

Physiotherapy volunteers in a sub-acute setting

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Background The aging population and advancement of medical care has led to an increasing demand for allied health services within the public hospital system. This demand has resulted in the investigation of new service models to enhance the safety and timeliness of care. To ensure best outcomes resources need to be utilised effectively and efficiently. An area identified as problematic is the proportion of time spent transporting patients from the wards to physiotherapy gyms. This time could be better spent providing direct patient care. The aims of this pilot project were to reduce physiotherapy and allied health assistant time spent portering patients to and from the wards. This in turn aims to increase the amount of therapy time patients receive with physiotherapists.

Methods The Kingston Centre physiotherapy department piloted two volunteers for two half days per week over a six month period. The volunteer role included portering and administrative tasks that were deemed safe and appropriate for a volunteer to conduct. A risk management and training package was designed to ensure safe work practices, particularly focused on falls prevention.

Results Five physiotherapists working with the volunteers were surveyed. Eighty per cent of staff reported a small to significant increase in treatment time when a volunteer was available. Two staff reported that they were able to see more patients during that time. Risks identified included communication between volunteer and therapist, timetabling and handover to the ward. Eighty per cent of staff felt that the utilisation of volunteers benefited the physiotherapy department and patient care.

Discussion Volunteers reduced portering time with patients and as a result increased therapy time for patients. However, systematic orientation and training, and ongoing communication is required to ensure patient safety. Further trialling with a greater number of volunteers is required to evaluate the effectiveness in enhancing patient outcomes.