



Canberra Health Services Consultation Paper

Pilot – ICU Physiotherapy 7-day Staffing Model

AAHS Physiotherapy, Division of Allied Health

Remember - Seek advice about consultation requirements with staff and unions from the **People & Culture Branch** prior to commencing your consultation process.

512 49610 - Employee Relations Hotline, People & Culture Branch

HealthEmployeeRelations@act.gov.au

Work Area	Author(s)	Contact Details
AAHS Physiotherapy	Kerry Boyd, Manager	5124 2670; kerry.boyd@act.gov.au

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1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community-based** health services including early childhood services, youth and women’s health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

To enable CHS to have a strong focus on operational effectiveness, efficiency and accountability in the health services we provide, CHS is proposing a realignment of functions.

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

2. Purpose

The purpose of this paper is to describe a proposed AAHS Physiotherapy Intensive Care Unit (ICU) 7day staffing model for pilot from late September 2021 – early February 2022 and the associated implications for AAHS Physiotherapy, Division of Allied Health and the ICU, Division of Surgery.

The *Pilot Physiotherapy ICU Staffing Model* will temporarily increase staffing FTE rostered to work in the Intensive Care Unit with improved access to physiotherapy services seven days per week.

In accordance with Section G1.2 page 98 of the *ACT Public Sector Health Professional Enterprise Agreement 2018-2021*, where there are proposals to introduce change, the head of service will consult with the effected employees and relevant unions.

AAHS Physiotherapy staff were presented with proposed model through a staff inservice session on Thursday 29 July. Staff have been asked to provide feedback through a consultation feedback form by 13 September 2021

Consultation with relevant unions and Division of Surgery is sought to provide a genuine opportunity to contribute to and influence the decision-making process.

3. Current model

AAHS Physiotherapy provides physiotherapy clinical staffing to the ICU at CHS seven days/week.

The current Physiotherapy staff to bed ratio is currently 1:13 weekdays based on a physical footprint of 31 bed spaces. Weekday staffing consists of:

- 1 HPO3 working standard hours 08:00 – 16:30 weekdays
- 1 rotating HPO2 working standard hours 08:00-16:30 weekdays
- 1 HPO2 working a fortnight evening/relief days fortnight shift pattern, consisting of 7 evening shifts, 3 relief day shifts and 4 rostered days off.

Weekend staffing FTE reduces to 1:15 with 1 staff member with ICUs skills rostered on overtime for each day and 1 HPO2 working evening shift pattern as outlined above.

The ICU at CHS requires multidisciplinary service provision inclusive of allied health to provide uncompromising holistic care to critically ill patients and their families. Physiotherapists are an integral and valued member of the ICU multidisciplinary team and report operationally to the AAHS Physiotherapy Manager.

Incremental bed growth in ICU in previous years has not translated to growth in physiotherapy funding. Recent ICU benchmarking with other ICU units demonstrate significant differences in Physiotherapy FTE across weekdays.

ICU team site visits to Sunshine Coast Hospital and St George Hospital in December 2019 captured the following staff FTE to bed ratios.

	Sunshine Coast University Hospital, Queensland	St George Hospital, South East Sydney Local Health District	Canberra Hospital, Current Staffing ratio
Beds	18	36	31
Weekday FTE: Beds	1:6	1:8	1:13
Weekend FTE: Beds	1:18	1:16	1:15
Teaching FTE	Not available	Not available	Estimated 0.6 HPO3 weekdays

This proposal introduces additional staffing into the ICU across 7 days per week during a pilot period from late September 2021 to early February 2022.

Staffing increases include an additional HPO3 to ICU and the introduction of a HPO2 development rotation during the pilot period. Both positions would be in addition to the existing weekday FTE.

To support rostering across 7 days, an 8 week shift rostering pattern would be introduced for

- 2 HPO3 staff working in ICU
- 2 HP1/2 staff working in ICU (initial rotation and development rotation positions)

There would be no change proposed to ICU/evenings shift pattern which is part of existing service provision.

4. Rationale for change

Intensive care patients require safe high quality, evidence- based care seven days per week. The proposed staffing model aligns with CHS' strategic priorities of personal health ensuring there are systems, processes and standards in place to enable consistent, high quality care.

The current Physiotherapy FTE /bed ratio is less than peer ICUs and well below published national and international guidelines.

An Australian survey ¹ distributed to Physiotherapists in 40 intensive care units supported a benchmark of 0.2 FTE per ICU bed in hospitals containing less than 500 beds and 0.13 FTE per ICU bed for hospitals containing more than 500 beds¹. Queensland Health Physiotherapy in ICU Workforce Planning Guidelines 2017 indicate a minimum physiotherapy clinical staff of 1 Physiotherapist per 6 ICU beds and an additional allocation for senior physiotherapists of 0.05 FTE per ICU bed to support staff education, supervision and training¹.

The National Health Service (United Kingdom) established a calculation tool to set staffing levels for physiotherapy in ICU based on estimated workload². The calculation tool takes into account annual leave, sick leave and study leave and also allocates time for ward rounds, handovers, and education of the multidisciplinary team. This tool generated a benchmark staffing level for intensive care

physiotherapists of approximately 0.2 FTE per ICU bed. A later audit late completed in Lancashire suggested modification of the ratio to 0.25 FTE per ICU beds.

Over recent years, incremental ICU bed growth has not translated to growth in Physiotherapy FTE. AAHS Physiotherapy has identified temporary funding which can be used to support this initiative during the pilot period. A successful pilot may also support future Allied Health Workforce review and Clinical Service Building allied health workforce modelling.

An internal review of Physiotherapy After Hour Services was undertaken mid 2020 - mid 2021. Weekend service activity has increased with the total number of treatments on weekends across ICU and ward areas trending upwards since January 2015- April 2021. Units of Service (time spent with patients) has increased 23% in ICU and 48% in ward areas respectively during the same period.

Management and staff recognise the challenge in maintaining ICU skills when staff are working in other areas and the significant teaching load of the sole HP3 ICU Physiotherapist currently

The proposed pilot staffing model also supports workplace culture by addressing concerns identified including mismatch of FTE and service demand in ICU after hours, maintaining skills to work in ICU/acute care settings, staff education and training and supporting work life balance.

5. Future model

5.1. Scope of the future model

The proposed ICU staffing team increases during the pilot period on weekdays and weekends. To support rostering across 7 days, an 8 week shift rostering pattern would be introduced for:

- 2 HPO3 staff working in ICU
- 2 HP1/2 staff working in ICU (initial rotation and development rotation positions)

There would be no change proposed to ICU/evenings shift pattern which is part of existing service provision.

Please refer to Appendix 1 for current and proposed rostering models.

The proposed 8-week roster includes a shift pattern of work for the ICU Physiotherapy team, including 2 HPO3 and rotating HPO1 and HPO2 staff.

Under the proposed rostering model, department staff retain overtime shifts in ICU or ward areas as part of the department's overall weekend roster (OT1 and OT2)

Physiotherapy staff will continue to be based in Building 15, as part of the AAHS Physiotherapy and work daily in the ICU. Staff will continue to work as part of the multidisciplinary ICU team. Additional staff Clinical Work Devices have been incorporated into the department's planned device rollout.

This pilot can be funded temporarily by AAHS Physiotherapy and Division of Allied Health.

5.2. Physical design/structure

There are no requirements for physical design change of workspaces.

5.3. Benefits of the future model

The proposed model has numerous benefits for ICU patients, the ICU and physiotherapy staff. These include:

- Increased physiotherapy staff FTE: Bed ratios across weekdays and weekends
- Increased weekend service provision and interventions provide with increased FTE
- Improved skill mix of physiotherapy staff across 7 days
- Increased education and teaching time across 7 days with 2 HP3s working within ICU team
- Improved staff and job satisfaction
- Development opportunity for HPO2 staff in ICU setting to advance ICU clinical experience and career advancement.
- Growth of ICU capable workforce at various HPO classification levels.
- Potential to improve workplace culture

5.4. Implementation of the future model

Physiotherapy staff have been consulted through a range of forums over the past 12 months including afterhours service review focus groups, physiotherapy staff updates on progress of internal afterhours service review and more recently a staff session on 29 July where this staffing model was initially presented.

Physiotherapy staff have been provided with opportunity to provide feedback and clarify approaches to recruitment to temporary positions and HP01/2 rotations.

Feedback to date has been overwhelmingly positive from staff, indicating the team is ready for change and agreeable to pilot this proposal.

The pilot staffing model will be evaluated through:

- Weekday and weekend service activity data
- Staff and stakeholder satisfaction

Continuation of the staffing model will be dependent on evaluation findings and ongoing available funding.

5.5. Related change processes

The implementation of this pilot project is dependent on successful recruitment to temporary positions with AAHS Physiotherapy

5.6. Implications for not undertaking the change

The implications of no change include a service status quo and potential to adversely affect workplace culture.

6. Consultation methodology

This proposal provides detail in relation to the Pilot- ICU 7 Day Physiotherapy Staffing Model.

Feedback can be provided via Consultation Form attached or via email to kerry.boyd@act.gov.au

Feedback is due by 13.9.2021

In particular we are seeking responses to the following questions:

1. Do you have any concerns about the proposal so far, if so, what are they?
2. Do you have any other feedback you would like to be considered in relation to this proposal?

For any further information relating to the Pilot - ICU Physiotherapy 7 Day Staffing Model and the consultation process, please contact Kerry Boyd, AAHS Physiotherapy Manager on 5124 2670 or via email kerry.boyd@act.gov.au

7. References

Document	Author
Canberra Health Services Strategic Plan	CEO, Canberra Health Services
Benchmarking intensive care physiotherapy staffing in Australian hospitals. <i>Anaesthesia and Intensive Care</i> , 37:907.	SunW and Patman S (2008)
Critical Care Staffing Guidance (NHS Modernisation Agency, Critical Care Program, Allied Health Profession and Health Care Scientist Advisory Group). 2003 [cited 2011 26 May]	Available from: http://www.ukcpa.org/ukcpadocuments/2.pdf .
Audit of unmet need in critical care. Presentation by the NHS Lancashire and South Cumbria Critical Care Network). 2006 [cited 2011 26 May];	Available from: www.midtrentccn.nhs.uk .

Appendix 1

Current ICU roster

	H P 3	E V E	E V E	N E W	O T 1	
Thursday	D	E	R	D		
Friday	D	E	R	D		
Saturday		E			D	
Sunday		E			D	
Monday	D	E	R	D		
Tuesday	D	E	R	D		
Wednesday	D	E		D		
Thursday	D	R	E	D		
Friday	D	R	E	D		
Saturday			E		D	
Sunday			E		D	
Monday	D	E		D		
Tuesday	D	R	E	D		
Wednesday	D	E		D		
Thursday	D	R	E	D		
Friday	D	R	E	D		
Saturday			E		D	
Sunday			E		D	
Monday	D	E		D		
Tuesday	D	R	E	D		
Wednesday	D	E		D		
Thursday	D	R	E	D		
Friday	D	R	E	D		
Saturday			E		D	
Sunday			E		D	
Monday	D	E		D		
Tuesday	D	R	E	D		
Wednesday	D	E		D		

Proposed Roster

	H P 3	H P 3	E V E	E V E	D E V	N E W	O T 1	O T 2	
Thursday		D	E	R	D	D			
Friday	D	D	E	R		D			
Saturday	D		E			D			
Sunday	D		E				D		
Monday	D	D		E	D				
Tuesday		D	E	R	D	D			
Wednesday	D	D	E		D	D			
Thursday	D	D	R	E	D	D			
Friday	D	D	R	E	D	D			
Saturday		D		E			D		
Sunday				E			D	D	
Monday	D	D	E		D	D			
Tuesday	D	D	R	E	D	D			
Wednesday	D	D		E	D	D			
Thursday	D	D	E	R	D	D			
Friday	D	D	R	E	D	D			
Saturday			E		D		D		
Sunday			E				D	D	
Monday	D	D		E	D	D			
Tuesday	D	D	E	R	D	D			
Wednesday	D		E		D	D			

	H P 3	H P 3	E V E	E V E	D E V	N E W	O T 1	O T 2	
Thursday	D		E	R	D	D			
Friday	D	D	E	R	D	D			
Saturday		D	E				D		
Sunday		D	E				D		
Monday	D	D		E	D	D			
Tuesday	D		E		D	D			
Wednesday	D	D	E	R	D	D			
Thursday	D	D	R	E	D				
Friday	D	D	R	E	D	D			
Saturday	D			E	D		D		
Sunday				E	D		D		
Monday	D	D	E		D	D			
Tuesday	D	D	R	E	D				
Wednesday	D	D		E	D	D			
Thursday	D	D	E	R	D	D			
Friday	D	D	E	R	D	D			
Saturday			E		D		D		
Sunday			E		D		D	D	
Monday	D	D		E	D	D			
Tuesday	D	D	E	R	D	D			
Wednesday		D	E		D	D			



ACT
Government

**Canberra Health
Services**

HSU Secretary
C/O HSU State Office
Level 2
109 Pitt Street
SYDNEY NSW 2000

secretary@hsu.asn.au
cc ayshe.lewis@hsu.asn.au

Dear Branch Secretary

Consultation: Proposed Pilot ICU Physiotherapy 7 Day Staffing Model

In accordance with Section G1.2 page 98 of the *ACT Public Sector Health Professional Enterprise Agreement 2018-2021*, where there are proposals to introduce change, the head of service will consult with the effected employees and relevant unions.

Details of the proposed change, purpose, benefits and model are outlined in the attached consultation paper.

Next steps?

To allow staff, unions and stakeholders a genuine opportunity to contribute to and influence the decision-making process, a formal consultation period for the proposed will be fourteen days from the date of this letter.

A meeting with AAHS Physiotherapy staff was held on 29 July 2021 to propose the model to pilot discuss and to allow opportunity for questions and input.

If you have any questions or concerns regarding the consultation process or to request additional information, please do not hesitate to contact me at kerry.boyd@act.gov.au or 02 5124 2670.

I look forward to your response and contribution to this consultation process.

Yours sincerely

Kerry Boyd
AAHS Physiotherapy Manager
Division of Allied Health
Canberra Health Services

31 August 2021

CC: Sally Green, HR Business Partner, Canberra Health Services