FUTURE PROOFING THE ALLIED HEALTH WORKFORCE; A SOUTH ISLAND REGIONAL APPROACH

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The South Island Regional Alliance Vision is for: "A sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high quality services as close to people's homes as possible."

With demand for health services exceeding capacity, this goal is increasingly challenging and unsustainable. In response, transformational changes are being made to the design and delivery of health services. Regional Alliances provide the opportunity to utilise scare resources more effectively and efficiently through collaboration.

In July 2014 the South Island Directors of Allied Health agreed to introduce the Calderdale Framework, a workforce design tool, to support the development of a more flexible and sustainable workforce.

In April 2015 training was delivered under agreement between South Island Workforce Development Hub (SIWDH) and Effective Workforce Solutions Ltd (UK) and in partnership with Queensland Health.

Twenty five Allied Health professionals from across the South Island attended the Calderdale Framework Foundation Day and ten clinicians subsequently commenced Facilitator training provided by Annette Scott and Alison Pighills, Queensland Health.

Figure 1: The South Island region; District Health Boards boundaries

Figure 2: South Island Calderdale Framework Facilitator Training

BACK ROW: Steph Adcock, Ingrid Roberts (Southern), Lee Cordell-Smith (South Canterbury), Sue Donaldson (West Coast), Wendy Hay (South Canterbury), Hilary Exton(Nelson Marlborough), Sandy Clemett (Canterbury) MIDDLE ROW: Annette Howard (Canterbury), Annette Scott (Queensland) FRONT ROW: Rachael Neame (West Coast), Alison Pighills (Queensland), Vicki Prout (Canterbury)

Regionally a number of delegation and professional skill sharing pilots were identified and the initial stages of one of the projects in Canterbury, including the challenges to date is briefly outlined.

INTERDISCIPLINARY PRACTICE AT THE "FRONT OF HOUSE", CHRISTCHURCH HOSPITAL

"Right care, right place, right time, by the right person."

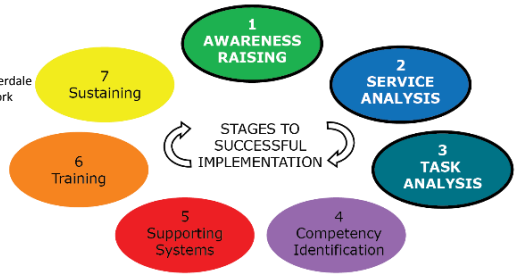
PROJECT SITE AND SERVICE

- Christchurch Hospital, a 650 bed acute, tertiary, teaching hospital
- Population catchment; 500,000 people
- "Front of House"; Emergency Department, Orthopaedic Outpatients' Department, Acute Medical Assessment Unit
- Allied Health multidisciplinary team; Physiotherapist, Occupational Therapist and Social Worker on site, Dietitian and Speech-language Therapist on request
- Hours of Allied Health service provision; Monday-Friday 0800-1630, limited weekend and after-hours service

IMPLEMENTATION OF THE CALDERDALE FRAMEWORK

The Calderdale Framework was introduced as a tool to enable Allied Health clinicians working at "front of house" to identify opportunities to generate efficiencies in workforce utilisation and improve patient care.

Figure 3: The Calderdale Framework



AWARENESS RAISING

- Stakeholders identified and clinical engagement strategy formed
- Awareness raising a continuous process in order to identify "champions" and build wide support
- Clinicians narrowed the project scope and site to ensure an appropriate patient cohort, length of stay and the ability to measure patient outcomes, satisfaction and workforce efficiency gains
- Project team formed and attended Foundation Day Training, September 2015

SERVICE AND TASK ANALYSIS

- Project group began service analysis at Foundation Day training
- Further workshops scheduled in October 2015 to undertake service and task analysis

CHALLENGES

- Clinician time and availability to participate in training and workshops
- Achieving clinician "buy in" due to uncertainty of added value to patients, service and staff, professional patch protection, change fatigue

ENABLERS

- Leadership and endorsement from the South Island Executive Directors of Allied Health
- Local Allied Health Leadership support enabling staff "release" for workshops
- Identification of Calderdale Framework "champions" who have positively influenced colleagues
- Establishment of a Project Lead, SIWDH, to provide regional coordination and support
- Establishment of a regional network for facilitators supported by Telehealth

IMPACT

- Will be assessed post implementation of pilot projects at a local/regional level

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