

Extended day and seven-day physiotherapy service in acute medicine

Provided by: Cardiff and Vale University Health Board

Summary

In Cardiff, six extra physiotherapists were recruited to enable seven-day and evening physiotherapy for acute medical patients. Physiotherapy was focused on admission avoidance, prevention of deterioration after admission and facilitating early discharge. There were improved response times and a reduction of 1.5 bed days per patient.

Evidence summary

- Yes** The intervention has been successfully implemented
- Yes** The intervention is linked to standards or guidance
- Yes** The intervention is supported by one or more national organisations
- Yes** An evaluation of the effects of the intervention has been carried out

The proposal

Proposal description Implementation of seven-day and extended working day physiotherapy service in acute medicine (medical admissions unit and emergency unit).

An initial four-week audit was conducted to assess the additional staffing requirement needed to remodel the service. Data was collected on physiotherapy response times, physiotherapy input, and patient length of stay. The service uses prioritisation tools and blanket referral systems to target patients whose discharge can be expedited by physiotherapy. These tools identify where physiotherapy is the key constraint to discharge, i.e. where physiotherapy's impact is greatest, and prioritise these patients. Enhancement of physiotherapy establishment allows implementation of a limited (focused on discharge) seven-day, extended working practice and enables timely intervention.

The focus and capacity requirements are limited to physiotherapy only at present, due to the lack of access to community-based therapy services out of hours and over the weekend.

The service employs senior physiotherapy staff with comprehensive knowledge and skills to enable focused discharge planning.

Quality and Productivity

Purpose of change	Frontloading a physiotherapy intervention in acute care focusing on admission avoidance and prevention of initial deterioration in function immediately after admission to/arrival in acute sector through implementation of a new working model. This resulted in a reduction in length of stay.
Pathway group	Acute care
Related standards and guidance	Four-hour A&E and eight-hour medical admissions targets. Reducing length of stay.
Other information	Driven by targeted discharge planning. Staff felt a need to prioritise services because of capacity issues. There was a need to maximise the impact of physiotherapy intervention (the greatest impact is achieved at an early stage).

Evidence of implementation

Organisations where the proposal has been implemented	Cardiff and Vale University Health Board.
Effect on productivity	<p>Bed days were reduced by 1.5 per patient.</p> <p>A second four-week period was audited after implementation of the new model. The length of stay of those patients receiving physiotherapy intervention (which constituted 49% of patients admitted to the medical emergency admissions unit and short-stay medical admissions unit) was reduced by an average of 1.5 days per patient.</p> <p>The physiotherapy response times from referral to contact were significantly improved from an average of 13.7 hours to 2.3 hours. Other results included the development of a successful working staff rota, improved rapport with ward staff, improved links with community services and improved physiotherapy staff satisfaction due to improved patient care.</p>
Timescales for realisation of benefits	Recurring savings.
Additional costs	Staffing requirements – six whole-time equivalents (WTEs) (top of Band 6). From a workforce perspective, there is a need to pay anti-social (enhanced) rates on weekends.
Evidence for the effect on quality and productivity	<p>Carlill G; Gash E; Hawkins G. Preventing unnecessary hospital admissions: an occupational therapy and social work service in an accident and emergency department. <i>British Journal of Occupational Therapy</i>, 2002; 65(10): 440–5.</p> <p>Harden BE; Cross J; Thomas S; Ten Hove R. Out-of-hours care:</p>

7-day working without the weekday support? *British Journal of Therapy and Rehabilitation*, 2002; 9(10): 381.

Tschannen D; Kalisch BJ. The effect of variations in nurse staffing on patient length of stay in the acute care setting. *Western Journal of Nursing Research*, 2009; 31(2): 153–70.

Further evidence

Support from national organisations The Chartered Society of Physiotherapy.

Implementation advice

Implementation guidance

Part of the requested funding was received and the programme was remodelled accordingly. Initially, funding was received for three WTEs (six needed) and, since then, new funding has been acquired from a different funding stream for additional WTEs. Six physiotherapists now work to a seven-day job plan to support acute medicine. The model is focused on frontloading care (i.e. to make the most difference) to reduce later dependency on physiotherapy and other services.

Further considerations

Maternity and annual leave also need to be covered as usual.

With regard to learning from the change process, an extensive initial audit was required; we worked closely to modify rotas to meet staff demands and the programme was implemented in partnership with staff. Experience is key, but it proved difficult to find senior staff. It is difficult to maintain because of vacancies, maternity leave and recruitment delays.

Look at examples of access to extended day and seven-day therapy services locally, to assist in identifying how units could roll out a full seven-day service.

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