

# Health Roundtable

## Monash Health Physiotherapy Weekend Service Review

**Organisation Real Name: Monash Health**

**Presenter:**

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**HRT 1914 – Allied Health Improvement Group  
30 & 31 October 2019 - Broadbeach**

[healthroundtable.org](http://healthroundtable.org)

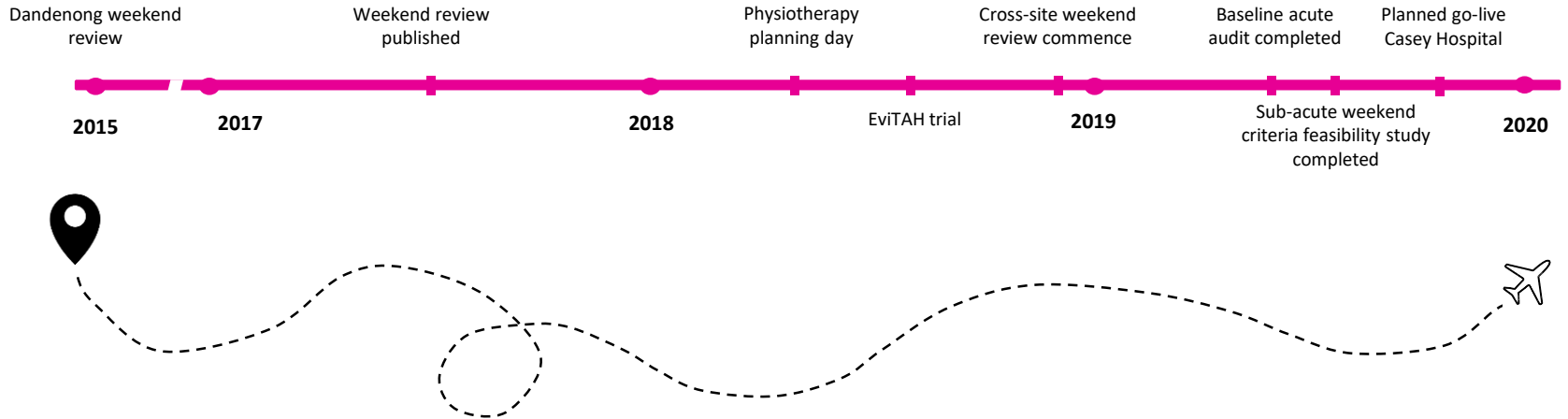
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# Key Problem

- Acute adult weekend physiotherapy service: variation across all 4 sites
- Cross site evaluation and standardisation has not occurred
  - Drive for service consistency, efficiency and alignment with evidence base between sites
  - Opportunity to invest in sub-acute weekend service



# Aim of Innovation



**1**

To establish consistent, evidence based acute weekend criteria



**2**

To analyse staff utilisation and compliance with existing and new criteria across 4 sites



**3**

To identify alternative service models that do not adversely impact patients, staff or health service

# Key Changes: Refined criteria

## Redesigned criteria

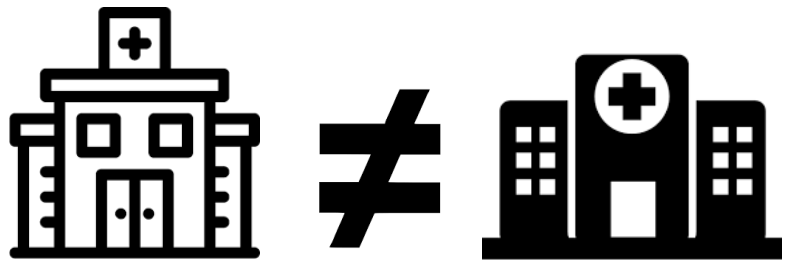
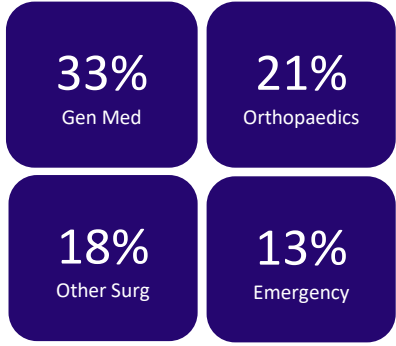
- ✓ Patients who requiring PT intervention to facilitate discharge over the weekend
- ✓ Post inpatient falls assessments and new patients admitted following mechanical fall
- ✓ All Day 1 spinal and cranial surgery patients (or 'first time up' once cleared to mobilise)
- ✓ All new stroke patients are to mobilise within 48 hours of admission (unless contraindicated).
- ✓ Patients with cystic fibrosis for inpatient tune up
- ✓ High risk chest
- ✓ Day 1 open cardiothoracic or open upper abdominal surgery
- ✓ Head and neck surgery with tracheostomy or lower abdominal surgery at high risk of post-operative pulmonary complication
- ✓ D1 ICU admission
- ✓ ICU patients requiring physiotherapy expertise to mobilise

## Exclusions from service

- ✗ Orthopaedic UL patients, or orthopaedic LL patients with orders to WBAT
- ✗ Patients who have other barriers to discharge (eg. poorly controlled post-operative pain)
- ✗ New patients admitted following mechanical fall already seen by care coordinator
- ✗ Ongoing therapy for neurosurgery patients where intervention is unlikely to result in discharge over the weekend
- ✗ Ongoing therapy for stroke patients where intervention is unlikely to result in discharge over the weekend
- ✗ Tracheostomy weaning patients who are not retaining sputum

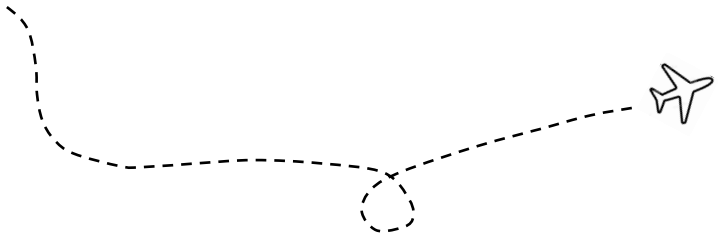
# Current Situation: Variation ++

Breakdown of time spent by clinical units



Service profile and specialities varied between sites, impacting on utilisation patterns

Referring Unit	Orthopaedics Moorabbin	Gen Med Casey	Orthopaedics Dandenong
Avg Treatments per Shift (High & Low)	5.7 Moorabbin	3.9 Casey ED / Wards	
Avg Treatment Duration (High & Low)	36 mins Moorabbin	42 mins Casey ED / Wards	



# Current Situation : Compliance and Future Planning

How well do we align to our new criteria?



17%

Moorabbin

45%

Casey

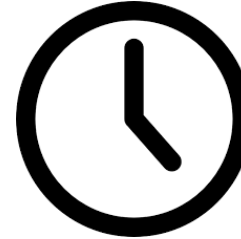
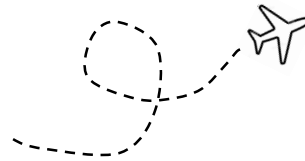
89%

Dandenong  
(Wards + ED)

91%

Dandenong  
(ICU)

So...What can we do about it?



Proportion of patients we can see with late shift the day prior

98%

Moorabbin

24%

Casey

14%

Dandenong  
(Wards + ED)



Future shift modelling: late treatments *and* new criteria

Call out  
Moorabbin

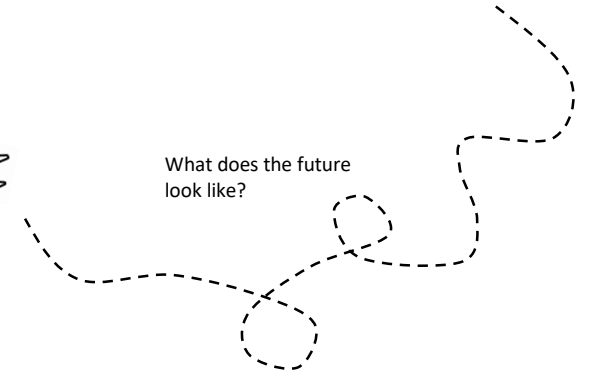
3.2 hours  
Casey  
Combined ED /  
Wards

4.2 hours  
Dandenong  
Combined ED /  
Wards

3.3 hours  
Dandenong  
ICU



What does the future look like?



# Key Changes and Next Steps:

	Moorabbin	Casey	Dandenong	Monash Medical Centre
Confirm new criteria	✓	✓	✓	✓
Complete baseline analysis	✓	✓	✓	✗
Consult re: proposed service models	✗	✓	✗	✗
	Friday late   Urgent call outs	Combined ED / Ward shift only	Friday late   Combined ED / Ward shift   ICU outreach	
Communicate criteria & referral methods	✗	✗	✗	✗
Re-train & re-roster staff	✗	✓	✗	✗
Plan & pilot sub-acute weekend service		✗	✗	
Evaluate acute changes	✗	✗	✗	✗

# Innovation Summary Slide

## Title: Monash Health Physiotherapy Weekend Service Review Health Service: Monash Health

### Problem:

Clinical variation between acute sites leading to inconsistent alignment with evidence base.

### Solution:

- Standardised acute cross site weekend criteria
- Single combined ED and Ward shift at Casey Hospital
- Exploring alternative weekend service options at other sites

### Results:

- 45% compliance with new criteria at Casey Hospital
- Projected 3.2 hour combined ED and Ward shift post transition to new criteria
- New weekend model and handover processes will align Casey Hospital with other Monash sites.



45%  
Compliance



3.2hrs  
Projected avg  
shift length

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