MULTIPLE CHOICE AND TRUE FALSE QUESTIONS

SECTION 1

AN INTRODUCTION TO ORGANISATIONAL POLICY

What are organisational policies and procedures?

1 Pain physiotherapist Anita’s practice is owned by a large organisation with a religious affiliation that does not support the provision of certain contraception options or pregnancy termination; they have a policy in place that prevents healthcare staff from providing referrals to other services that provide comprehensive contraception and termination services, even when a client requests such as referral. Anita has been working with a young woman experiencing severe pain related to very heavy periods and suspected endometriosis. The young woman told Anita that she had heard a hormonal inter-uterine device (IUD) could be helpful and asked Anita for a referral to a service that provided IUD insertions; she was surprised and distressed when Anita said she could not do this.

Anita’s organisation is breaching:

1. Duty of care responsibilities.
2. **Human rights, including healthcare rights.**
3. The client right to privacy and confidentiality.
4. Work health and safety rights and responsibilities.

2. Recently graduated occupational therapist Marcel has started undertaking home visits to clients. His organisation has no process in place for recording or communicating risks to workers who are undertaking home visits, such as pets, unsafe structures, or dangerous behaviours of residents or visitors in the homes they visit.

Marcel’s organisation behaving in a way that:

1. **Breaches their duty of care for Marcel.**
2. Upholds clients’ privacy and confidentiality.
3. Breaches Marcel’s human rights.
4. Prevents discrimination against clients living in unsafe accommodation.

3. When Marcel returns to the practice after his first outreach visit, he speaks with his manger about the state of the house he has visited. He has realised that the client has a serious hoarding issue. Marcel recognises that the large piles of paper (old newspapers, magazines, mail, and so on) are a fire hazard and that the volume of material means that some exits are blocked. He tells his manager that any worker visiting a client needs to be informed when there are hazards like this and that the organisation should have policies in place for assessing and determining appropriate actions (including limits on outreach service provision) where there are risks to workers within client homes.

Marcel is advocating for the organisation to:

1. Breach client privacy and confidentiality.
2. Act negligently by refusing to providing outreach support to some clients.
3. Respect worker’s rights to choose their work tasks.
4. **Act in accordance with their work health and safety responsibilities.**

4. Joe, a practice administrator, and Trisha, an optician, often talk about client issues and treatments over lunch in café next door to their practice.

Joe and Trisha are breaching:

1. **Client privacy and confidentiality.**
2. Their work health and safety responsibilities.
3. Their duty of care to practice patients.
4. Their clients’ rights to autonomy.

SECTION 3

DRAFTING POLICIES

Drafting a Policy Document

I have recently developed a records management policy for my allied health practice. Identify each of the policy sections below.

5. Every new client of the practice completes a Client Information Form (Appendix E of this Policies and Procedures Manual) upon first presenting at Reception. The Receptionist:

* Collects the form directly from the client upon completion.
* Checks that all required information is recorded.
  + If required information has not been recorded, the form is returned to the client with a request that the information be completed.
  + Where a client refuses to complete all required information, the Receptionist is to notify the Administration Officer or Practice Manager. No further processing of client information or the client appointment can proceed until the Administration Officer or Practice Manager has reviewed the situation and provided further guidance.
  + Informs the relevant clinician that the client is ready for their initial appointment.
  + Either
    - inputs the client information onto the Clinical Records Management System, or
    - places the form in the Client Information Forms – To Be Entered folder and re-secures the folder in the locked filing cabinet until the information can be entered into the Clinical Records Management System.
  + Places the paper form into the secure record destruction receptacle.

This is the/a:

1. Rationale.
2. Policy.
3. Philosophy.
4. **Procedure.**

6. This policy applies to all staff, including managers and volunteers. Particular staff with responsibilities for specific aspects of records management are identified in the relevant procedures.

The is the/a:

1. **Scope.**
2. Rationale.
3. Procedure.
4. Background.

7. We maintain a records management system that meets the needs of our practice, allows for effective communication and clinical management, and upholds client rights to the privacy and confidentiality of their information.

This is the/a:

1. **Policy.**
2. Rationale.
3. Scope.
4. Description.

8. Incoming communication regarding clients, including any documentation with identifying details and all referrals, reports, and results are saved on the Clinical Records Management System.

Communications received electronically through the secure messaging system or email are uploaded to the relevant client record.

If received via email, the email is immediately deleted.

Communications received in hard copy are scanned and uploaded to the relevant client record. The hard copy is then placed in the secure record destruction receptacle.

This is the/a:

1. Rationale.
2. Scope.
3. **Procedure.**
4. Policy.

9. Maintaining current, accurate, and secure client records is essential to the provision of safe and effective health services.

This is the/a:

1. **Rationale.**
2. Scope.
3. Procedure.
4. Policy.

Match the definitions below with the correct terms.

10. Principles that a practice commits to, such as respect for client autonomy, providing effective healthcare, and ethical behaviour.

1. Culture
2. Philosophy
3. Purpose
4. **Values.**

11. Statement of commitment to principles, often outlining how these relate to the work undertaken within a business or practice:

1. Culture
2. **Philosophy**
3. Purpose
4. Values

12. Normalised ways of working, interacting, and meeting client needs within an organisation; while this can be influenced by formal organisational documents, the actual behaviour of staff, particularly managers, is more influential.

1. **Culture**
2. Philosophy
3. Purpose
4. Values

13. My practice operates in order to enhance the wellbeing of people with severe and persistent disabilities and aims to be a leading allied healthcare provider.

1. Culture
2. Philosophy
3. **Purpose**
4. Values