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Standards for Physiotherapy

Services

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Health Policies and Standards Department

Health Regulation Sector (2023)

INTRODUCTION

Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (14) of the year (2021) amending some clauses of law No. (6) of 2018 pertaining to the DHA, to undertake several functions including but not limited to:

- Developing policy and standards to improve patient safety quality and support the growth and development of the health sector;
- Licensure and inspection of health facilities and healthcare professionals;
- Managing patient complaints and upholding patient rights;
- Regulating the use of narcotics, controlled and semi-controlled medications;
- Strengthening health tourism and assuring ongoing growth; and
- Assuring the management of e-health and innovation.

The Standards for Physiotherapy Services aim to fulfil the following overarching DHA Strategic Priorities (2022-2026):

- Pioneering Human-centred health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Foster healthcare education, research and innovation.
- Strengthening the economic contribution of the health sector, including health tourism to support Dubai economy.

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Health Regulation Sector

Dubai Health Authority

EXECUTIVE SUMMARY

The Standards for Physiotherapy Services sets out the requirements for health facility and healthcare professional licensure, referral and service provision to assure high quality and safe care. Physiotherapy services are integral to the rehabilitation process. The World Health Organisation (WHO) considers rehabilitation to be an essential part of an integrated healthcare system and an important part of healthcare services alongside prevention, health promotion, medical treatment, and palliative care. A lack of access to physiotherapy rehabilitation services can increase the chance of disease or injury, delay discharge, limit activities and can lead to significant health deterioration in day-to-day activities and overall quality of life. Physiotherapy services should be inclusive to a range of patient age groups and needs. Physiotherapy services should have written agreements for inter-facility care arrangements or for step-up and step-down care. Optimization of physiotherapy services necessitates continuous patient assessment and engagement, goal setting, and adoption of evidence-based practices and technologies. It may include involvement of other specialists and collaboration with a Multi-Disciplinary Team (MDT). Physiotherapy service managers are responsible to review service, staff performance, and assure the appropriate mechanisms are in place to support staff training needs.

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DEFINITIONS

Community-Based Rehabilitation (CBR) is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from the different sectors within the community (education, employment, health and social services). CBR enhances the quality of life and may include people with disabilities, their families, communities, and relevant government and non-government entities.

Continuing Medical Education (CME): General activities that provide vital information relevant to medical practice. These workshops, congress, e-courses etc. are based on effective educational principles that promote the attainment of efficient knowledge.

Continuing Professional Development (CPD): Hands-on activities aimed to improve, maintain, and broaden the professional's specialty knowledge necessary for the execution of professional and technical duties. These may be done by partaking in lectures, courses, and seminars.

Inpatient Rehabilitation Units are units that help individuals who are physically or cognitively having functional limitation and impairment (e.g. stroke, brain, spinal cord or orthopaedic injury, or those who have a neurological or medically complex condition) to recover from disease or injury and become as independent as possible. An inpatient rehabilitation care and intervention intensity are tailored to individual patient need based on assessment and continuous re-assessment.

Multidisciplinary rehabilitation is rehabilitation delivered by a team of different healthcare professionals (for example, physicians, nurses, physiotherapists) working in an organised manner

to address the needs of patients with a functional limitation and impairment.

Physiotherapy (Physical Therapy) is a healthcare profession concerned with human function and movement and maximising physical potential. It is concerned with identifying and maximising quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. It uses physical approaches to promote, maintain and restore physical, psychological and social well-being, taking into account variations in health status. It is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.

A Physiotherapist will use a set of measures of rehabilitation that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments. A Physiotherapist may also work in habilitation, which aims to help those who acquire disabilities congenitally or early in life to develop maximal functioning; and rehabilitation, where those who have experienced a loss in function are assisted to regain maximal functioning.

Physiotherapy Service is a facility service where patients are assessed by physiotherapists to develop a treatment program that addresses functional limitations and impairments to maximize functional ability.

ABBREVIATIONS

CARF	:	Commission on Accreditation of Rehabilitation Facilities
CBR	:	Community Based Rehabilitation
CME	:	Continuing Medical Education
CPD	:	Continuing Professional Development
DHA	:	Dubai Health Authority
HRS	:	Health Regulation Sector
IEEA	:	External Evaluation Association
ISQua	:	International Society for Quality in Health Care
MDT	:	Multidisciplinary Team
MRP	:	Most Responsible Practitioner
NICU	:	Neonatal Intensive Care Unit
PQR	:	Professional Qualification Requirements
QMS	:	Quality Management System
WHO	:	World Health Organization

1. BACKGROUND

Physiotherapy is a service provided by, or under the direction and supervision of a physiotherapist and includes assessment, diagnosis, planning, intervention and evaluation.

Physiotherapy includes the provision of services in circumstances where movement and function are threatened by pain, the process of injury, disease or disability and loss of function.

Physiotherapy is concerned with identifying and optimizing movement potential within the spheres of promotion, prevention, treatment and rehabilitation.

Physiotherapy involves the interaction between the physiotherapist, patients/clients, families and caregivers, in a process of assessing movement and functional potential and in establishing agreed upon goals and objectives, using knowledge and skills unique to physiotherapists. Provision of physiotherapy services can occur at different points in life and different parts of the care pathway and in different settings. Physiotherapy is typically personalized for individuals to accommodate their specific circumstances and need (e.g. response to injury, pain/chronic pain, surgery and rehabilitation).

Physiotherapy programs aim to improve strength and mobility, reduce pain, and restore overall patient function. A lack of access to physiotherapy services can increase the chance of disease or injury, delayed discharge, limited activities, chronic pain, and can lead to significant health deterioration in day-to-day activities and overall quality of life. Evidence suggests that physiotherapy reduces the length of stay in hospital, health complications and overall cost of care.

2. PURPOSE

- 2.1. To maximise the quality and patient safety of physiotherapy services in DHA licensed health facilities.

3. SCOPE

- 3.1. Physiotherapy services for adults and children.

4. APPLICABILITY

- 4.1. DHA licensed health facilities and licensed physiotherapists (physical therapists) providing physiotherapy services.

5. STANDARD ONE: HEALTH FACILITY REQUIREMENTS

- 5.1. Healthcare Providers opting to provide physiotherapy services shall apply to DHA Health Regulation Sector (HRS) <https://www.dha.gov.ae> for licensure.

- 5.1.1. Physiotherapy services may be offered in the following health facility settings:

- a. Hospital
- b. Standalone Day Surgical Centre
- c. Rehabilitation Centre
- d. Outpatient Clinic/Centers/facilities
- e. Domiciliary services
- f. Nursing home
- g. Centers for People of Determination
- h. Clinical Support Service
- i. Aged care

- j. Child development centres
 - k. Sports clubs/fields
 - l. Fitness centres
 - m. Schools/universities
 - n. Senior citizen centres
 - o. Palliative care settings
 - p. Occupational health setting
 - q. Corporations.
- 5.2. Physiotherapy services shall comply with DHA Facility Design for Rehabilitation- Allied Health.
- 5.3. Physiotherapy services shall comply with administrative provisions for inspection and licensure for physiotherapy services. The licensed health facility shall ensure:
- 5.3.1. The unit has dedicated rooms for one-to-one physiotherapy sessions.
 - 5.3.2. There is a documented plan for monitoring electrical and mechanical equipment for safety, with monthly visual inspections for apparent defects.
 - 5.3.3. The facility utilities shall be adequate for service provision, including but not limited to lighting, water taps, medical gases, sinks and drains, lighting, temperature controls, and electrical outlets.
 - 5.3.4. The licensed health facility should only use the equipment required to provide physiotherapy services.

- 5.3.5. All equipment shall follow the manufacturer's specifications and undergo monthly testing.
- a. A log book record of testing and electrical compliance approval should be readily available for audit and inspection.
- 5.3.6. The health facility should ensure all patient groups have easy access to the health facility including people of determination.
- 5.3.7. The health facility shall have the appropriate equipment and trained physiotherapists to manage basic life support in emergency cases.
- 5.4. Scope of Services
- 5.4.1. Written scope of services for physiotherapy shall be in place, including but not limited to:
- a. A service description.
 - b. Evidence-based treatments and therapies offered.
 - c. Patient groups.
 - d. Staffing needs.
 - e. Working hours.
 - f. Criteria for a referral.
 - g. Step up and step-down protocols.
 - h. Staff development plans.
 - i. Appropriate safeguarding policy related to people of determination.

5.5. Policies, Standards and Guidelines

5.5.1. The health facility shall ensure the following documentation is in place.

- a. Data security and access to patient files.
- b. Patient confidentiality and patient consent.
- c. Medical record-keeping and storage.
- d. Ethical medical advertising.
- e. Patient, admission, assessment, triage and transfer.
- f. Patient care plan and follow up.
- g. Patient and/or carer education.
- h. Staff Privileging.

5.6. All health facilities providing physiotherapy services shall adhere to the United Arab Emirates (UAE) Laws and local regulations.

5.7. Quality and Safety

5.7.1. DHA licensed physiotherapy services must have a quality and safety plan to manage risk and ensure quality control.

5.7.2. Physiotherapy services may also be accredited by external agencies such as the following: Commission on Accreditation of Rehabilitation Facilities (CARF), An International Society for Quality in Healthcare (ISQua)/External Evaluation Association (IEEA) approved program for physical rehabilitation.

6. STANDARD TWO: HEALTHCARE PROFESSIONAL REQUIREMENTS

- 6.1. Only DHA licensed physiotherapists shall operate the physiotherapy service in any facility that provides physiotherapy rehabilitation intervention.
- 6.2. All licensed Physiotherapists shall:
 - 6.2.1. Have training and experience related to physiotherapy rehabilitation interventions.
 - 6.2.2. Submit evidence of completing the minimum annual CME/CPD requirements as per the Unified Healthcare Professional Qualification Requirements (PQR).
 - 6.2.3. Be able to provide comprehensive, contemporary programs of care to address the impairments, activity limitations, and participation restrictions.
- 6.3. Physiotherapists are qualified and professionally required to:
 - 6.3.1. Undertake a comprehensive assessment of the patient or needs of a client group
 - 6.3.2. Evaluate the findings from the assessment to make clinical judgments regarding patients
 - 6.3.3. Formulate a Functional diagnosis, prognosis, and plan
 - 6.3.4. Provide consultation within their expertise and determine when patients need to be referred to another professional
 - 6.3.5. Implement a Physiotherapy treatment programme and education in agreement with the patient/client, this may include procedures such as and not limited to dry needling, reflexology, kinesiology and ultrasound therapy.

- 6.3.6. Evaluate and re-evaluate the outcomes of any treatments
- 6.3.7. Make recommendations for self-management
- 6.3.8. Collaborate with health professionals and other key stakeholders
- 6.3.9. The physiotherapist shall complete comprehensive documentation of assessment, management and evaluation including elements in Appendix 1.
- 6.4. In an inpatient setting where the patient is referred by a physician for physiotherapy services, the referring physician remains the Most Responsible Practitioner (MRP). In other settings, where there is direct access or self-referral, the physiotherapist is the MRP. When indicated, in any setting, the physiotherapist will collaborate with other practitioners caring for the same patient.
- 6.5. Privileging to provide Physiotherapy services shall be in accordance to DHA Policy for Clinical Privileging and only delivered by health professionals with the protected titles and qualifications of physiotherapists or physical therapists.

7. STANDARD THREE: PHYSIOTHERAPY SERVICE REQUIREMENTS

- 7.1. The physiotherapy service shall have in place written policies and procedures for:
 - 7.1.1. Admission, referral, and discharge
 - 7.1.2. Care Planning and Safe care
 - 7.1.3. Documentation
 - 7.1.4. Physiotherapy Services (and programmes)
 - 7.1.5. Staffing and qualifications
 - 7.1.6. Care outcomes and reviews

- 7.1.7. Patient consent
- 7.1.8. Patient consent for specific high-risk techniques
- 7.1.9. Confidentiality and data security
- 7.1.10. Infection Control
- 7.1.11. Quality Assurance
- 7.1.12. Use of Restraints
- 7.1.13. Public Health and Emergency Preparedness
- 7.1.14. Feedback/Complaint Management
- 7.1.15. Physical Environment and Amenities
- 7.1.16. Step up and step down of patients to other specialised providers
- 7.1.17. Administrative Policies and Procedures
- 7.1.18. Operating Hours
- 7.1.19. Attendance Roster
- 7.1.20. Fee Schedule and Billing.

8. STANDARD FOUR: INDICATIONS FOR PHYSIOTHERAPY SERVICES

To establish a physiotherapy service, the health facility should have a clear and defined clinical program that includes indications for referral, care pathway, pain management, follow up and discharge.

- 8.1. The service should provide comprehensive, contemporary programs of care to address identified impairments, activity limitations, and participation restrictions with consideration of biopsychosocial model and social determination factor.

- 8.2. Every patient must receive an adequate and individualized physiotherapy program. It should be delivered in a way that optimizes the effectiveness and efficiency of the physiotherapy program.
- 8.3. The expected conditions that a physiotherapy service should address include but are not limited to:
- 8.3.1. Aged Care/Geriatric Medicine
 - 8.3.2. Brain injuries and other neurological disorders
 - 8.3.3. Burns
 - 8.3.4. Cancer
 - 8.3.5. Cardiovascular Disease
 - 8.3.6. Cerebrovascular accidents
 - 8.3.7. Neuro-Muscular Disorders
 - 8.3.8. Peripheral Nerve Disorders
 - 8.3.9. Chronic Fatigue Syndrome
 - 8.3.10. Headache
 - 8.3.11. Lymphedema
 - 8.3.12. Multiple trauma injuries
 - 8.3.13. Orthopaedic and musculoskeletal disorders
 - 8.3.14. Ante-natal and Post-natal care
 - 8.3.15. Pre and post-surgical care
 - 8.3.16. Respiratory conditions

- 8.3.17. Spinal cord injuries
- 8.3.18. Sports injuries
- 8.3.19. Occupational related musculoskeletal disorders
- 8.3.20. Vertigo
- 8.3.21. Early identification and intervention in Neonatal Intensive Care Unit (NICU)
- 8.3.22. Neuro Developmental screening and follow up of high-risk infants
- 8.3.23. Pediatric neurological, neuromuscular, musculoskeletal conditions.
- 8.4. Exclusions
 - 8.4.1. Unstable and emergent conditions outside the scope of practice.

9. STANDARD FIVE: SAFETY AND QUALITY REQUIREMENTS

- 9.1. The physiotherapy service shall have in place a Quality Management System (QMS) for comprehensive quality assessment, assurance, control, and improvement.
 - 9.1.1. An action plan for improvement should be readily available for DHA inspection.
 - 9.1.2. The plan should include different parts of QMS and be reviewed regularly to ensure the identified actions are implemented with the recommended timeframe.
- 9.2. Patients should be assessed and advised of the treatment plan and milestones prior to treatment.
 - 9.2.1. The timeframe from physician referral to assessment should not exceed ten (10) days.

- 9.2.2. Regular assessments should be undertaken to review progress against the treatment plan, the patient needs and agreed milestones.
- 9.2.3. Inpatients referred for physiotherapy should have a treatment plan leading to a timely discharge to home or an ongoing outpatient care plan. In other settings a management plan should be in place leading to discharge and a home program.
- 9.3. Evidence-based protocols and clinical rehabilitation guidelines should be utilised and tailored to meet the patient needs.
 - 9.3.1. Make use of a variety of established evidence-based interventions to improve patient outcomes.
 - 9.3.2. Patient fears and/or concerns regarding their treatment plan should be discussed.
 - 9.3.3. Patients (or their carers) should be educated on the treatment needed.
 - 9.3.4. Motivate patients to ensure confidence is maintained during their recovery.
 - 9.3.5. Patients who lack motivation for treatment should be counselled and, where necessary, referred to an expert counsellor.
 - 9.3.6. The physiotherapy service will collaborate with a Multi-Disciplinary Team (MDT) when indicated. The physiotherapist working with an MDT should meet regularly to discuss patient cases and agree on the multidisciplinary treatment plan.

- 9.3.7. Where there is a need, patients should be referred to specialised rehabilitation centres as part of integrated multi-agency rehabilitation or Community-Based Rehabilitation (CBR).
- a. Services that offer integrated multi-agency rehabilitation should have written agreements to step up or step-down patients.
- 9.4. The physiotherapy service providers shall:
- 9.4.1. Ensure care is tailored to patient needs and provided in a safe and friendly environment.
- a. Tailoring may include one to one, group sessions, educational sessions, peer support, carer support, bedside care, onward rehabilitation, hydrotherapy, onsite gym, home care and telehealth support.
- 9.4.2. Provide treatment to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life, independent living and workability in individuals and groups of individuals with altered movement behaviours resulting from impairments, activity limitations, participatory restrictions, and disabilities.
- 9.4.3. Maximise the opportunity to improve quality of life and life expectancy.
- 9.4.4. Help patients to recover from ill-health or injury.
- 9.4.5. Adopt appropriate communications techniques and aids to suit the patient.
- 9.4.6. Direct their efforts to ensure patients and their carers have a positive experience of care.

9.5. Management shall:

- 9.5.1. Have a system for managing staff skill mix and capacity, medical equipment, and medical devices.
- 9.5.2. Capture a variety of data sets to inform service improvement.
 - a. Data sets may include but not be limited to patient satisfaction, pain score, level of confidence, environment.
- 9.5.3. Ensure only scientific, validated tools and functional scores to assess and evaluate patients are adopted.
- 9.5.4. Ensure staff are supported with training needs to maximise the opportunities to provide a high quality and safe service.
 - a. Annual training needs should be documented and reviewed by the line manager and staff on a monthly or quarterly basis.
- 9.5.5. Ensure approvals are granted by DHA to undertake training and support events.
- 9.5.6. Ensure all new physiotherapist receive an orientation program at the health facility.

10. STANDARD SIX: PHYSIOTHERAPY SERVICE RECORD KEEPING

- 10.1. Physiotherapy Service managers shall capture performance measures for each patient and for the Physiotherapy service (**Appendix 1**).
- 10.2. Performance measures for the service should be readily available upon request.

- 10.2.1. The service provider shall report on any additional performance requirements or measures issued by DHA.
- 10.3. Reports should be retrospective and reflect outcomes achieved in the previous quarter.
- 10.4. All treating physiotherapists maintain an up-to-date log of treatment and patient outcomes using validated tools.
- 10.4.1. Follow up on patient outcomes should be done once patient complications have been resolved.
- 10.5. Adverse and sentinel events shall be logged and reported to the Physiotherapy Service Manager or Senior Physiotherapist.

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APPENDIX 1: DOCUMENTATION REQUIREMENTS

Patient ID	Reason for Referral/Diagnosis	Baseline Assessment using appropriate assessment tool	Treatment Plan/Date	Treatment Method, dosage and date	Post intervention outcome measure	Treatment Site
Name and signature of Treating Physiotherapist:						