

# Changing the way Occupational Therapy does business in an acute public hospital

## Challenges

Increasing complexity of patient care needs in fast paced public hospital setting

Incongruence between medical model in acute care and Occupational Therapy (OT) philosophy

Inconsistency in intervention and articulation of the value of OT

## REFERRALS

Time consuming to screen wards

Inconsistencies between therapists regarding which patients to see

Formulation of a list of indicators for intervention based on PEO model

Trial of indicators with students and staff

“Indicators can feel prescriptive and not acknowledge the importance of clinical reasoning”

## WORKLOAD PRIORITISATION

Discrepancy in prioritisation and use of existing tool

Existing tool focused on discharge, rather than OT philosophy or patient need

Introduction of patient needs assessment tool

Revision of prioritisation tool to reflect patient need rather than discharge

“The tools make it easier to identify and prioritise those with high OT needs. It has increased my confidence in prioritising a busy acute caseload”

## WORKING IN TEAMS

Suboptimal orientation on rotation

Uneven workload distribution

Perceived lack of support

Group screening and prioritising

Increased utilisation of OTA

No more working in silos

“Working in teams is invaluable to learning. It allows you to gain confidence in a supported manner and fosters team cohesion”

## Outcomes to Date

Workforce redesign: working in teams promotes consistent clinical reasoning, even allocation of workload and improves team morale

Implementation of revised tools prioritises patient needs and highlights value of OT

Piloting further new models of care

Validation of needs assessment tool (future research)

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