Allied Health Weekend Service Redesign

Hospital Name: Western Health

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HRT 1616 Allied Health Improvement Group

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Key Problem

- WH participated as a site in NHMRC Weekend Allied Health Research trial
- Opportunity to implement new stakeholder driven model for weekend service (same cost footprint)
- Prior weekend model largely serviced by casual staff
  - High turnover, time spent in recruitment, rostering and orientation
  - Difficulty maintaining compliance with mandatory training and clinical governance requirements i.e. supervision and performance development due to the unavailability of weekend casual staff to attend weekday training sessions
  - Poor continuity of care
  - Communication challenges
- Complexity of staffing 2 small ICUs when ICU trained physio staff are difficult to recruit, training time and confidence/ competence of grade ones who have not had recent ICU experience.
- Inequity of service across sites
- Limited AH service provided – Physio and OT only

WH as a site in a multi-centre randomised controlled trial (Haines et al., 2015) comparing three models of Allied Health weekend service delivery:

1) Usual weekend services
2) No weekend services
3) A **new stakeholder-driven model** of weekend service

The **new stakeholder-driven model at WH** included:

a) ED care coordination for inpatient discharge assessments on majority of units (in trial)
b) Physiotherapists working in ICU for acute and deteriorating patients and discharge assessments as required
c) a Speech Pathology service

This model continued following the conclusion of the trial with the addition of orthopaedic /subacute physio shifts at 2 sites and with increased weekday service in ICU

Aim of this innovation

- Improved clinical governance for weekend staff
- Improved continuity of care and reduced handover
- Weekend service targeted to areas of high risk or with reasonable evidence for effectiveness or to fulfil organisational expectations
- Maintain cost footprint

Baseline Data

Prior AH Services

Site	Area	Staffing
Williamstown	Orthopaedics acute and rehab	Approx 4 hour physio shift staffed by casual Grade 2 physio employees
	GEM	No service
Sunshine	ICU	DIL (day in lieu) shift by internal ICU trained grade 1 physio staff
	Wards	Approx 6 hours shift staffed by causal physio employees
	Sub-acute GEM and Rehab	No service
Footscray	ICU	DIL by internal ICU trained grade 1 physio staff
	Wards	Approx 6 hours shift staffed by causal physio employees
	Sub-acute	6-8 hour shift by AHA, grade one and grade 2 casual staff PT and OT
	Orthopaedics	Approx 6 hours shift staffed by casual Grade 2 Physio and OT

Key Changes Implemented

Site	Area	Staffing
Williamstown	GEM/orthopaedic acute and rehab	DIL from grade one physio staff member in orthopaedic/subacute rotation pool
Sunshine	ICU and deteriorating patients	New grade one physio rotation which incorporates weekend shifts.
	Acute wards	Discharge planning by IRS care coordinators. New speech service 3 hours (overtime/ casual)
Footscray	ICU and deteriorating patients	New grade one physio rotation which incorporates weekend shifts
	Acute wards	Discharge planning by IRS care coordinators
	Acute Orthopaedic & Subacute	DIL from grade one physio staff member in orthopaedic/subacute rotation pool

Grade one Physio ICU schedule

Staff member	MON	TUE	WED	TH	FRI	SAT	SUN	MON	TUE	WED	TH	FRI	SAT	SUN
A			work	work	work				work	work	work	work	work	work
B	work	work	work			work	work	work	work	work	work			

Outcomes so far

Physio

- Improved confidence in grade 1 ICU physiotherapy staff on weekends.
- Physiotherapy staff report increased time efficiency for weekday staff compared with casual staffing model.

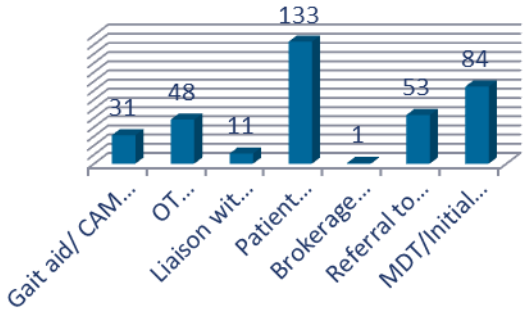
Speech

- 59% of referrals to speech pathology are from stroke and neuro
- 91% of patient contacts are for swallowing
- 33% of patients seen by the weekend speech pathologist commenced oral intake (previously NBM). At FH, where there is no weekend speech pathology service, patients are waiting an average of 47 hours for a Speech Pathology assessment from the time of eligibility

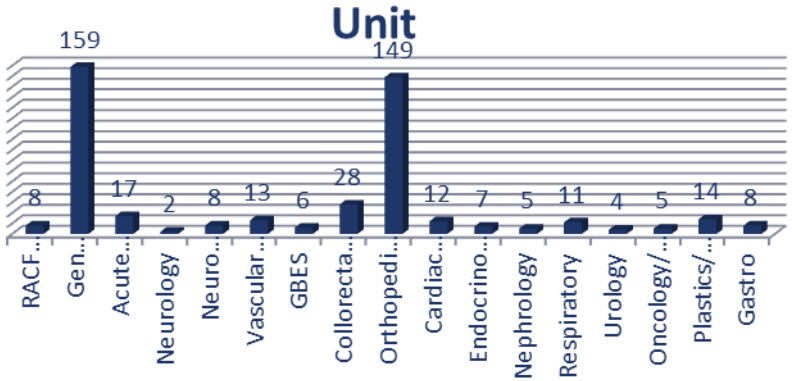
Impact on LOS and readmission rate for post research period yet to be analysed

Outcomes so far - IRS

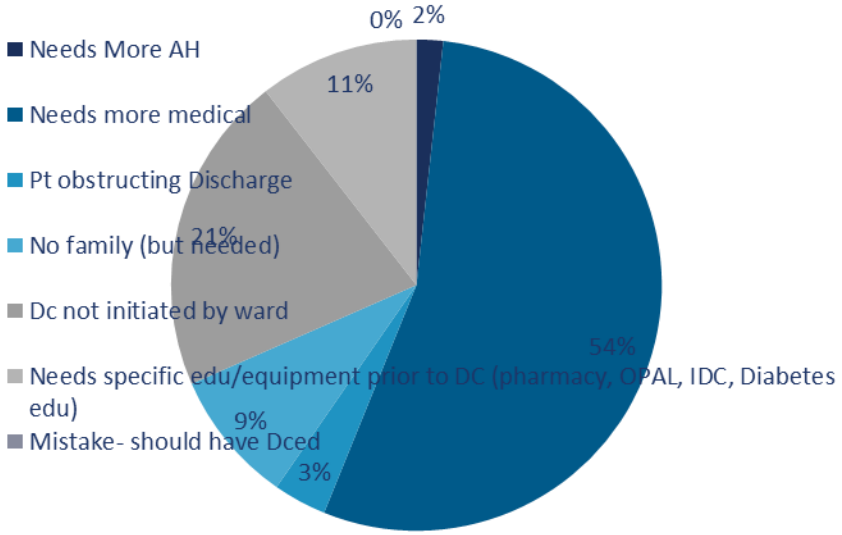
Intervention provided



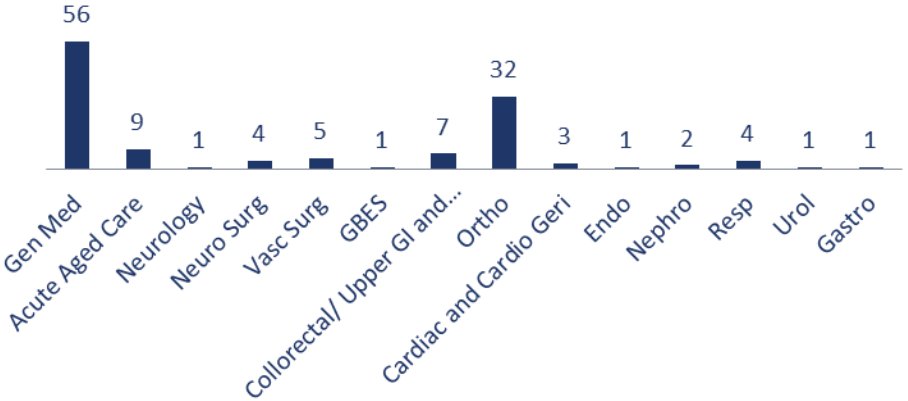
Unit



Why patients who are discharged by IRS don't leave hospital



Seen by IRS not ready for DC



Lessons Learnt

- Weekend AH staffing is complex – conflicting evidence in the literature
- Other factors may influence weekend discharge planning e.g. availability of other services, medical staffing levels, seniority of staff on the weekends
- Difference between research protocol and “real world” application
- New models take time to be embedded
- Evolving model – awaiting further analysis
- Aims of service should be clear: e.g. therapy, patient experience, discharge

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