



Do you have processes in place for:       Allied Health       Principal         Setting expectations in sessions 1 - 3 regarding recovery timeframes and return to work:	
recovery timeframes and return to work:	
physiotherapist, patient and ReturnToWorkSA roles	
setting - patient taking on responsibility for self-management and recovery <ul> <li>Early explanation of gradual withdrawal of services as they recover and return to work and self-management</li> <li>Consider workplace visit (PT216):                 <ul></ul></li></ul>	
setting - patient taking on responsibility for self-management and recovery <ul> <li>Early explanation of gradual withdrawal of services as they recover and return to work and self-management</li> <li>Consider workplace visit (PT216):                 <ul></ul></li></ul>	
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services as they recover and return to work and self-management       Consider workplace visit (PT216):         - Applicability       - Timing for greatest impact         - Assist in management and goal formulation       Image:	
<ul> <li>Applicability         <ul> <li>Applicability</li> <li>Timing for greatest impact</li> <li>Assist in management and goal formulation</li> <li>Communicate benefits and findings</li> <li>Consider training: in-house, ReturnToWorkSA, APA, OHPA</li> </ul> </li> <li>How to complete a management plan</li> </ul>	
ReturnToWorkSA, APA, OHPA     Image: Consider training in House, in the consider training in House, in the consider training in House, in the consider training in the constant of th	
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ReturnToWorkSA, APA, OHPA     Image: Consider training in House, in the consider training in House, in the consider training in House, in the consider training in the constant of th	
How to complete a capacity recommendations doctor's letter from template (see Section 3)	
Communication with doctor:	
- Templates for capacity information/	
- Is there a routine minimum frequency for	
Functional outcome scores/psychosocial screening <ul> <li>Is there a routine minimum frequency for communication?</li> <li>Do you communicate with CM/employer/worker sometimes/routinely?</li> </ul>	
Scheduling treatment review/management plan       Image: Conference, etc.         Scheduling treatment review/management plan       Image: Conference, etc.	
Build relationships with mobile CM//local	
Other issues raised	

#### How long should I store records and data?

A record must be kept for at least 7 years from the date of last entry in the record, unless the patient was less than 18 years old at the date of last entry in the record.

If the patient was less than 18 years old at the date of last entry in the record, the record must be kept until the patient attains or would have attained the age of 25 years.

The date of last entry in the record means the date the patient concerned was last provided with medical treatment or other medical services by the medical practitioner or medical corporation who provided that treatment or those services. To access this APA document directly go to: <u>www.physiotherapy.asn.au/records</u>.

### Work injury insurance overall experience and challenges – we welcome all feedback

Email feedback to providers@rtwsa.com



# We're here to help

Let us know which of our offerings you would be interested in for your practice.



- **Provider online services**  $\square$ 
  - Invoice upload and reconciliation
  - Secure document upload
  - Patient look up for claim status •
  - Contact us for assistance

Online modules 1 and 2

clinical framework and

management plan.

Review the Return to Work Act,









(case studies 1-6)

ReturnToWorkSA's Practical Guide for Physiotherapists: Getting the best results for patients with a work

Scheme reform - key points

measures unpacked

Estimating capacity

Critical conversations Effective workplace visits Questions and answers

Screening tools and outcome

Six clinical modules reviewing challening situations that may be encountered when managing work injury clients.

#### **Capacity recommendations** doctor's letter template

A document to personalise to your clinic.

Practice systems self-audit tool

Establish clear procedures and

across your practice to save you

time and ensure best outcomes for

ensure consistency of service

Self-audit tool Action plan Help

• Word

patients.



#### **ReCONNECT brochures**

ReCONNECT is a free voluntary service offered through the Return to Work scheme which helps people reconnect with the workforce and community after their income support has ended.

Physiotherapy Support Service

8238 5757



The Physiotherapy Support Service is delivered by a team of musculoskeletal and occupational health physiotherapists. This service is available for physiotherapists who seek support in managing specific and challenging cases.

#### For more information or to access resources contact providers@rtwsa.com





#### Partnership program

- Work injury essentials
- Screening tools unpacked (webinar)
- Estimating capacity (webinar)
- $\square$
- Effective workplace visits



# **Online module 3**

injury.





