St. Michael’s Hospital
Physiotherapy Project External Scan:
Data & Summary of Findings
Literature Review – Summary of Key Points

• General sense that PTAs are under utilized
• Programme managed weekend PT service can result in inequities between departments in over time and workload (versus department style or matrix style management)
• Weekend PT service does not guarantee decreased LOS for all patients; literature has conflicting results; generally implies that it is dependent on the patient population being treated
• Weekend PT therapy has the possibility to increase patient turnover
  – Cost of weekend service could potentially be offset by the fact that more patients are seen
• However, if weekend service is not implemented with other necessary services, patient discharges may not occur in a timely fashion or may continue to be pushed to the following weekday
A Saturday Physiotherapy Service May Decrease LOS in Patients Undergoing Rehabilitation in Hospital: A RCT

Results:

• Intervention group: 24.3 PT interventions (mean)
  – Mean hospital LOS: 21.2 days
  – Mean PT LOS: 19.6 days

• Control group: 20.2 PT interventions (mean)
  – Mean hospital LOS: 24.4 days
  – Mean PT LOS: 22.1 days

• No statistically significant differences in functional outcome, burden of care, or discharge destination between intervention and control group
A Saturday Physiotherapy Service May Decrease LOS in Patients Undergoing Rehabilitation in Hospital: A RCT

Economic Implications:

• “The Australian College for Emergency Medicine has reported that if a hospital with 20,000 admissions each year saved half a bed day per patient by increasing its discharge rate, about 200 extra patients a year could be admitted” (Nader 2005 quoted in Brusco et. Al 2007)

• For an average 30 bed rehab unit accommodating ~448 patients over a year, if average LOS was decreased by 3 days, total cost savings for 448 patients over one year = $626,304 (based on 2007 Australian model of funding)
  – Annual cost of a Saturday PT service ~$66,560 for 30 rehab patients
References


Toronto Western Hospital (TWH): Nov 15th, Sylvie Robinson (site visit)

• Structure
  – Department managed
  – PTs and OTs report to a discipline specific PL who reports to an allied health manager
  – Utilize a small casual pool
  – 3 streams of coverage: Ortho, Regular, & GIM (pilot)
TWH: Scheduling of Weekends

• 16 week cycle, FTE work one weekend every 5-6 weeks
  – No Over Time. FTE who work weekends are off for 2 days the next week

• Small pool of casual staff who get scheduled in based on need and availability
  – Minimum shift is 1 every 6 months
Challenges/Benefits to Structure

Benefits: Professional, clinical, and operational
- Ability to allocate PTs based on their skill set, allows for flexibility
- PTs assist each other across units if workload is high

Challenges:
- Hard for nurse manager to advocate for more physio for their service
- Programs have less control of staffing
- Staff may rotate through a unit they are not comfortable in

Change to Program Managed?
- Disadvantage in having less flexibility
TWH: Stream 1- Ortho

- 32 physical beds in ortho service (patient occupancy variable)
- Modified 7 day a week model
- Weekend: 2 PT and 1 PTA (Weekday: 3 PT, 1.5 PTA)
- Weekend patient population: TJR post op day 1, post op day 2, small proportion of patients going to rehab
- Patients seen twice a day during week & weekend
- Priorities:
  1. TJR Patients (seen twice a day by either PT or PTA)
  2. New post ops who have not been assessed yet (seen only for initial assessment, no treatment)
  3. Ortho patients requiring discharge assessments
TWH: Ortho Stream Referral Process

- On Fridays, Ortho PTs complete referral forms and insert into referral binder
- Saturday: Weekend PT checks binder to determine who is to be seen.
- Bullet rounds on Sat and Sun with Charge Nurse for updates and new referrals
- B List (if time allows): Patients vary depending on priority
TWH: Stream 2- Regular

• Weekend: 1 PT and no PTA
• Patients located across entire hospital
• Weekend patient population:
  – patients who will deteriorate over weekend without treatment
  – Excludes mobility
• Priorities:
  1. Any patient receiving chest physio
  2. Patients requiring discharge assessment over the weekend (However ortho discharge patients will be seen by ortho stream PT)
  3. Patients requiring range of motion treatment who will deteriorate on the weekend if not seen by PT
TWH: Regular Stream Referral Process

• Referral forms filled out on Friday and added to referral binder
• PT will be paged for any patients requiring discharge assessment
• If there are too many patients on the list, the regular PT may be unable to get through all of them and may require help from the Ortho PT (and vice versa, regular communication occurs between all 3 PTs)
TWH: Stream 3- GIM

• Pilot project in place for one year now
• Weekend: 1 PT and 1 OT, either Sat or Sun (not the same every weekend. For example, if PT is there on Sat, OT will be there on Sun)
• Priorities:
  1. GIM patients going home on a weekend day
  2. Brand new assessments (excluding chest physio patients, mobility only)
  3. Patients going home Monday or Tuesday
TWH: GIM Stream Referral Process

- PTs check voicemail in the morning on weekend
- PT checks binder put together on Friday by weekday therapist
- Bullet rounds with charge nurse
- PT checks whiteboard for more referrals flagged
- B List (if time allows)
  - Example: Patients waiting for rehab or long term care
TWH: Training/Education

• New FTE work 2 to 3 months before being slotted into 16 week schedule with weekends (unless they have weekend coverage experience)
• New grads never go straight to weekends
• Casuals- most have other employment so there is minimal concern with competency. However working minimal shifts can create operational issues
  – No performance evaluation for casuals
• FTE are entitled to 6 education days a year (allocated on a ‘fairness basis’)
TWH: Additional comments

• Optimal model: 7 day model with more resources
  – Current resources are not enough, neuro patients not seen on the weekend

• Challenges to weekend discharge:
  – D/C can sometimes be hard on the weekend because OTs, case managers, and social workers are not available

• Other disciplines:
  – Most units are good about getting nurses to mobilize patients as well
Mt. Sinai: Nov 22nd, Denise Lai (teleconference call)

• Structure:
  – Department managed. Each health discipline is distinct, PT report to discipline specific PPL
  – 3 Streams of service: Cardio resp, ortho, and ACE
  – Casual Pool: 7 in ICU, 6 in ACE, 5 casual PTAs for Ortho
  – Everything charted electronically (including referrals)
Mt. Sinai: Scheduling of Weekends

- All regular staff must rotate through ortho stream on weekends.
  - Casuals used to offset cardio resp and ACE streams on the weekend (staff tend to be more comfortable in ortho)
- When PTs work weekends, they get lieu days. They must take one day off the next week, but can save the other day. Never pay over time.
- Casuals: Work about 8-9 weekends a year (minimum is 6 including 1 statutory holiday)
Challenges/Benefits to Structure

• Benefits:
  – FTE are able to work less weekends (only 4 a year)
  – Possible to see more patients with the same resources (current model is almost like a 7 day model)

• Challenges:
  – Performance management. Work review done through chart auditing, and issues can be difficult to manage for casuals
  – Competency concerns
  – Demand for more PTAs
Mt. Sinai: Stream 1- Cardio Resp

• Weekend: 1 PT on Sat/Sun (pool of 7 casuals)
  – Weekday: 1.5 PT in ICU, 0.8 in step down units

• Weekend patient population: acute ICU patients (main focus) + ED department
  – ICU has 16 beds with 2 step down units (4 beds each)
  – PT can cover about 10 patients a day

• Priorities:
  1. ED patients (Functional assessment, PT to determine if they are safe to go home. Goal is to prevent admission)
  2. Cardio resp patients requiring treatment at risk of deterioration
  3. More stable patients who would still benefit from chest physio
  4. If time allows- new referrals and step down patients for mobility treatment
Mt. Sinai: Cardio Resp Stream Referral Process

• **For ALL streams at Mt. Sinai:**
  – All patient weekend referrals are done electronically (as is charting)
  – No rounding on weekends, but touch base with charge nurse

• For ED patients: ED calls PT for patient assessment. Generally receive 1 or 2 in a weekend.

• Generally cardio resp PT does not do mobility over the weekend unless they have a light workload
Mt. Sinai: Stream 2- Orthopedics

• 1 PT and 1 PTA Sat/Sun (weekday: 4PT & 2 PTA)
  – Patient usually gets seen by both PT and PTA
• 32 beds, about 20 for TJR at any given time
  – 1 PT can assess about 12 patients in a day
• Priorities:
  1. TJR Patients going home on a weekend or Monday
  2. Post op day 1 patients (PT will see in morning, PTA in afternoon)
  3. Anyone requiring a discharge assessment that are non TJR
Mt. Sinai: Stream 3- Acute Care of Elders (ACE Unit)

- Specialized geriatric medicine unit
- 1 PT and no PTA Sat/Sun (pool of 6 casuals)
  - Weekday: 2 PT and 1 PTA
- 24 or 28 beds (Denise unsure)
- Priorities:
  1. Weekend discharges, or imminent weekday discharge
  2. New referrals
  3. Patients seen Thursday or Friday but would benefit from therapy so they can be discharged the next week
Mt. Sinai: Training and Education

• Any new staff must do a 2 day general hospital orientation. Department specific PT orientation takes 2 more days.
• Most will work a shadow weekend (dependent on the individual on how long they shadow for)
• Will hire new grads into casual pool for weekends, same training process
• FTE have up to 5 education days (set fund)
• Occasional training sessions for regular staff, casuals are encouraged to participate too
Mt. Sinai: Additional Comments

• Performance Evaluation
  – No formal assessment, purely based on feedback. One on one meetings once a year.
  – No formal tracking of the # of patients seen

• Challenges to weekend discharge:
  – Depending on the unit, can be hard to discharge patients without other disciplines.

• Other disciplines:
  – Increasing nurse involvement in mobilization
  – Collaborative PT and RN effort
Trillium Health Partners (Mississauga Site)  
Nov 28, Lisa Brice-Leddy (teleconference call)  

Structure:  
• 850 beds at Trillium (Mississauga site)  
• Program based model  
  – Staff report to CLM  
• 7 day a week model: “Collaborative Care by Design” (on all acute units at Mississauga site – formerly Trillium site)  
• OTA/PTA Coverage 7 days a week (2:2)  
• Over 80 PTA/OTAs  
• High PTA to PT ratio on weekends (weekday 1:1)  
• Each unit has a core team of PTAs; PT assigns work to each team
Trillium Health Partners (Mississauga Site) : Weekend Scheduling

• FTE work 1 in 6 weekends
  – Each service schedules their own weekends
  – FTE get time in lieu, never OT pay
  – When FTE are away during the week, covered by casuals

• Casuals are unit specific. Must be available to work 3 shifts in a 2 week period (including weekday)- similar to an RN staffing model

• Part time minimum is 6 shifts in 2 weeks

For ALL Units

• PTs use communication binder for weekend assignments

• MD writes orders for PT in chart
Challenges/Benefits to Structure

Challenges

• Having such a large group of PTA creates supervision and assignment challenges
• No overseeing of Allied Health as a department (would be useful to have one person to manage PT/OT)
  – Can be challenging when there are staff who work/cover across multiple units
• PTs do not share workload on weekends

Benefits:

• Increased PTAs have helped to mobilize patients more frequently, decrease in LOS
Trillium Health Partners (Mississauga Site) : Stream 1- Ortho

• Weekend: 2 PT Sat/Sun (7.5 hours each) + 2 PTAs
• 36 bed unit
• PTAs continue to treat their patients as they would during the week (follow their assignments)
• PT Priorities (determined by Unit Leader)
  I. Discharge over the weekend
  II. New Assessments
Trillium Health Partners (Mississauga Site) : Stream 2- General Surgery/ICU

**General Surgery:**
- 2 general surgery units, 35-40 beds/unit
- 3.75 PT hours/day on weekend to see new referrals in both units
- 2 FT PTAs see patients from the week as per usual
- PT averages 4 pts per day

**ICU**
- 3.75 PT hours/day on weekend (PT shared between ICU and Gen Surg)
- PT averages 4-8 ICU pts per day
Trillium Health Partners (Mississauga Site) : Stream 3- Medicine

• 4 Medicine Units, 35-40 beds each
• Each unit has 2hrs PT, 2hrs OT and 7.5hrs PTA daily - (4 PT hours, 15 PTA hours) over entire weekend
• PTs work across all 4 units, PTAs have a home unit
• Priorities
  – Weekend discharges
  – New assessments
Trillium Health Partners (Mississauga Site): Stream 4- Cardiology

- Cardiac Surgery Unit, 36 beds
- 2 PTS on the weekend, 2 PTAs
- Priorities:
  - Weekend discharges
  - New Assessments
Trillium Health Partners (Mississauga Site): Stream 5- Neuro

• Weekend: 1 PT on Saturday and Sunday for 7.5 hours, 2 PTA
• Covers neurosurgery, stroke, and spine
• Neurosurgery = 35 beds
• Spine = 35 beds
• Stroke = ~35 beds
• Priorities:
  – New referrals
Trillium Health Partners (Mississauga Site) : Training & Education

• Depending on the person, 2 days to 2 weeks of orientation
  – Use orientation checklists, meet with PPL
• Will hire new grads, but do not work weekends until they are competent with skill set (can take up to 2 months)
• Education: $1000/year for FTE
• In service trainings as a group (informal)
• PTAs had 4 day refresher at Mohawk, responsible for developing competencies in their units
Trillium Health Partners (Mississauga Site): Additional Comments

Optimal Model:
- PT/OT as essential services
- Full coverage across weekends and more resources for medicine unit

Evaluation and Performance Review:
- For PTA, each unit has a competency check list based on the colleges, with unit specific requirements
- PT reviews PTA work

PTA Use:
- Initial resistance, but PTs happy with high PTA numbers, beneficial to get patients moving (<LOS)
Trillium Health Partners (Mississauga Site) : Additional Comments

Weekend Discharge

– Can be hard to discharge patients without other allied health members
– Also can be challenging during the week when core members are unavailable because they worked the weekend

Rounding

– Currently no rounds on weekend
– Currently trialling team based referral process; during bullet rounds team decides together who should be seen by PT
  • So far positive feedback, more appropriate and timely referrals
Sunnybrook Hospital: Nov 29th, Nicole Cooper + 3 PTs (site visit)

Structure:

• 1100-1200 beds
• 5/7 programs that offer weekend services + Stroke and Burn units
• Program managed
• Most units focus on chest, discharge, hip and mobility for weekend
Sunnybrook Hospital: Weekend Scheduling

• Each program manages their own weekend differently
• Never pay OT
• No weekend PTA

Weekend Referrals:
• Therapist decides on Friday, adds patient to weekend binder
• No weekend rounding
• New assessments: RN pages PT
Challenges & Benefits to Structure

Challenges:
• Lack of knowledge of PT role, scope/service, and what their full abilities are
• Nurse managers locked by budget, cannot staff what they need
• No cross coverage/helping other PTs on weekend
• Lack of transparency between units
  – Some units get backfilled during week, others work short
• Professionals in same discipline treated differently
• Multiple accountabilities

Benefits:
• Staff able to develop specific skill sets
• No rotations
• Familiarity to process in their unit and to a particular team
Sunnybrook: Stream 1- Oncology

• 3 x 36 bed units (total 108)
• Only stream with half day weekends
• 0.5 PT on Sat, Sun (3.9 during week)
  – Can see 5-6 patients per day
• Use Casuals for weekend
• FTE work 1 in 6 weekends
• No backfill during the week for one day (run short)
• Priorities:
  1.) Chest Therapy
  2.) Weekend discharges
Sunnybrook: Stream 2- GIM

• 5 units make up GIM, ~90 beds
  – Can see about 7 to 10 patients in a day
• 1 PT Sat, Sun covering all 5 units (weekday, 6.8 PT, 1 PTA shared with the Stroke Unit)
• Permanent backfill for PT during the week
  – Must take time off in the week after
• FTE work 1 in 5 to 1 in 6 weekends
• Priorities:
  1.) Chest therapy
  2.) Weekend discharge patients
Sunnybrook: Stream 2b- Stroke

• Stroke unit subset of GIM, but run their own PT model
• 7 day model of care with OT, speech therapist, and social worker
• 16 beds, PT can see 7 – 10 patients on a weekend day
• 1 FT PT on weekend (2 PT during weekday, share PTA with medicine)
• 2 FTE, work 1 in 4 weekends
• 0.5 FTE, works 1 in 2 weekends (on a nursing model)
• Priorities:
  – Chest
  – Mobility
  – New referrals
Sunnybrook: Stream 3- Trauma

• 93 beds
  – Can see between 10-16 patients
• 1 FT PT Sat and Sun (7 PT on weekday, 1 PTA)
• Permanent backfill to cover during the week
• Cannot bank hours, must take time within pay period
• FTE work 1 in 8 weekends
Sunnybrook: Stream 3b- Burn Unit

• Falls under Trauma, but operates own inter-professional model
• 6 day model of care
• 8 beds
• 1 PT OR an OT who work Saturday OR Sunday
  – Weekday: 3 FTE (between PT and OT)
• Priority:
  – Range of motion
  – Chest physio
Sunnybrook: Stream 4- Heart Program

• 1 FT PT on weekends (5.8 PT during weekday, 0 PTA)
• 80 beds including ICU (ICU = 14)
• See 12 patients on a weekend day
  – 8 priority 1 patients, 4 priority 2 if time permits
• Different model of care: follow patients from CVICU to discharge
• FTE work 1 in 5 weekends
• Must take days back immediately after weekend, no backfill during week
• Priorities:
  1.) Chest or mobility
  2.) Other
Sunnybrook: Stream 5- CrCU

- 28 beds, can see up to 20 patients on weekend day
- 1 FT PT during weekend (3 PT during week), no PTA
- FTE work 1 in 5 or 1 in 6 weekends
- All PT staff use a nursing model, all scheduled into weekend
  - Staff less than 1.0 do not get days back after working a weekend, it is part of their FTE
- Priority:
  - Chest
  - Focus on mobility so patient can be discharged from ICU
Sunnybrook: Weekend Discharge

- Depending on unit, physio can have very strong influence on patient discharge (safety perspective)
- Discharge is team based
- Not usually impaired by lack of other allied health workers
- Case coordinators for Trauma unit
- Other units have CCAC workers, within General Medicine moving to Transitional Care workers for each unit
Sunnybrook Hospital: Training & Education

• Hire new grads, go into bottom of weekend rotation
  – Would shadow a weekend first
  – Orientation of all units they may have to work on weekend
• Monthly meetings & in-services
• Sometimes yearly retreat
• Continuing education support fund; very limited funds
Sunnybrook Hospital: Performance Eval. & Tracking

- Each program responsible (unit manager)
  - Liaise with PL, Nicole informed of clinical skills
- Performance review for feedback, some units do chart audits
- Next year: launch of new system from paper to online
- No formal way to track volumes for patients who would benefit from physio but were not seen
UHN (Toronto General Hospital): Dec 19th 2012, Therese Hawn (teleconference call)

• Structure:
  – ~400 beds
  – TGH + PMH run weekend service together (only a few patients from PMH a year)
  – TGH: multiple surgical services, 3 ICUs, medicine
  – Matrix style of management
    • Staff hired by Physiotherapy Practice Leaders
UHN TGH: Challenges/Benefits to Structure

Benefits:
• Centralized community, ability to learn from each other, provide advice
  – Journal club, weekly meetings
• Flexibility to cover others, no single area must go without
• Group as a whole well represented by leadership, able to bring up department level issues, have inter-professional collaboration

Challenges
• PTs not always very involved in program specific activities (some units better than others)
UHN TGH: Weekend Scheduling

• Regular weekend Service:
  – Central coverage of the whole hospital
  – One PT Sat & Sun
    • Two PTs scheduled for each weekend (act as backup for each other, may work both days if caseload heavy)

• 3 additional units with extra weekend coverage

• FTE & casuals work weekend
  – Trying to build casual pool, min is 1 in 4 or 1 in 5 wknds
  – FTE min 2 weekends/year, usually 4 to 5 a year (including stat holidays and weekend)
  – Get overtime or lieu time that they can save
UHN TGH: Weekend Scheduling

Priority 1:
1. Acute chest physiotherapy (patients who will deteriorate)
2. Any patients with discharge issues not addressed Friday
3. Stroke patients urgently requiring care (not common)

Priority 2:
1. Chest issues but not on high oxygen, patients would benefit from additional care

Priority 3:
1. Patients who would benefit from range of motion treatment, strengthening, complex mobility
UHN TGH: Weekend Referral Process

• For all streams:
  – Have weekend binder where weekday PT fills in weekend sheet for each patient
  – During week, doctors order for PT
  – Nurses can also page for PT if necessary
UHN TGH: Stream 1- Thoracic Surgery

• Funded specifically by program, wanted full coverage
• 34 beds + 2 step down
  – PT can see approx. 8-10 patients in a day
• Full time PT, will see all patients. Some patients seen both weekend days
• 1 dedicated PT Sat/Sun
  – Utilize pool of 4 casuals
• Priorities
  1. Same as for regular weekend coverage
  2. Any additional patients who would benefit from PT
UHN TGH: Stream 2- Transplant Program

• Complex patients often at hospital for extended time, program wanted more patients to be receiving rehab

• 66 beds + 10 step down
  – PT sees about 8-10, but variable

• 1 PTA Sat/Sun, follow instructions left on Friday from PT in binder
  – Also checks with charge/nurses for patient status
  – PT will leave large list of patients, not all patients want treatment
  – PTAs both casual or regular staff

• Any patients who fall under regular weekend service criteria will be seen by the regular weekend PT
UHN TGH: Stream 3- GIM

• Pilot program (~8months)
• OT on one day, PT on the other
• Utilize mostly casuals (have their own pool)
• 70 beds + ED admitted patients
• Patients falling under regular weekend criteria may be seen by regular weekend PT or GIM PT
• Priorities:
  1. Assess new referrals coming in from ED/to floor
  2. Pending discharges
  3. Mobilization
UHN TGH: Training

• New hires have regular hospital orientation, then go through PT specific orientation
  – Work with weekend committee, go through binder and rules
  – Weekend casuals will shadow another staff on weekend prior to working on their own. Often will schedule their first weekend as Sunday, option of working ½ day Sat to treat with regular PT there with them
  – Some need more training than others
  – Difficulties in hiring staff with experience, specifically ICU skills
  – Generally will not put new grads into weekend schedule

• New grads: courses and seminars, learn oxygen titration

• As a way to help new hires, made cue cards with key content, packaged to fit in scrubs so weekend staff can easily access info
UHN TGH: Performance Evaluation

• Hospital has 3 month evaluation form
• Generally difficult to assess skills for weekend
  – Difficult to tell unless there is feedback/comments from the floor
  – Try and assess competency during orientation process. If there are concerns, may do extra training
  – New hires get shadowed
UHN TGH: Education

- Education fund for allied health, varies year to year, dependent on budget and what staff request
- Staff encouraged to take educational courses
- TGH linked with U of T- have courses available
- Additional education funding from taking on students
- Cardio resp. team also runs courses during the year
- In house sessions (both HR & program based)
- PTA’s also run their own courses. Less options for PTA then PT
TGH UHN: Optimal Model

Optimal Model:

• Bigger casual pool so FTE can work less weekends (ideal would be to cover all weekends)
  – Currently do not have the ability to cover FTE when they take lieu days
  – Difficult to find casuals with right skill set, would be useful to have casuals for weekday
  – Limited by budget
UHN TGH: Additional Comments

PT Role in Discharge (Weekend only):
• GIM- PT attends rounds, has a strong role
• Other areas, most patients cleared for discharge ahead of weekend, PT would be paged for safety concerns
• For issues with other allied staff, would wait until Mon
• Flow is a problem, try to plan well in advance

Role of Nursing in Mobilization
• Nurses should be doing primary mobilization for all units
• On weekends, mobilization is not PTs job, focus is on priority patients
• Weekday mobilization for PT is focused on high acuity patients or who need more specialized PTs (not enough PTs to mobilize everyone)
• PTs help educate nurses when asked
For any questions regarding the data, please contact either Kathryn Chalklin or Mary Qiu:

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Thank you to everyone for their time and help in completing this!