

Consumer preferences regarding Physiotherapy Practitioners in Emergency Departments - a qualitative investigation

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Background

Service reform is required to meet increasing demand for Emergency Department (ED) services. Primary Practitioner Physiotherapists (PP) have been introduced into ED's to provide care to people with uncomplicated musculoskeletal conditions such as sprains, strains, and simple fractures. High quality care is consumer centred care. Consumers' opinions and preferences for who provides care in ED, and how they provide care, remains largely unknown.

Objectives

Investigate consumer opinions and preferences regarding Primary Practitioner Physiotherapists in EDs.

Methods

The study was conducted at a large regional public hospital that provides 24-hour emergency care to approximately 60,000 people each year. PPs work in the 'Fast Track' area alongside Nurse Practitioners and Doctors.

Twenty-two members of the organisation's Consumer Representative Program participated in focus groups which were audio-recorded and transcribed verbatim. Data were extracted using an emergent-systematic design and analysed using thematic analysis. Five themes emerged.

Results

Workforce reform is necessary and beneficial

"It's easing the load on the doctors, there's somebody who's qualified to deal with a problem, more quickly, than having to wait in a queue and then having to waste the doctors time who says all you've got is a sprained leg."

Multi-disciplinary teams offer consumers a broader skill-mix

"I think it's good to have a mix because there are a large number of things coming into ED that don't need to see a doctor...its freeing up the doctors with a different expertise to see those people who need that expertise."
 However, several different professions working in ED can make professional roles and responsibilities harder for consumers to understand

Local governance of new (and existing) roles is expected

"I have no concerns whatsoever, because you wouldn't be in those roles in Barwon Health, I believe, unless you were effective."

Consumers' preferences varied regarding who they wanted as their primary clinician

"As a member of the public, if I came into ED then I'd want to see a medical doctor first, and then it would be up to him to send me to x-ray or to physio or somewhere else."
"The nurse and doctors are dealing with a million different things whereas physio's are more specialised...they'd be able to give you more info"
"If I am going to an Emergency Department, I am there because I need something dealt with now and I do not really care if it is a doctor trained in this way, or a physio trained in this way or a nurse practitioner trained in this way. I just want them to fix me and get me home as fast as possible."

All staff, irrespective of profession must embody core values and work within skillset

"I want those attributes to apply to whoever is treating me regardless of whether it's a different profession."

Implications

Enable workforce reform

- Multi-disciplinary models of care
- Remove barriers to participation, increase scope of practice

Educate the community

- Prior to ED care
- During ED care

Ensure effective governance

- Recruitment, training, mentoring, performance evaluation

Enable core attributes

- Standardise core behaviors and characteristics across professions