Understanding allied health services: capacity & demand

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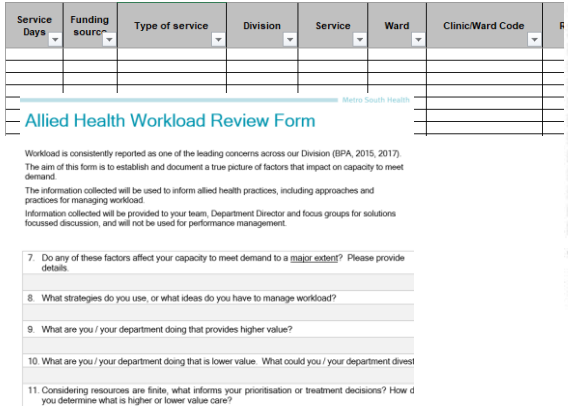
Background

Allied health services have much to offer in the provision of safe, efficient, patient-centred care that supports health service targets and key performance indicators. However, we increasingly struggle with capacity to meet growing demand. The absence of clear frameworks for allied health staffing levels and lack of awareness regarding capacity and demand often leads to unrealistic expectations, high workloads and compromises the health and wellbeing of our staff.

Method

The first step to address these concerns was to establish and document a true picture of allied health services, current activity and factors that impact on capacity to meet demand. A multi-faceted approach involved development of:

- An allied health service profile which articulated allied health staffing at a division, service and ward and/or clinic level, for example by profession, professional stream, day of service, direct clinical vs non-clinical FTE, acute vs sub-acute service provision.
- An allied health dashboard for analysis of allied health activity and staffing at a division, service and ward/clinic level by profession.
- A workload review including analysis at a profession and team level to identify current allied health work practices and factors that impact on capacity to meet demand.



Service Days	Funding source	Type of service	Division	Service	Ward	Clinic/Ward Code	R

Metro South Health

Allied Health Workload Review Form

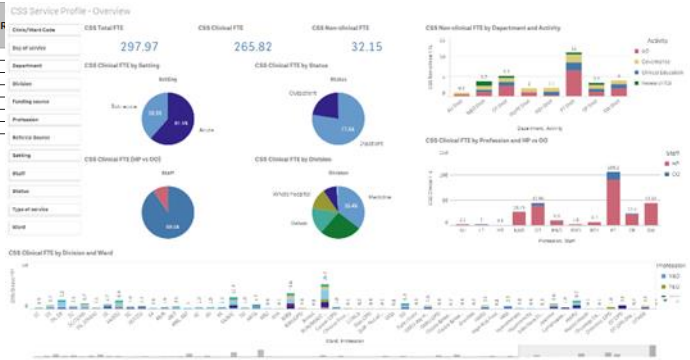
Workload is consistently reported as one of the leading concerns across our Division (BPA, 2015, 2017).

The aim of this form is to establish and document a true picture of factors that impact on capacity to meet demand.

The information collected will be used to inform allied health practices, including approaches and practices for managing workload.

Information collected will be provided to your team, Department Director and focus groups for solutions focussed discussion, and will not be used for performance management.

7. Do any of these factors affect your capacity to meet demand to a major extent? Please provide details.
8. What strategies do you use, or what ideas do you have to manage workload?
9. What are you / your department doing that provides higher value?
10. What are you / your department doing that is lower value. What could you / your department divest
11. Considering resources are finite, what informs your prioritisation or treatment decisions? How d you determine what is higher or lower value care?



Results & Discussion

Analysis of the allied health service profile, allied health dashboard and workload review has informed:

- Open and transparent discussions regarding current and optimal models of service delivery in allied health professions.
- Regular executive, divisional and finance performance meetings.
- Advocacy for allied health services to best support patient needs.
- Workload management strategies including identification and understanding of high and low value activity, prioritisation strategies and wellness initiatives.

Future opportunities include addition of waitlist activity for outpatient services, inclusion of bed numbers for inpatient services, alignment of research activity, mapping of activity to DRGs, targeted clinical redesign of allied health services to meet demand and disinvestment.

Conclusion

This initiative has been invaluable in providing a clear understanding of allied health services, capacity and demand. Staff have permission to determine and implement optimal allied health models of care and services, without limitations of historical arrangements. The vision is this work will form the basis for an Allied Health Business Planning Framework.