

Challenges bring opportunities

NMH has extensive data which documents the progressive growth in demand for Nelson Hospital inpatient care. Unsustainable pressure on bed occupancy has:

- impacted on Emergency Department
- caused cancellation of elective procedures
- caused regular and high numbers of medical outliers across other wards
- forced the opening of Day Stay overnight.

Allied Health is experiencing a widespread increase in demand for services as our population ages and presents us with a growth in complex and chronic conditions. This has been compounded by an ageing workforce and a well recognised skill shortage.

NMH invested in a 10-week pilot of a MAPU. Allied Health recruitment was challenging resulting in no dedicated Physiotherapy resource.

So our attention needed to focus on the development of alternative models of service delivery that maximise efficiency.

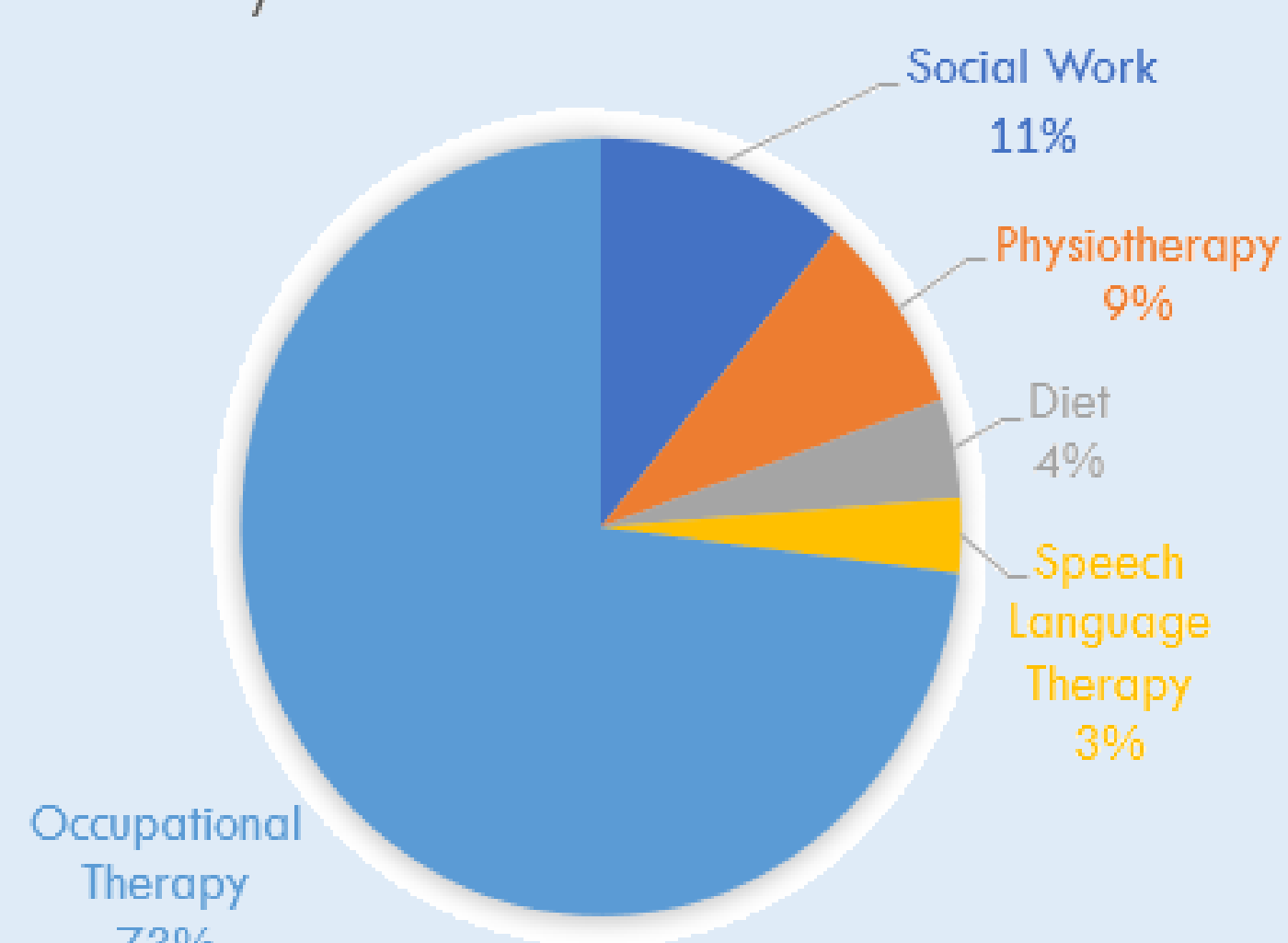
Outcomes

During the pilot:

- Allied Health delivered 430 direct patient care hours and completed 333 assessments, 238 of which were full MDT screens and management plans.
- The Occupational Therapists made 240 onward Allied Health referrals (inpatient and community).
- Through trans-disciplinary practice the Occupational Therapists delivered 185 traditional Physiotherapy tasks via a skill-sharing model. This effectively reduced the need to call a Physiotherapist for $\frac{2}{3}$ of patients.

Performing the screening tool meant that patients were ready for more comprehensive rehab when transferred to their ward.

ALLIED HEALTH INTERVENTION IN MAPU AUG/SEP 2018 BY DISCIPLINE



There was clear feedback that patient and clinician experience was improved with no evidence of negative impacts or risks.

“Patients are getting timely focussed MDT approach to their care”.

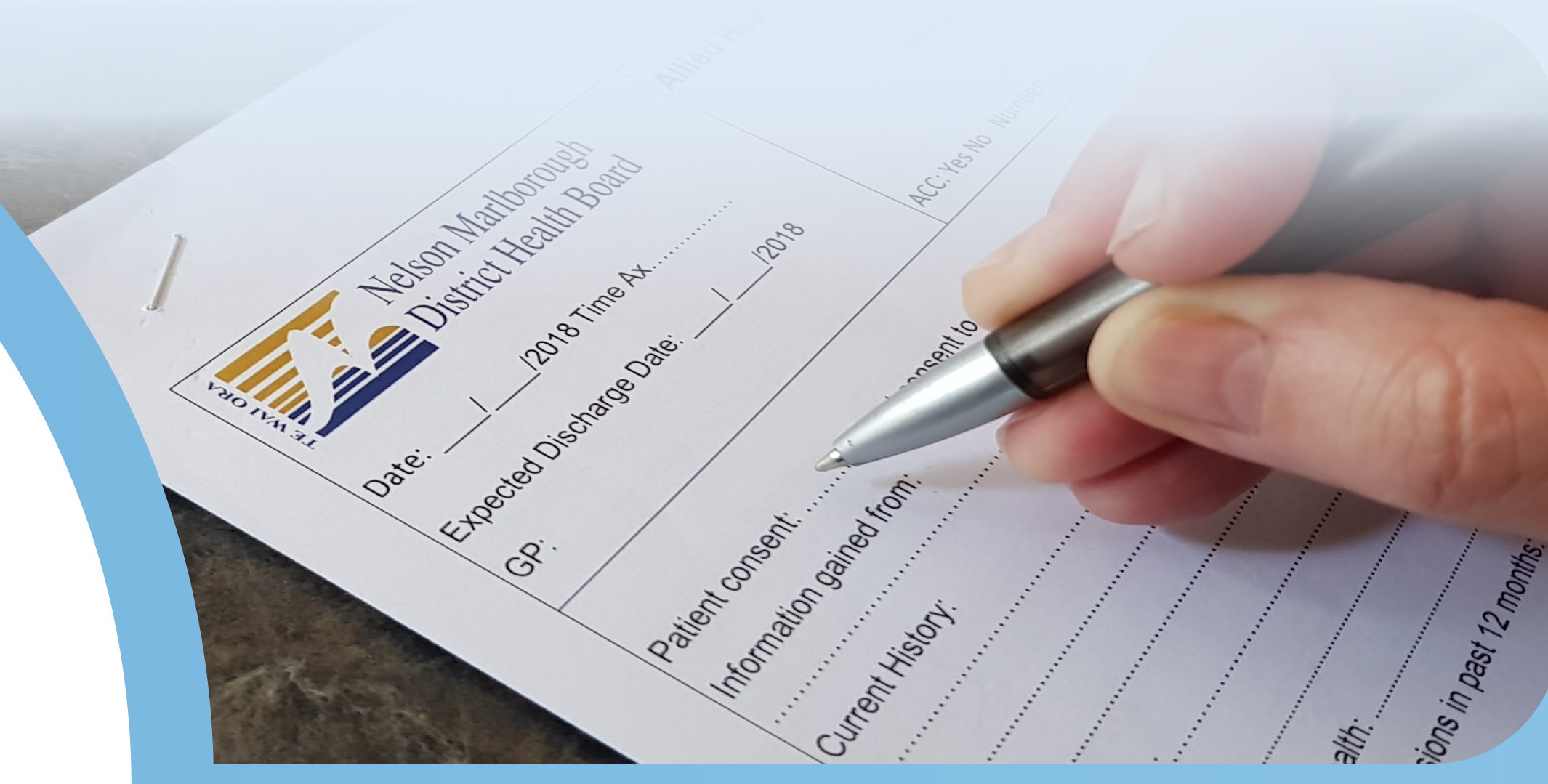
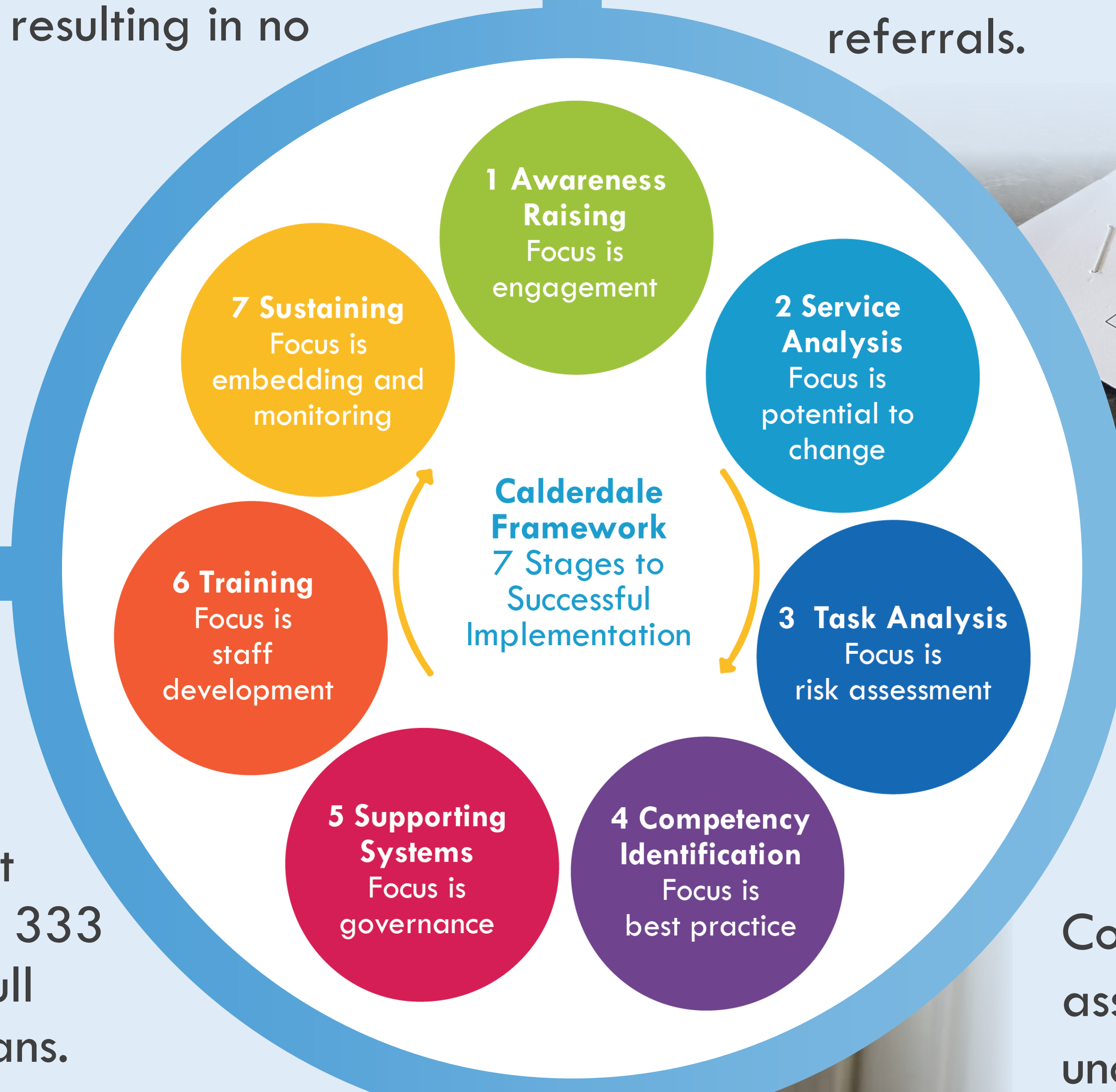
Approach and reach

We used a workforce design tool (the *Calderdale Framework*) that identified skill-sharing opportunities between Physiotherapy and Occupational Therapy. **This ensured prompt, comprehensive assessment for all patients consistently over 7 days.**

The framework is clinically-led, standardised, risk-managed and structured to:

- improve quality care and safety for patients
- reduce inefficiencies (repetition and duplication)
- ensure key clinical competencies are supported by consistent training and governance.

We developed a multi-disciplinary team (MDT) screening tool and a clear pathway for Allied Health referrals.



Future Focus

“An appetite for change”

Comprehensive and holistic assessment identified previously uncaptured need for Allied Health care. This encourages us to now progress with further service efficiencies and changes to models of care.

The pilot provided us with an opportunity to demonstrate to a wide audience the value and safety of a skill sharing and delegation model.

The framework can now be used with confidence to extend the scope and reach of this workforce design tool. For example, we could use it across the full medical patient pathway (from “front door” through to rehab).

“Coming together is a beginning, staying together is progress and working together is success”, Henry Ford.

