

Multidisciplinary staff satisfaction with the ICU physiotherapy service

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Background



- In 2016 the Royal Melbourne Hospital (RMH) ICU expanded from 24 beds to 32 beds
- 2016 Physiotherapy (PT) staffing ratio was well below:
 - Published recommendations^{1,2,3}
 - National benchmarking data⁴

Physiotherapy EFT per 10 funded ICU beds

Published recommendations	National benchmarking	RMH
2.0	1.5 (average)	0.95
	3.3 (highest)	

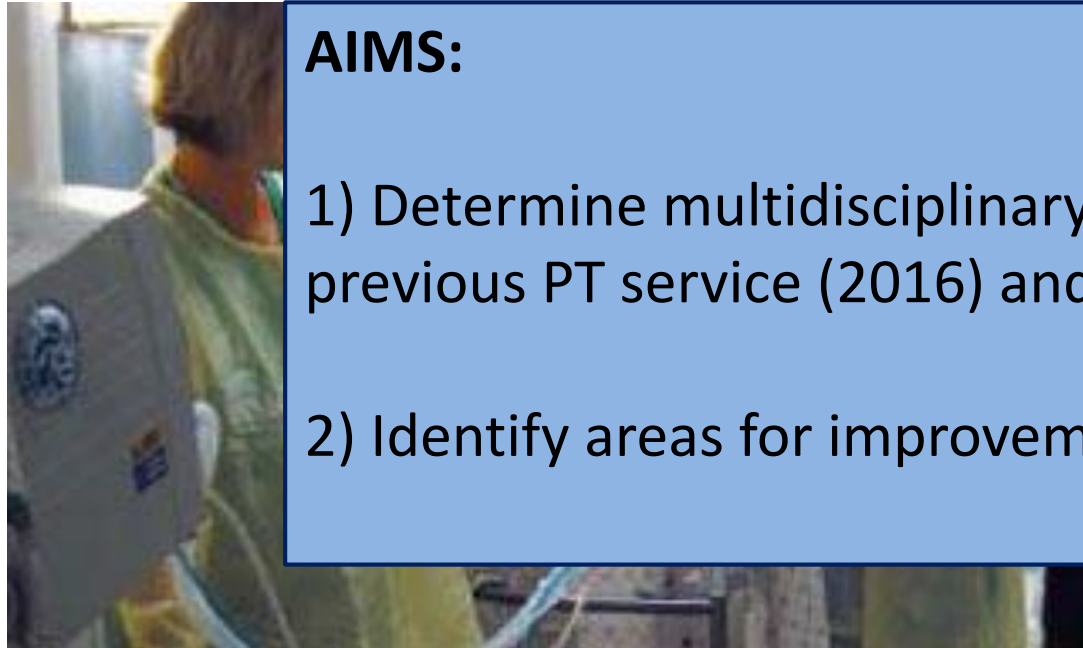
Background

- A seven day and after hours PT service is routinely recommended in the literature¹
- Ninety percent of the survey respondents provided a weekday evening service²
- In 2016 PT staffing increased in line with bed growth, benchmarking data & published guidelines

	Old PT model of care	Old model of care PT to bed ratio	New PT model of care	New model of care PT to bed ratio
Weekday	1.84 EFT	1:13	6.4 EFT	1:5
Weekend	0.42 EFT	1:24	1.2 EFT	1:11
Evening (4.30-7.00pm)	Not available		Available (1 PT)	

¹Valentin et al., 2011, ²Jones et al., 2014

Purpose



AIMS:

- 1) Determine multidisciplinary staff satisfaction with the previous PT service (2016) and the current PT service (2018)
- 2) Identify areas for improvement in PT service provision

- Evaluate the impact of our new model of PT model of meeting and improve
- Complement quantitative patient data evaluating our new model of care

Study Design

- A staff survey was developed by the research team with medical and PT staff input. Design was based on published guidelines¹
 - Piloted on five nursing, medical and allied health team members and feedback obtained
- 14 questions on a 5-point Likert scale assessing staff satisfaction with the physiotherapy service from strongly agree to strongly disagree
- The survey was administered to nursing, medical and allied health staff in the ICU (except physiotherapists)
- Convenience sample:

2016	2018
Clinical staff present on 3/5/2016	Clinical staff present on 16/3/2018

Questions included

I am satisfied with the current weekday physiotherapy service in the ICU

Physiotherapists see patients as frequently as I would like

I can access urgent (within 1 hour) respiratory physiotherapy care for my patients in the ICU on weekdays

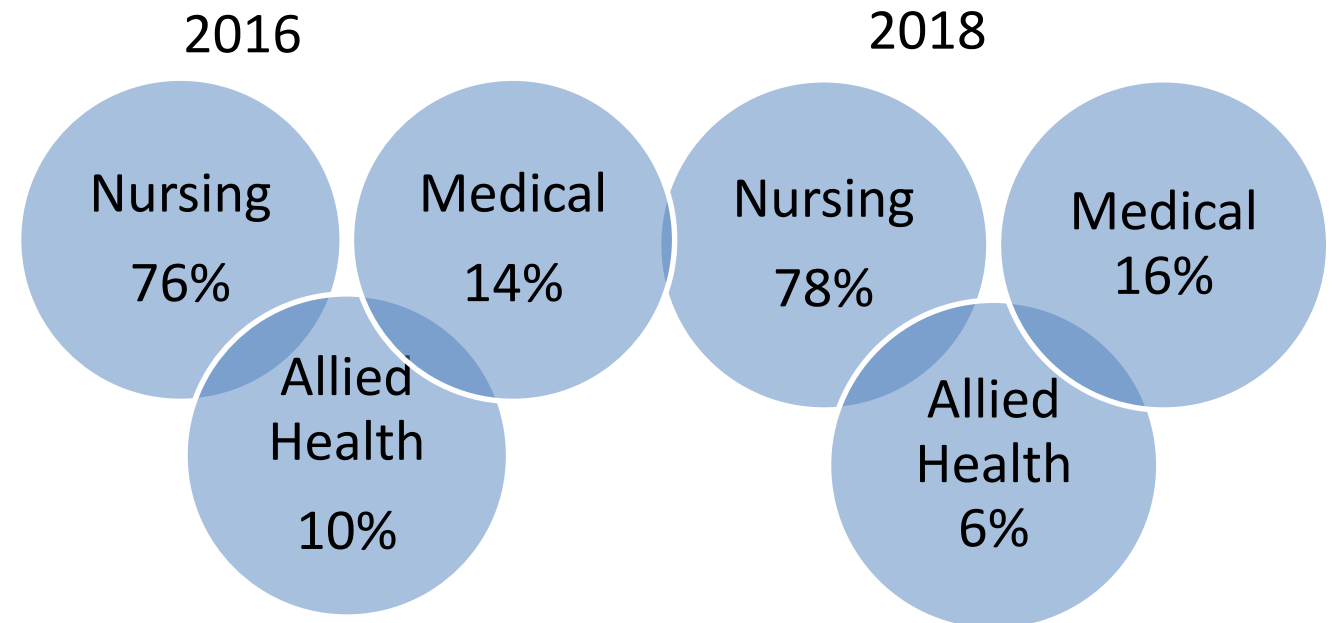
I can access Physiotherapy in the evening (after 4.00pm)

Physiotherapy staff participation in research activities is adequate

Results

Response rate		
	Surveys distributed (n)	Surveys returned n (%)
2016	28	22 (79%)
2018	39	32 (82%)

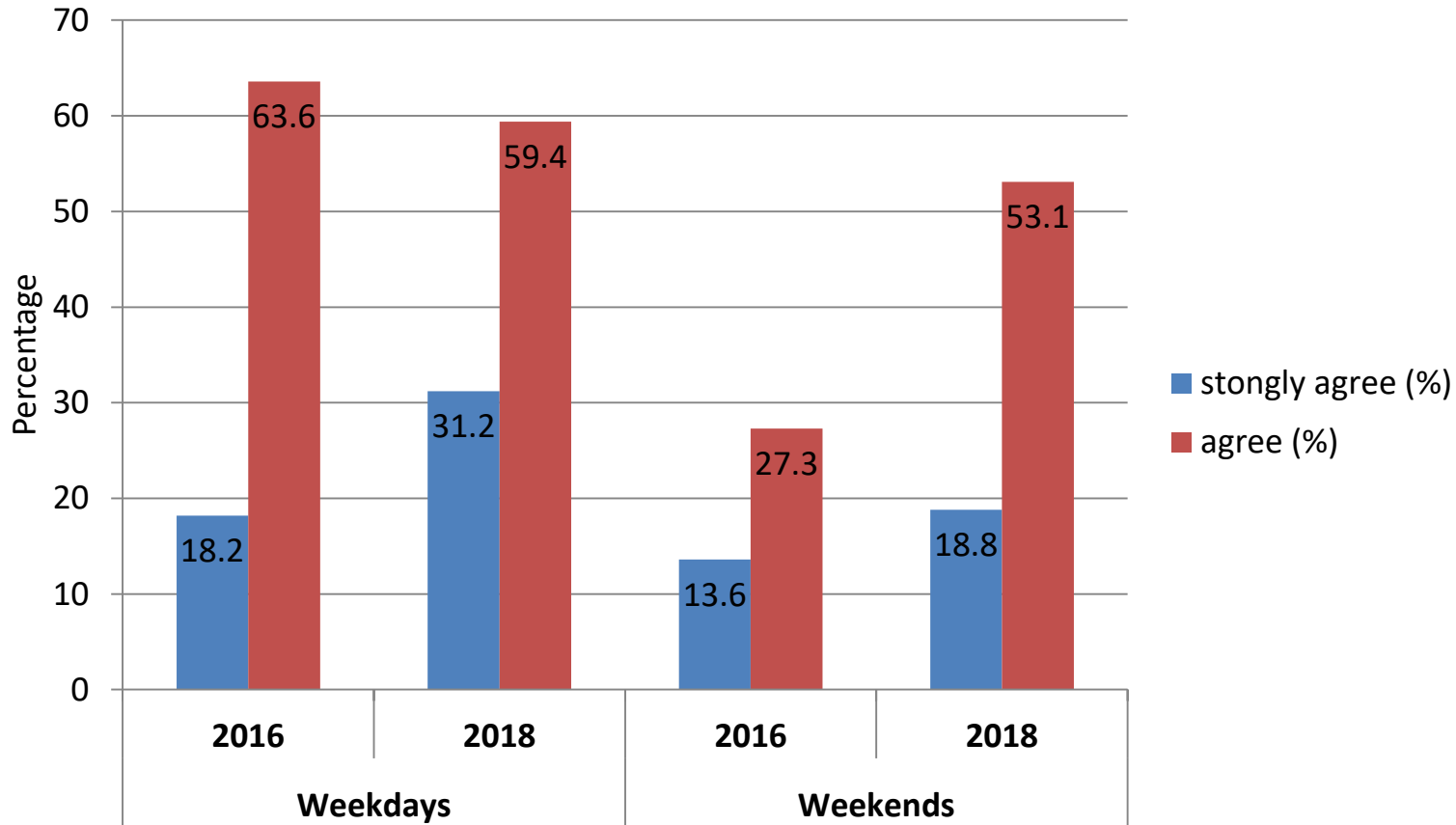
RESPONDENT'S PROFESSIONS:



Out of a pool of > 300 staff

Results: Staff satisfaction

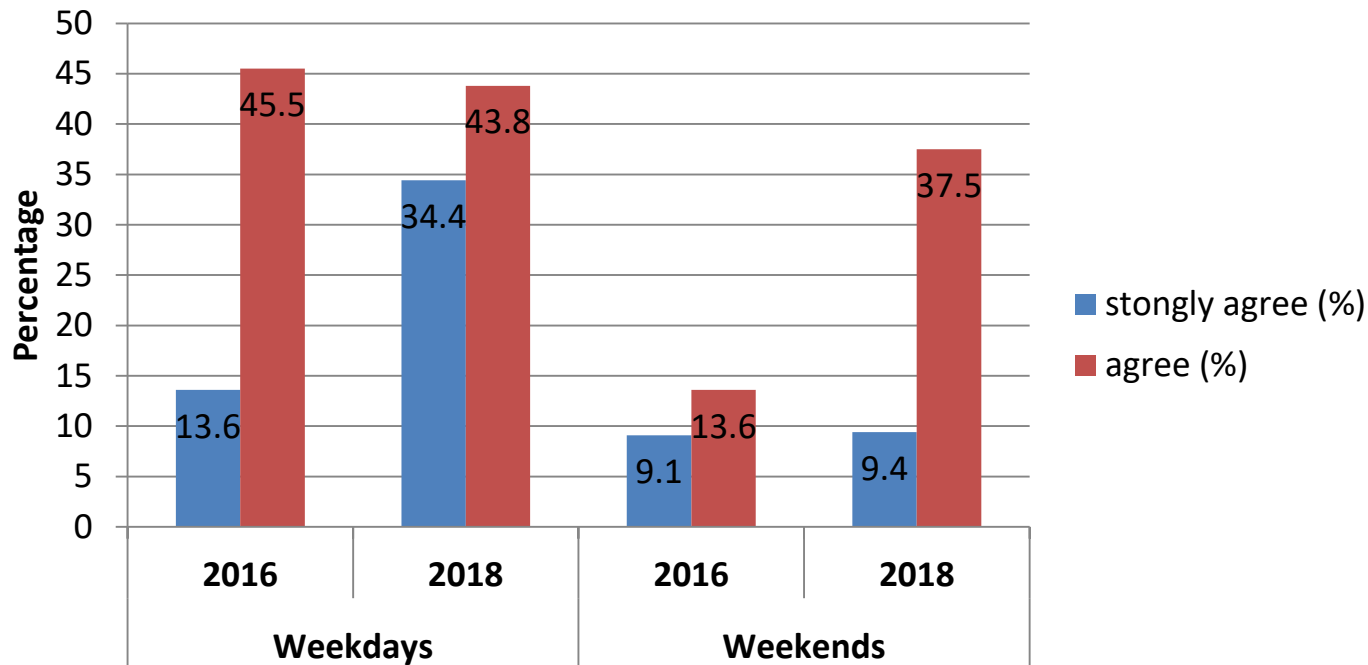
ICU staff satisfaction with physiotherapy service



- Satisfaction improved from **82% to 91%** Weekdays
- Satisfaction improved from **41% to 71%** weekends

Results: Access to urgent respiratory physiotherapy

Satisfaction with access to urgent respiratory physiotherapy



Satisfaction with ability to access urgent physiotherapy (within 1 hour) increased from:

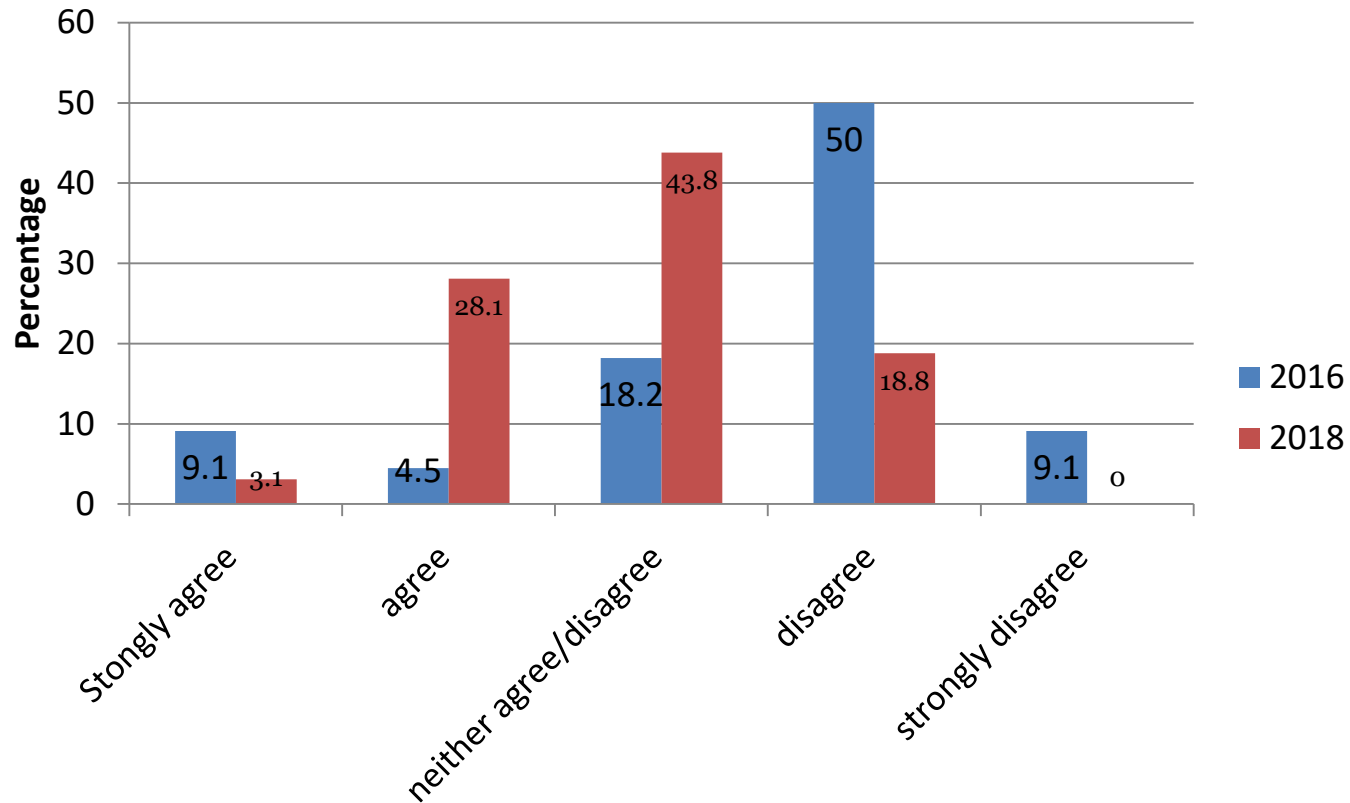
- **59% to 78%** weekdays
- **32% to 44%** weekends

Results:

	2016	2018
Physiotherapists see patients as frequently as I would like	55%	88%
Physiotherapists can see patients multiple times per day when required	50%	81%
Physiotherapists provide all services that I feel are indicated	59%	88%
Physiotherapy participation in research is adequate	50%	47%

Results: Access to after hours physiotherapy

Ability to access physiotherapy after hours



- In 2016 there was no evening service available
- A permanent evening service was implemented in April 2017 with one staff member available until 7pm
- A large number of staff neither agreed/disagreed they could access physiotherapy after 4pm
 - May indicate a knowledge gap re. service availability

Discussion

- Good response rate, representative of the size of each professional group in ICU
- Improved physiotherapist to bed ratios has led to an increase in staff satisfaction
- Comparable improvements in physiotherapist to bed ratio occurred on weekdays and weekends
- Availability of evening service and participation in research may need to be further explored

LIMITATIONS:

- Survey only conducted at one time point and therefore only captured a small portion of clinical staff

Conclusions



- This study found improvement in staff satisfaction with the expanded ICU physiotherapy service, particularly on weekends and after hours.
- Further education may be required regarding availability of after hours physiotherapy
- Further promotion of physiotherapy involvement in research and ongoing participation may be warranted

Acknowledgements

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- National benchmarking data:
 - Jennifer Jones and Sarah Jackwitz
- RMH Physiotherapy Department
- RMH ICU Department

Survey questions

- I am satisfied with the current weekday physiotherapy service in the ICU
- I am satisfied with the current weekend physiotherapy service in the ICU
- I can access urgent (within 1 hour) respiratory physiotherapy care for my patients in the ICU on weekdays
- I can access urgent (within 1 hour) respiratory physiotherapy care for my patients in the ICU on weekends
- When I ask a physiotherapist to review a patient they are able to see them within an appropriate timeframe
- Physiotherapists require significant nursing staff assistance to administer physiotherapy intervention
- I can access Physiotherapy in the evening (after 4.00pm)
- Physiotherapists see patients as frequently as I would like
- Physiotherapists see patients multiple times per day when required
- Physiotherapists interventions are often short in duration (less than 15 minutes)
- Physiotherapists provide all the services/treatments that I think are indicated for my patients
- The roles of physiotherapists working within the ICU are: Please rank from 1 (most important) to 9 (least important)
 - Respiratory management, early rehabilitation (ventilated patients), mobilisation/SOOB, exercise prescription, attendance at ward round/multidisciplinary meetings, patient education, equipment prescription/provision, staff education, research/quality improvement
- Physiotherapy staff participation in research activities is adequate
- Physiotherapy staff training processes are currently appropriate

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