

INTERNAL MEMO



health

Department of
Health
FREE STATE PROVINCE

DATE:	30 March 2010	FILE NO:	
TO:	HEADS OF ALL INSTITUTIONS AND OFFICES	FROM:	V-G Linström Sub-directorate: Disabilities and Rehabilitation 3 rd Floor, Block C-East, Bophelo House, Cnr Maitland and Harvey Street, P.O. Box 227, BLOEMFONTEIN Tel: 051-4081535 Fax: 051-4081962 E-mail: linstrp@fshealth.gov.za

SUBJECT: REHABILITATION SERVICE STANDARDS FOR CLINICS

HEALTH PROGRAMME CIRCULAR NO 3 OF 2010

1. It is required that the Rehabilitation service standards for clinics be implemented with immediate effect for six months by the Rehabilitation Team of all health service institutions according to the prescribed format attached.
2. Inputs to the document should be given to the Subdirector: Disabilities and Rehabilitation during or at the end of the six month implementation period which will be 30 September 2010. After this date the document will then become a policy for official implementation.
3. Any problems encountered with the implementation of these standards should be directed to the Assistant manager: Physiotherapy Services of the Provincial office.
4. Please bring this circular to the attention of all concerned
5. Your cooperation is appreciated

Mr N.E. Kgasane

Senior Manager: Health Programmes

Date: **09 / 04 / 2010**

Free State Department of Health

**Strategic Health Programs
Health Programs Directorate**

Disability and Rehabilitation Sub-directorate

Rehabilitation Standards for Clinics

Policy number: _____

Date compiled:

Draft 1: August 2007

Draft 2: September 2008

Draft 3: September 2009

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1. Introduction

Rehabilitation services are an integral part of the services provided at the primary health care level. This constitutes a re-orientation of rehabilitation from mainly institution-based services to a more community-based service. All health personnel in co-operation with other sectors and the communities/people themselves are responsible for making society inclusive of all people including people with disabilities.

The clinic is the first place of contact where people with disabilities, their family and/or caregivers meet health staff. This too is most likely the first contact with the health therapist and therefore a vital phase in reaching out to the communities. The purpose of rehabilitation at clinic level is to provide a service to prevent and detect disabling conditions and their associated complications, treat conditions affecting a person's function, provide the disabled with assistive devices, provide access to rehabilitation as well as assessing clients for Disability and Care-Dependency Grants. Rehabilitation services also include an outreach program to ensure that all people of the community are reached. This may include several various programs that provide either information or support to that specific target population.

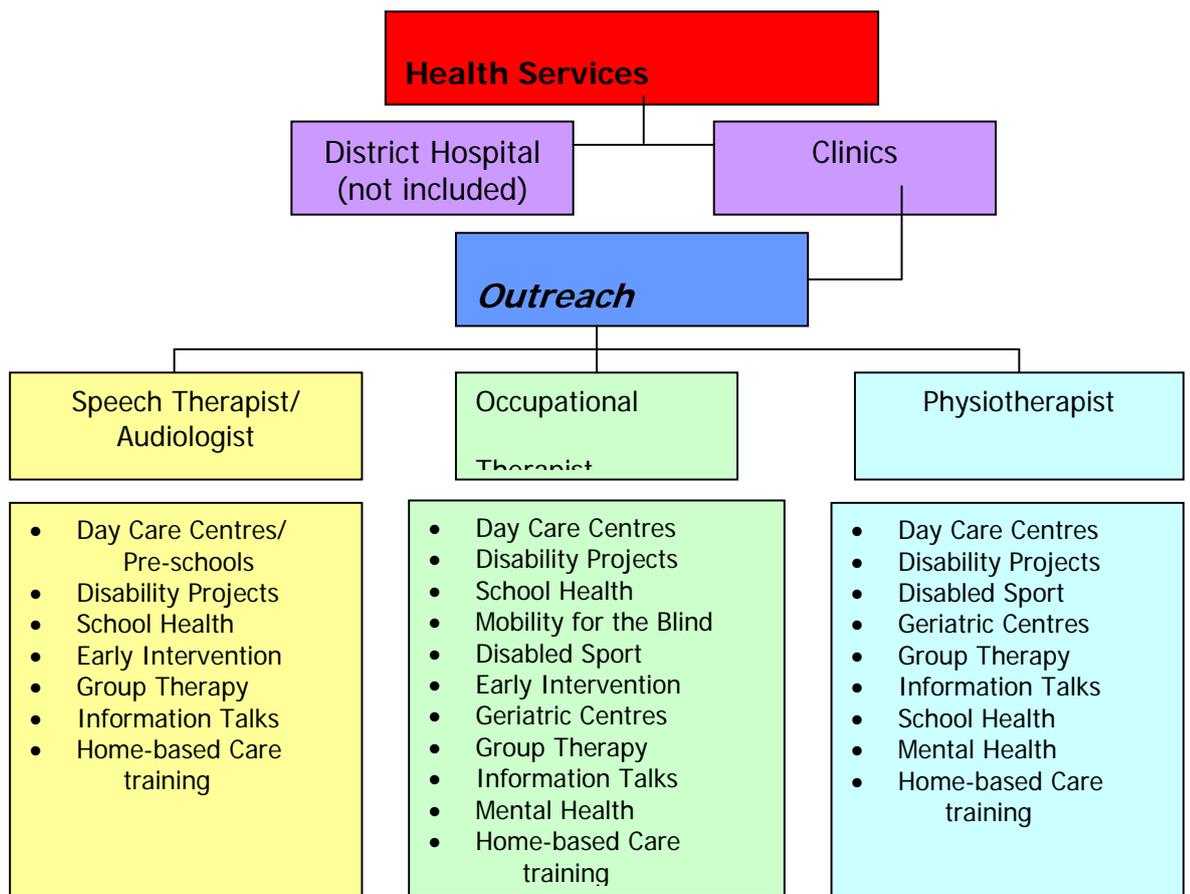
In order for Community-Based rehabilitation to succeed, a professional communication network has to be established. A community is often large in population, making it difficult to extend rehabilitation services to all people. It is therefore vital to have a working relationship as well as an understanding of the community, its people and the health staff involved, and at the same time setting a professional standard of quality treatment.

Rehabilitation has to therefore make a mind-shift from quantity-based rehabilitation to quality-based rehabilitation. In order to do so a standard has to be set that protects both the community and therapists to ensure that the optimal service is provided for the community's benefit.

Such a standard has been discussed and designed to give quality assurance in the services which a community receives.

2. Rehabilitation service areas

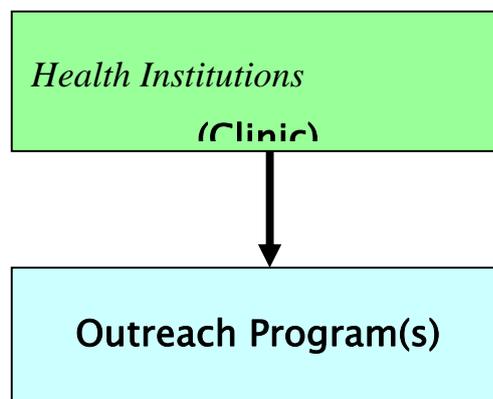
District Health Services include Health Institutions and Outreach Programs within the involved community. Due to the already established District Hospital Standards, it will not be discussed in this manual. As already mentioned, clinics in the community are an important institution to base a good communication system. Clients will be seen either individually (if felt necessary) or will be involved in some form of an outreach program. The diagram below indicates the basic programs that a community should have developed.



3. Prioritizing service development

The clinic(s) in a community is the starting point for all development as it is the center for all community communication to take place. Once the clinic rehabilitation standard has been achieved, it creates a platform for the development of outreach programs to begin.

Prioritizing outreach programs will depend on the needs of the community and people with disabilities of that area. Outreach programs should also develop simultaneously as communities present with a diversity of needs. However, the standards should be set as soon as possible as this determines the quality of treatment.



4. Health staff definitions

Clients in the community are often seen by more than one therapist for their specific condition, however it does occur that the therapist works alone and therefore has to adapt his/her style of therapy to achieve the optimal for that client using a holistic approach. Other stake holders are then just as important in the reaching out to communities as they cover the service areas that a therapist may not be able to develop. The following definitions are profession-specific and include the most prevalent conditions that a therapist may come across.

4.1 Rehabilitation staff

Occupational Therapy (OT)

Occupational Therapy uses activities to treat and prevent illness and teaches skills in order for a person to be independent in all spheres of life: work, personal independence, play and schoolwork. An occupational therapist's aim is to improve a client's quality of life.

Clients seen:

- Adults (hemiplegia, head injuries, blind, arthritic conditions, occupational injuries, psychiatric problems, needing assistive devices)
- Geriatrics (arthritic conditions, Parkinson's disease, cognitive conditions, needing assistive devices)
- Pediatrics (cerebral palsy, developmental delays, needing assistive devices)

Physiotherapy (PT)

Physiotherapists use movement techniques supplemented by manipulation, electrotherapy and other physical and supportive measures to treat and prevent injury, disease and disorders. Physiotherapists are mainly responsible to facilitate normal physical and functional activities of clients.

Clients seen:

- Adults (occupational and motor vehicle injuries, hemiplegia, chronic back pain, chronic post-surgery conditions, fractures, amputations, clients in need of assistive devices)
- Geriatrics (arthritic conditions, Parkinson's disease, chest conditions, clients in need of assistive devices)
- Pediatrics (cerebral palsy, developmental delays, chest conditions, clients in need of assistive devices)

Speech Therapy and Audiology (ST & A)

A speech therapist tries to eliminate or compensate for any communication problems that may arise from any pathology. Therapy is used to promote effective communication. An audiologist prevents, evaluates and treats any hearing disabilities.

Clients seen:

- Adults (stroke, head injuries, voice problems, stuttering, hearing problems)
- Geriatrics (hearing problems)
- Pediatrics (cerebral palsy, neo-natal hearing screening, premature babies, developmental delays, feeding problems)

Therapy Assistant

The therapy-assistant operates within the specific scope of practice under the guidance and direction of the registered therapist.

The general role of an assistant lies in promoting health and the prevention of problems by means of education and promoting self care of individuals and communities. This can extend to advising and teaching associated carers. The therapy-assistant performs basic techniques in the management of clients in order to maximize independence.

4.2 Stake Holders

Clinic Staff

This consists of Professional & Mobile Nurses. Their service includes family planning, pre- and post-natal advice, immunizing of infants, HIV testing and counseling, issuing of medication as well as providing information on various common conditions such as tuberculosis and hypertension.

Home-based Care Worker & DOT Supporter

Home based care is defined as the provision of Health Services by formal and informal caregivers, namely home-based care workers and DOT supporters. Their main responsibility includes visiting homes in order to promote, restore and maintain a person's maximum level of comfort, function and health including care towards a dignified death.

5. Rehabilitation Clinic Standards

The following Standards Tool is a user-friendly checklist to ensure quality rehabilitation services at the clinic.

5.1 Overview: Clinic Standards

STANDARD 1 – There is a Rehabilitation services information system in place

STANDARD 2 – The clinic is accessible for persons with disabilities

STANDARD 3 – The clinic has adequate facilities and equipment to meet the treatment needs of the population served

STANDARD 4 – All clients treated have their health care needs identified through an established process

STANDARD 5 – Client and family/caregiver education

STANDARD 6 – There is an active health education program available at the clinic to prevent disabilities

STANDARD 7 – There is a clinic outreach program available

STANDARD 8 – There is a Rehabilitation Information file

STANDARD 9 – Management of Data

Clinic Name: _____

Therapist: _____

Date: ____/____/____

STANDARD 1: There is a Rehabilitation services information system in place

CRITERIA	INDICATORS	YES	NO	COMMENTS
1. Orientation & promotion of rehabilitation services to clinic health staff is done at the beginning of the year at the clinic	Orientation & Promotion program (handing over of Rehab Info File to the clinic) Attendance Register			
2. There is an information poster (directed at clients) at the entrance/notice board, displaying the definitions of the different rehabilitation services (Annexure 1)	Poster visible to clinic staff and clients "Rehab Info File" (*refer to Standard 8)			
3. There is an updated list of available rehabilitation services (Annexure 2)	List of services available at clinic with contact numbers, dates and times of visits Wheelchair Repair Program Contact numbers & referring points for services Rehab Info File			
4. There is a poster that indicates the next visit(s) to the clinic. (Preferably a month or two ahead of time) ((Annexure 3)	Date displayed visible to clinic staff and clients Appointment book dated			
5. There is a system available to record the therapists visit to the clinic	Therapist's signature in Visitor's book			

STANDARD 2: The clinic is accessible for persons with disabilities

1. (<i>Occupational Therapy only</i>) An annual comprehensive assessment is done on the accessibility of the clinic	Assessment tool and documentation			
2. (<i>Occupational Therapy only</i>) Accessibility Survey and report is submitted to clinic supervisor, Local Area Manager, district manager and rehab manager	Signatures on report			
3. There is a system available to minimize the waiting time	Appointment book			

of clients				
4. There is a system in place to monitor client treatment satisfaction	Management of client satisfaction			
5. Home visits are made when necessary and possible	Monthly Data			

STANDARD 3: The clinic has adequate facilities and equipment to meet the treatment needs of the population served

1. There is a private space available for treatment	Separate room with closing door. Screens available if more than one therapist and/or client is present			
2. Clean toilet and running water	Clean toilet and running water			
3. There is adequate and relevant equipment and materials to provide an effective service (Annexure 5)	Equipment and maintenance plan (Annexure 5-equip audit) Rehab Info File (Annexure 6)			
4. There is an infection control program in place	Refer to Rehabilitation Infection Control Policy (Annexure 7) Rehab Info File			

STANDARD 4: All Clients treated have their health care needs identified and managed through an established process

1. There is a documented system for the assessment, treatment and recording of findings of patients	Treatment form (Annexure 8)			
2. Treatment briefly recorded in client's carry card to share information with relevant stakeholders	Client carry card (Annexure 9)			
3. There is a referral system in place	Referral form(H301) (Annexure 10) Referral policy Patient records List of contact numbers and service providers in area – Rehab Info File			
4. Clients are assessed for Free Health Care	Free Health Care Policy (Annexure11) National Free Health Care - Assessment and Guideline Tool			
5. There is a system to assess, issue and control	Order and Agreement forms (Annexure 12)			

assistive devices	Patient records Monthly control sheet Monthly Data			
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STANDARD 5: Client and Family/Care-giver education				
1. Clients and family/care-givers are educated on client's condition and associated precautions as well as relevant home advice	Written Home program Client carry cards Patient treatment records			
2. Clients and families are educated on the use, repair and maintenance of assistive devices	Client carry cards Patient treatment records Assistive Devices Agreement form			

STANDARD 6: There is an active health education program available at the clinic to prevent disabilities				
1. Health education promotion material available and displayed	Poster on back care, development milestones etc (whatever available from the Provincial office)			
2. Planned Health education days communicated to clinic	Annual rehabilitation program – health days Rehab Info File			
3. Early intervention program	(still to be developed)			
4. Regular preventative educational talks (involving other professions where necessary)	Annual program communicated to clinic Therapist's signature in Visitor's book Control sheet (Annexure13) Rehab Info File			

STANDARD 7: There is a clinic outreach program available				
1. Use existing clinic and community structures to communicate Outreach Programs (eg, Clinic Committee Meetings, Staff Meetings, Program Mx)	Attendance Register Minutes			
2. Contact numbers of Community-based organizations communicated to clinic	List of Community-based organizations (eg. Disabled Centres, Day care centres, support groups and NGOs) in Rehab Info File			
3. Obtain a contact list of Home-based care workers and DOT supporters	List of Home-based care Workers List of DOT supporters			
4. A list of available Outreach Programs is visible to Clinic	Poster displaying dates, venues and type of program			

staff and clients	available (Annexure 14) Rehab Info File			
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STANDARD 8: There is a Rehabilitation Information file *

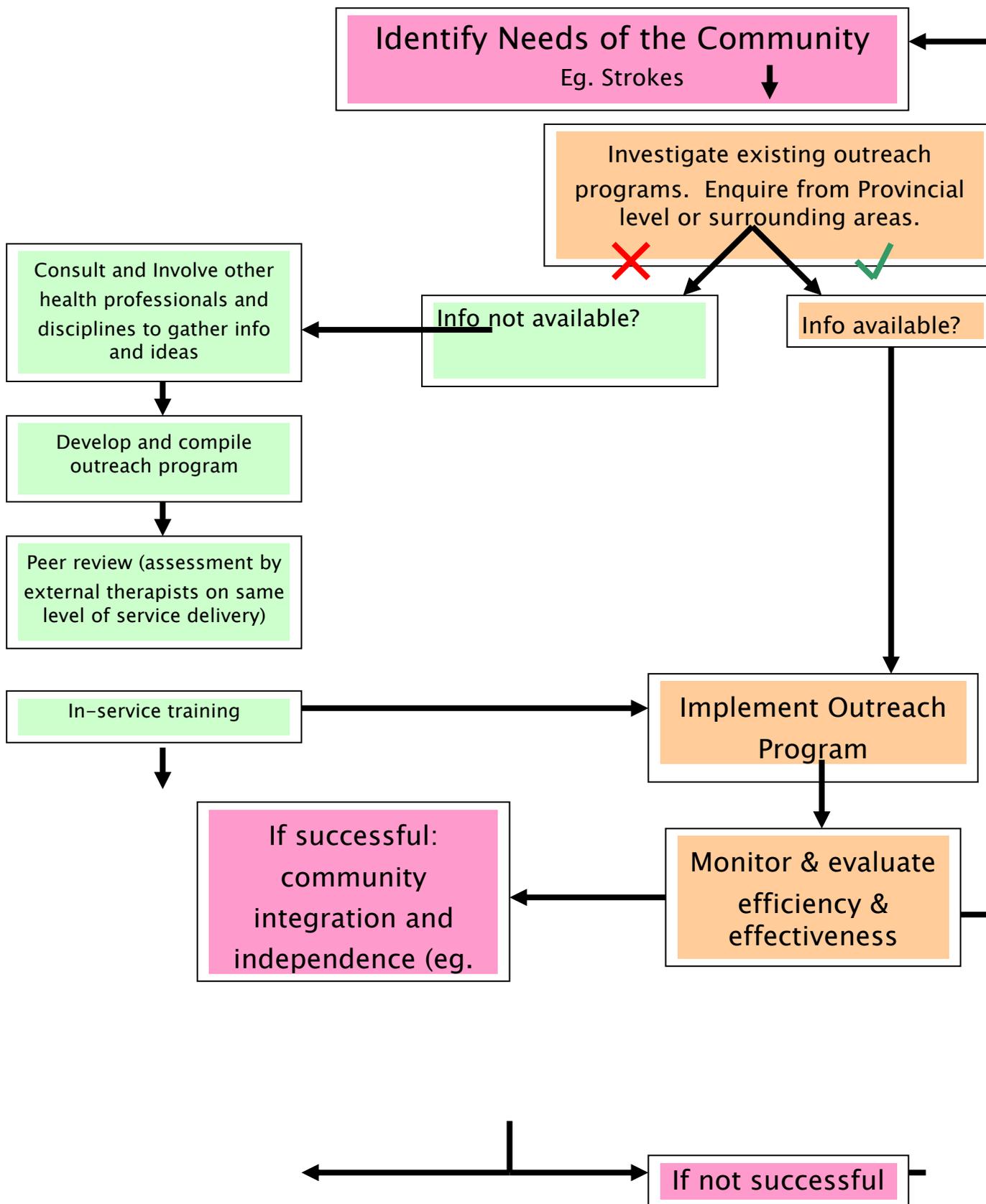
1. The file must be handed over during the orientation.	Attendance register			
2. The file must be made easily available to both clinic staff and therapists.	File is kept at reception at all times			
3. The file must include all documents according to the Rehab File Audit (Annexure 15)	Rehab Info File			

STANDARD 9: Management of Data

1. Data should be recorded timely	Data Forms			
2. Data should be submitted to the relevant persons	Health Portal/ Database Monthly Report Data Forms			
3. Data is interpreted to guide services	Monthly Report			

6. Rehabilitation Outreach Program Guidelines

Once a clinic has been assessed according to the Standards Tool, a communication network has been established and the needs of the community have been discovered, Outreach Programs can be developed. Because of the varying needs of a community, only basic guidelines can be given to help develop the Outreach Programs. All outreach programs begin as some form of group therapy or educational talk. This then leads to a larger population involvement as it develops, which in turn creates an opportunity for the community to empower themselves by forming support groups or NGO's (non-profit organizations). This is the ultimate "end goal" in community service, as it allows the community to support and sustain their fellow people. The diagram below depicts briefly the steps in developing any form of outreach programs using the example of stroke clients.



7. Conclusion

No service is able to function efficiently and effectively without a thorough and realistic set of standards or guidelines. Community-based care, including rehabilitation is a vital way of reaching a community that is uneducated in health issues and unable to access public services. More importantly rehabilitation services cannot develop without the help of stakeholders, the community and the disabled, as it is these very people who are the core of a community. However large a community and its needs are, rehabilitation should never be labeled as “unprofessional” and should never lower the standard of services delivered. It is for this very reason that the Operation Manual has been set up. Communities should be reached and supported but without jeopardizing the quality of treatment. The mind shift needs to be made for effective service development: QUALITY NOT QUANTITY.

8. References

- ◆ *Rehabilitation Norms and Standards (4th Draft)* (December 2003)
- ◆ *Batho Pele Principles*
- ◆ *Rehabilitation for All – Free State rehab policy guidelines* (2000)
- ◆ *Physiotherapy Within the Primary Health Care Services - Provincial Physiotherapy*
- ◆ *A Comprehensive Primary Health Care Service Package for South Africa – Department of Health* (September 2001)
- ◆ *Strategic Priorities for the National Health System* (2004 – 2009)

Annexure: 1



OCCUPATIONAL THERAPY



*WE HELP PEOPLE WITH DISABILITIES TO FUNCTION INDEPENDANTLY & TO
TAKE CARE OF THEMSELVES.*

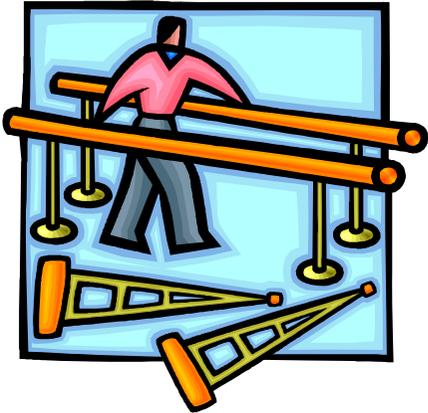
WE HELP:

- CHILDREN WITH DISABILITIES
- CHILDREN WITH DELAYED DEVELOPMENT
- ADULTS WITH HAND INJURIES & PROBLEMS
- PEOPLE WHO HAD A STROKE & HEAD INJURY
- PEOPLE WHO HAVE ARTHRITES
- PEOPLE WHO CANNOT WALK
- THE DEAF & BLIND
- ANYONE WHO NEEDS A WHEELCHAIR OR WALKING AIDS



Department of Health
Departement van Gesondheid
Lefapha La Bophelo Bo Botle
FREE STATE PROVINCIAL GOVERNMENT

ANNEXURE 1



PHYSIOTHERAPY



WE HELP PEOPLE WITH DISABILITIES TO FUNCTION INDEPENDANTLY & HELP TO
TAKE AWAY THE PAIN

WE HELP:

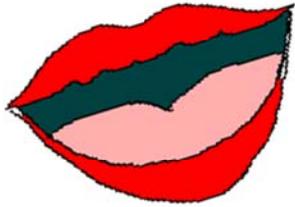
- CHILDREN WITH DISABLITIES
- CHILDREN WITH DELAYED DEVELOPMENT
- PEOPLE WHO HAD A STROKE & HEAD INJURY
- PEOPLE WHO WERE IN A CAR ACCIDENT
- PEOPLE WHO HAVE ARTHRITES
- PEOPLE WHO CANNOT WALK
- PEOPLE WITH BACK PAIN
- ANYONE WHO NEEDS A WHEELCHAIR OR WALKING AIDS

WE ARE?????

Arnold Phakathi: Chief Physiotherapists: Katleho Hospital

Karin Hitge: Senior Physiohterapist: Kopano

Annexure 1



SPEECH THERAPY & AUDIOLOGY



WE HELP PEOPLE WITH
HEARING, SPEAKING & SWALLOWING PROBLEMS

WE HELP:

- CHILDREN WITH HEARING PROBLEMS
- CHILDREN WITH DELAYED DEVELOPMENT
- CHILDREN WITH FEEDING PROBLEMS
- PEOPLE WITH SPEAKING PROBLEMS (STUTTERING, VOICE PROBLEMS)
- PEOPLE WHO HAD A STROKE & HEAD INJURY
- PEOPLE WITH HEARING PROBLEMS

Who are we??

**RENETTE VERMAAK: KOPANO REHABILITATION
CENTER**



Department of Health
Departement van Gesondheid
Lefapha La Bophelo Bo Botle
FREE STATE PROVINCIAL GOVERNMENT

Annexure 2**REHABILITATION CONTACT NUMBERS:**

Physiotherapy: Sanel du Plessis 056 5152071

Occupational therapy: Leandri Bester 056 5152071

Speech therapy: Refer to Renette Vermaak: Kopano
(057 9103225)

Annexure 3:



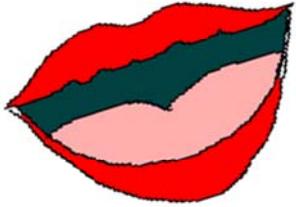
OCCUPATIONAL THERAPY



*WE HELP PEOPLE WITH DISABILITIES TO
FUNCTION INDEPENDANTLY & TO TAKE CARE OF THEMSELVES.*

OUR NEXT VISITS TO THIS CLINIC WILL BE ON:

Annexure 3:



SPEECH THERAPY & AUDIOLOGY



WE HELP PEOPLE WITH
HEARING, SPEAKING & SWALLOWING PROBLEMS

OUR NEXT VISITS TO THIS CLINIC WILL BE ON:

ANNEXURE 3

PHYSIOTHERAPY

*WE HELP PEOPLE WITH DISABILITIES TO FUNCTION INDEPENDANTLY &
HELP TO TAKE AWAY THE PAIN*

OUR NEXT VISITS TO THIS CLINIC WILL BE ON:

Annexure 6:

MINIMUM EQUIPMENT LIST AUDIT – CLINIC

	ITEM	YES	NO	COMMENTS
Physiotherapy	Plinth			
	Ice pack /Hotpacks(2)			
	Mirror			
	Stainless steel bowl			
	Urn /Microwave			
	Desk and 2 chairs			
Occupational therapy	Desk and 2 chairs			
	Stainless steel bowl			
Speech therapy and Audiology	2 chairs			

Annexure 7:

INFECTION CONTROL CHECKLIST

CRITERIA	YES	NO	Not Applicable	Comments
Running water				
Hibertane (or other disinfectant to clean hands)				
Paper towels (or clean towels)				
Waste management - Dustbin - Sharpsbin				
Gloves				
Alcohol swabs				
Clean linen				

Annexure 7: INFECTION CONTROL POLICY

LEJWELEPUTSWA DISTRICT		
	DEPARTMENT: REHABILITATION POLICY : INFECTION CONTROL IN THE SERVICE POLICY NUMBER: RB/-1/04	FILE NO. DATE OF ISSUE: FEBRUARY 2003 REVISION DATE: FEBRUARY 2004
	ORIGINATED BY: BESTER L AUTHORISED BY: BEUKESCM	SIGNATURE: SIGNATURE:

PURPOSE:

To put infection control measures into place to reduce risk of infection for both health therapists and their clients.

PROCEDURES

1. Basic infection control measures need to be in place to provide safe and effective therapy
2. The attached checklist contains the basic elements that need to be in place to ensure the abovementioned
3. If these measures can not be implemented at the clinic the therapist will not be able to provide treatment at he clinic and another place/area for treatment must be arranged

Annexure 11: Free health Care Policy for the institution

NALA DISTRICT HOSPITAL		
 <p>NALA DISTRICT HOSPITAL</p>	DEPARTMENT: OCCUPATIONAL THERAPY POLICY : FREE HEALTH CARE ASSESSMENT POLICY NUMBER: OT/14/2004	FILE NO. DATE OF ISSUE: FEBRUARY 2004
	ORIGINATED BY: BEUKES CM AUTHORISED BY: JORDAAN ND (CEO THUSANONG , NALA AND MOHAU COMPLEX)	SIGNATURE: SIGNATURE:

PURPOSE:

To assess for eligibility for free health care at Hospital Level

PROCEDURES

1. Complete assessment tool: "Summary of Free Health Care Assessment" in the Assessment tool & Training Manual. (Free Health Care for Disabled at Hospital Level, December 2003).
2. If the patient qualifies for Free Health Care his details must be recorded in a register – with the CODE that is on the "CARRY CARD".
3. The CODE on the carry card is determined by the town in which it was issued e.g. Bothaville – BV0001 or Hertzogville – HV0001.
4. The patients' details must also be written on the carry card – **including ID number. The carry card must also be stamped with an official stamp of the Department of Health.**
5. Complete disability screening document. Sign and stamp.
6. File all assessment forms.

For guidelines please refer to Policy on free health services For People with Disabilities in Free State Province.

Annexure 11: Free health Care Policy for the institution

NALA DISTRICT HOSPITAL

POLICY CONTROL SHEET



POLICY: FREE HEALTH CARE ASSESSMENT

POLICY NUMBER: OT/14/2004

DATE OF ISSUE: FEBRUARY 2003

NEXT REVIEW DATE	REVIEWED BY	ACTUAL DATE REVIEWED	POLICY HISTORY
1. Febr 2004	L. Bester	September 2005	2
2. Sept 2007	V. du Preez	April 2007	2
3. Sept 2009			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Policy review guideline:

1 – entire new policy changes

4– replace entire policy from system

7 – other: specify

2 – review without changes

5 – add appendix

3 – review with

6 – remove policy



ANNEXURE 12

ASSISTIVE DEVICES AGREEMENT FORM

NAME OF CLIENT/PATIENT:

ID. NO./DATE OF BIRTH :

RESIDENTIAL ADDRESS :

.....

.....

I, (Patient/client/parent/guardian) hereby
acknowledge the receipt of as an Assistive Device.

I declare that I will take full responsibility for its maintenance and arrange with the
nearest institution for repair purposes.

**N.B. Please note that the above Device remains the property of Free State
Department of Health and will be returned to the nearest institution if one of the
following occurs:**

- 1. Death of the device use.**
- 2. When the user no longer need the device.**
- 3. The device is damaged beyond repair.**

Agreed upon on this.....(day).....(month).....(year) at

.....(place).

Signature:

Rehabilitation personnel: Initials and Surname :

Signature :

Annexure 12

ASSISITVE DEVICES ORDER FORM

Registration number: _____

Patient / Client Particulars

Surname:	
First	
ID Number:	Town:
Birth Date:	
Age:	Postal Address:
Tel. Number:	
Other contact	Town
Tel. Number	Code:

Details for Ordering

Diagnosis:
Type of Assistive Devices:
Description of Assistive Devices:
Contract Item number:
Other comments:

Approval Details:

Assessed by:	Assistive Devices management Committee
<input type="checkbox"/> <input type="checkbox"/>	Approved
Health Therapist:	Reason for non-approval
Complex / Institution:	
Tel. Number	
Fax number:	
Signature:	Signature:
Rank:	Rank:
Date:	Date:

Delivery Details

Physical Address: Nala Hospital	
Town: Bothaville	Code:
Contact Person:	
Telephone Number:	
Fax Number:	
Cell Number:	