Policy · LTC-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 28.1

At a glance

- Every resident receiving rehabilitation or restorative therapy has an individual plan built from a documented functional assessment (LTC-FRM-003).
- The plan aims to maintain function and slow decline, not to assume an acute recovery.
- Function is tracked with a validated tool at set intervals (LTC-REG-002).
- A resident who loses function triggers a review of the plan.
- Stop and get help straight away if: a resident stops walking after a hospital stay and no plan is made to restore it.

1. Purpose

To make sure residents receive a functional plan that fits long-term care (28.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A resident in long-term care who loses function slowly can be left to decline unless someone plans to keep them moving. An individual maintenance plan, built from the assessment, is what keeps the resident as active as possible.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for long-term care	Owns the functional plan rule	Clinician or manager
Rehabilitation or therapy lead	Writes and reviews each plan	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Assess.

- Carry out a documented functional assessment on admission and at set intervals.

Key point: Assessed.

Step 2. Plan.

- Write an individual plan for maintenance and restoration, on LTC-FRM-003.

Key point: Planned.

Step 3. Review.

- Review the plan on decline or at the set interval.

Key point: Reviewed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Residents with a functional plan from assessment	100%	Monthly	Clinical lead for long-term care	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
LTC-FRM-003	Functional maintenance plan record	Record
LTC-REG-002	Functional status measurement register	Register

17. Evidence

Reference	Note
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on digital and AI governance.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Rehabilitation and Recovery Programs in Fitness and Wellness (FIT-10)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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