Current Healthcare Pressures

- Limited resources
- More complex patient needs
- Higher volume of admissions and surgery
- Delay in patient transfers
- Length of stay

"A need to do more with the same…"

Allied Health Strategy

Key AH focus: Build a more agile workforce

"Getting things done, when they need to get done."

Increase use of the AH assistant, student and volunteer workforce through work redesign.

The sad story…

A team member queried 'if' and 'how' they could delegate a new task to an OTA because of their increasing ward demands.

The problem…

There is currently no procedure in place to help guide OTs in developing competencies and delegating new tasks/interventions to the assistant workforce.

Current state

- OTs work with OTAs to provide efficient, productive and sustainable service delivery. This occurs through OTs delegating suitable tasks to assistants

- For a task to be delegated, a competency must be developed and OTAs trained until they become proficient

- Baseline data = 15 tasks/interventions were on the OTA Competency Checklist

Improvement Activity

- Adopted A3 Methodology
  - Toyota
  - Structured problem solving approach
  - Used extensively throughout Mater for several years, thus a reliable, familiar and user-friendly communication tool

TITLE

Process Owner:
Improvement Team:
Date commenced:

What is the problem?

Background

Current state

Diagnostics

Target condition

Scope

Benefits

Proposed Countermeasures

Timeline

WHAT	WHO	WHEN

Follow up:

Delegate Before You Detonate

Process Owner: Ray Kopeshke
Improvement Team: Ray Kopeshke (Lead) and OTs/OTAs of Mater Hospital - South Brisbane Campus
Date commenced: February 2018

What is the problem?
There is currently no process in place to help guide OTs in developing competencies and delegating new tasks/interventions to the assistant workforce.

Background
Despite an extensive use of OTAs already, ongoing clinical service developments at the broader organisational level (e.g. opening of new wards, increased ward activity and commencement of new services/clinical specialties) warranted the need to review the relevancy and comprehensiveness of the current OTA Competency Checklist.

This project derived from a conversation with an employee who queried 'if' and 'how' they could delegate a new task to an OTA because of increasing service demands. Further investigation from here uncovered that the list of OTA competencies had not undergone a recent review and that OTA scope was potentially not being optimised.

Current state
OTs work closely with OTAs to provide efficient, productive and sustainable service delivery. This occurs through OTs delegating suitable tasks to assistants, which allows both parties to work to their full potential and improve patient access to OT services. For a task to be delegated, a competency must be developed and OTAs trained until they become proficient in that new task/intervention.

On commencement of this project , a total of 15 tasks/interventions were included in the OTA Competency Checklist.

Diagnostics

Target condition

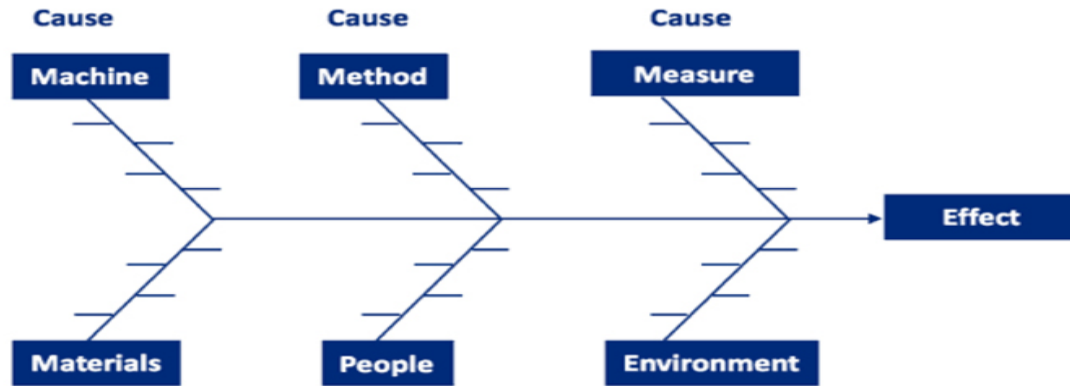## Scope

Benefits

Proposed Countermeasures

Timeline

WHAT	WHO	WHEN

Follow up:

Diagnostics

- Fishbone diagram exploring root causes

Ishikawa, (1968)

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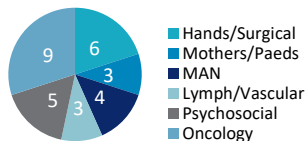On commencement of this project , a total of 15 tasks/interventions were included in the OTA Competency Checklist.

Diagnostics

Reasons for OTs not delegating tasks:

1. Lack of written competencies
2. Lack of time to train OTAs
3. Staff uncertain if task/activity could be delegated

Number of new competencies identified by OT clinical specialties

- 9
- 6
- 3
- 4
- 3
- 5

- Hands/Surgical
- Mothers/Paeds
- MAN
- Lymph/Vascular
- Psychosocial
- Oncology

Target condition

Scope

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Timeline

Follow up:

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Mater
Exceptional People. Exceptional Care.

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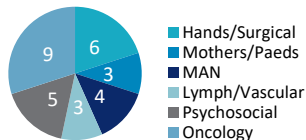
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9 6 3 5 3 4

Target condition - For competencies to be written and all OTAs trained in the 26 newly identified tasks/activities. Embed process of developing and delegating tasks to OTAs to become 'standard work'.
Scope - OT Department - Mater Hospital Brisbane.
Benefits - This project will help optimise OT/OTA productivity and efficiency, patient access to OT services (i.e. earlier assessment and intervention), OTA and patient safety, patient outcomes and patient experience; and the sustainability of the OT service.

Proposed Countermeasures

- Develop competencies for the additional 26 OTA tasks/activities.
- Develop training guidelines for OTAs to achieve competency proficiency.
- Facilitate OTA training and ensure competencies achieved.
- Establish process for OTs to pursue when new, delegable tasks are identified (Phase 2).

Timeline

WHAT	WHO	WHEN
Develop template for writing competencies and disseminate to clinical leaders.	Ray Kopeshke	Feb
Clinical leaders to write new OTA competencies using template.	Clinical Leaders	March
Format new OTA competencies and collate with existing OTA Competency Checklist.	Ray Kopeshke	April
Develop OTA competency training guidelines for each new task.	Ray Kopeshke	May
OTAs to meet with clinical leaders to arrange training and undergo training for new competencies.	OTAs/Clinical Leaders	May-Dec
Establish 'standard work' procedure for the development, delegation and training of future OTA competencies (Phase 2)	Ray Kopeshke	Jan 2019

Follow up:

- Review progress of OTA competency attainment (December 2018)
- Commence standard work procedure for the development, delegation and training of future OTA competencies (Phase 2)

Outcomes to date

- 26 OTA competencies added

- Templates for writing competencies developed

- Training guidelines established

- Training of all OTAs completed

- Standard work procedure established for delegating future tasks

Thank you