



(Social Work After Hour On-Call Service in ED)

Hospital Name: (WMHHS)

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HRT 1616 Allied Health Improvement Group

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Key Problem

- Increasing patient demand and complex trauma presentations to ED
- Organisational vulnerability to meet NEAT targets as no on call service with significant events such as unexpected patient death, trauma, family violence and disaster/critical incident management.

Aim of this innovation

- Timely and effective access to front line Social Work service to meeting NEAT targets.
- Collaborative multidisciplinary care to release medical and nursing staff to routine care.
- Criteria led on call Social Work services for distressed relatives and patients, and social presentations to prevent admission.

Baseline Data

- Workforce development and training to deliver safe and contemporary care
- Recognition that Social Work intervention is optimal and able to improve the experience of the patient in ED.
- Sustainable and reliable model of care for fluctuating demands and emergent needs for patient centred care.

Key Changes Implemented

- Development of Social Work Service (Emergency) - after hours/on-call Procedure.
- Implementation of change management strategies to manage RD changes and fatigue leave.
- Training schedule to onboard all staff and communication plan developed for key stakeholders.
- Social Work On-Call ADAPT'R tool developed for staff to assess appropriate criteria led referrals.
- Monthly staff On-call meetings commenced to support staff, review systems and monitor criteria-led procedural requirements.

Outcomes so far

Criteria	2015 (Feb – Dec)	2016 (Jan-Sept)
Sudden/unexpected death/critical illness	21	37
Acute Sexual Assault	12	18
DV	1	2
Child Protection	3	6
Other (not specified criteria)	2	6
Inappropriate	7 – did not attend; triaged through phone	4 – did not attend; triaged through phone
Total	46	73

Outcomes so far

Total Feb- Dec 2015 (11 months) 31 recalls 102 hours Av of 3.3 hours per recall	Total Feb- Dec 2015 16 telephone calls 523 mins Av of 33 mins per call
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Total Jan- Sept 2016 (9 Months) 55 recalls 211 hours Av of 3.8 hours per recall	Total Jan- Sept 2016 18 telephone recalls 330 mins Av 16 min per call
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Outcomes so far

Workforce – staff satisfaction

- A survey was circulated at the final training session. There was a return rate of 43%.
 - 69.2% found the majority of the training adequate
 - 69.2% believed that on-call Social Work was a valuable service to offer.
 - Of these, 66.7% did not want to participate in a mandatory roster.

Post training, staff percentage who have had On- Call experience in first 12 months

- 57% of staff on roster have been recalled to work for between 1 and 4 occasions of service
- 43% of staff on roster have not been recalled to work. However, 42% of these have taken a telephone recall.

Lessons Learnt

- Valuable emergency resus beds can be made available to newly presenting patients, as patients receive more timely care with Social Work as a part of the multidisciplinary team.
- Enhanced patient care has been delivered by the better use of all professionals skills, which has led to increased staff satisfaction.
- Increasing patient demands have been met and referral criteria has matched ED and patient care needs.
- Ongoing investment in staff training has been implemented to improve service quality.

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