Procedure · LTC-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 28.2

At a glance

- Therapy goals are shared with the nursing and care team at each review (CLN-FRM-003).
- Daily practice, such as transfers and walking, follows the therapy plan.
- A conflict between therapy and daily practice is resolved at the review, and recorded.
- The resident and family are told the agreed approach.
- Stop and get help straight away if: therapy asks for independent walking and nursing transfers the resident by hoist every time.

1. Purpose

To make sure therapy and daily care work toward the same goals (28.2).

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

In long-term care the therapist and the daily nursing team see the resident at different times. If their goals differ, the resident gets mixed messages every day.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for long-term care	Owns the coordination rule	Clinician or manager
Therapist and nurse in charge	Agree and record the shared approach	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. Share goals.

- Share the therapy goals with the nursing and care team, and record them in the individual care plan.

Key point: Shared.

Step 2. Align practice.

- Agree how each daily task (transfer, walking) will follow the therapy plan.

Key point: Aligned.

Step 3. Resolve conflict.

- Resolve any conflict at the review and record the agreed approach.

Key point: Resolved.

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 therapy and care goals shared at review	95%	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
CLN-FRM-003	Individual care plan (existing, reused)	Record

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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