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# Allied Health Weekend Uplift

Initiative Type

Service Improvement

Status

Sustained

Added

04 June 2024

Last updated

11 July 2024

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/allied-health-weekend-uplift>

## Summary

The Allied Health (AH) Weekend Uplift project commenced in August 2023, after a successful application for the putting patients first funding. The putting patients first funding allowed for the significant expansion of AH hours on the weekend at Sunshine Coast University Hospital (SCUH), to enhance patient care and improve patient flow. Post funding approval, the service was established within an eight-week timeframe. This preparation period included examining data to highlight current

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service challenges (reduced discharges on the weekend) to allow for effective use of funding, development of the AH Weekend Uplift project (including specifying a project aim, hypothesized solution, development of outcome measures), a Model of Care (MoC) established and endorsed, staff recruited and onboarded, and liaison with key stakeholders regarding project aims and progression to commencement. The service has now been operational for over six months and is considered business as usual with data continuing to be analysed in several areas to continue to refine the service approach in the Business as Usual (BAU) model. Key implementation strategies included:

- establish a key contact in Allied Health
- promote it among all the services hospital wide
- multi-disciplinary team collaboration
- screening potential discharges
- develop discharge escalation pathways
- qualitative and quantitative data tracking

Key dates

Sep 2023

Implementation sites

Sunshine Coast University Hospital

## Key Contacts

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## **Aim**

To develop a service to increase the number of safe and efficient hospital discharges on the weekend and improve patient care by enabling seven day access to allied health intervention.

## **Benefits**

Significant expansion of weekend Allied Health services on the acute wards at SCUH enhance hospital flow.

## **Background**

Delayed hospital discharge is a global healthcare problem, which gets exacerbated over weekends when there is minimal Allied Health staffing. This means that admissions on Fridays, Saturdays and Sundays lead to a longer length of stay. This subsequently impacts patient flow on Mondays due to high clinical caseloads following high admissions over the weekend awaiting AH intervention to progress care and/or support a discharge.

## **Evaluation and Results**

Types of evaluations undertaken to analyse the effectiveness of this project included:

- Saturday and Sunday weekend activity forms: Weekend activity forms are filled out by the weekend staff which capture the ward of the patient referred, referral pathway, intent of referral, treatment completed and patient outcome. Additional data was collected on whether the patient was referred to community allied health, and, if the patient was not discharged after AH review, what were the barriers.
- Multi Patient Task List (MPTL): activity data is collected via MPTL which gives a total of occasions of service for patients reviewed over the weekend and number of patients who were discharged by AH.
- Meetings: fortnightly team meetings with AH weekend team members, workforce development officer, Executive Director AH and professional directors, which aimed to discuss key points from the weekend including what went well during the weekend, key challenges observed over the weekend and brainstorming of how to improve the key challenges for the next weekend. Further the tracking of data was discussed to ensure all

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staff were submitting data using the same pathways/tools.

The data collected since the commencement of the project include both quantitative and qualitative data. Quantitative data outcomes in the first 23 weekends:

- total number of discharges supported since beginning: 439
- average number of discharges per weekend day: Saturday - 10.3, Sunday - 8.7
- AH activity per weekend occasions of service: 63
- total number of patients progressed in care but not discharged over weekend: 7.1

Qualitative data outcomes to date: Patient-reported experience measures (PREMs) is presently being collected and analysed. Anecdotally, patients are highly supportive of the program and believe the program is achieving its goals safely. There is some indication that improvement may be possible in the communication of the weekday AH team to prepare patients for the possibility/ likelihood of being able to be discharged over the weekend.

## **Lessons Learnt**

- improve communication pathways
- reduce staffing inconsistencies
- support new staff through enhanced inductions
- planning around timing of ward rounds

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