



DASH: Dynamic Allocation of Staff Hours

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1 Problem Statement

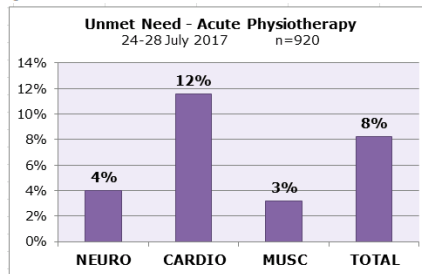
Current Performance: Physiotherapy acute services align to medical and surgical units with set staffing numbers. Staffing does not fluctuate with unit's demands.

Expected Outcome: Increased responsiveness of Physiotherapy to daily demands of acute units with >95% of patient contacts for those who would benefit from Physio intervention being seen, and providing equitable patient centred care to facilitate flow.

Gap: Up to 8% of patient contacts for those would have benefitted from Physiotherapy intervention in acute were not completed

2 Current Condition and Problem breakdown

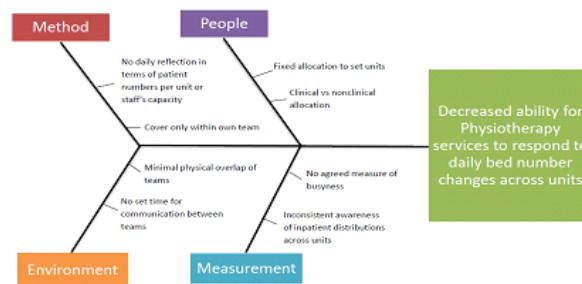
Demand of Physiotherapy inpatient services fluctuates daily depending on unit admissions. A priority system is utilised to assist teams with allocating the workload. Provision of service is coordinated internally within each physiotherapy team. Demand and Capacity is reviewed within teams, but does not occur between teams.



3 Target Setting

Target	Current state	Goal
1. Decrease the total percentage of patients not seen by physiotherapy	8% (76 out of 920 contacts)	< 5%
2. Increase equality of physiotherapy access across acute	Ranges from 3 % to 12%	< 5% all teams

4 Root Cause Analysis



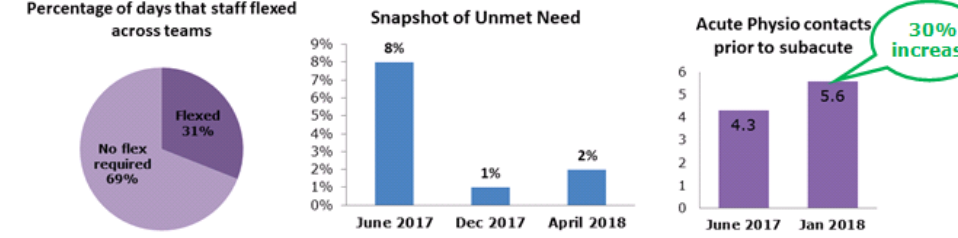
5 Countermeasure

Root Cause 1	Root Cause 2
No up to date relevant capacity and demand data	Staff covering within teams but not consistently between teams.
Countermeasure	Countermeasure
Create demand and capacity identification and communication tool	Redesign the workforce to flex staff across teams

6 Implementation Plan

1 - Consultation with Staff	2 - Development of Tool	3 - Trial of tool
4 - Pre data collection	5 - Implementation	6 - Data collection
7 - Evaluation	8 - Recommendations	9 - Deploy to other areas

7 Check



These changes in acute service resourcing likely contributed to a reduction in average subacute length of stay from 18 to 14.5 days (June 2017 and January 2018). This reduction demonstrates a 24% improvement and saving of 84 subacute bed days.

Despite seeing more patients, most staff reported improved or no change to their level of work stress.

8 Sustain

The DASH is now the standard daily practice for the inpatient Physiotherapy Team. We now have a flexible and equitable physiotherapy service that can react on a daily basis to changes in hospital demand. In July 2018 DASH was rolled out to all Allied Health teams at SVHM. The DASH tool and model can be adapted for Allied Health to improve service provision in an public hospital setting.

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