Queensland Government
Queensland Health

TOOLKIT



Managing Demand on Allied Health Community and Outpatient Services

December 2005

QUEENSLAND HEALTH
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Australia

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Further copies of this document, and future updates, can be downloaded from:
http://qheps.health.qld.gov.au/odb/hau/allied/html/taskforce/demandmanagement.htm

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Alison Faigniez	Kim Wyllie	Mary Coman
Anita Fairfull	Kathy Grudzinskas	Paula Ross
Bernie O'Brien	Kerrie-Anne Frakes	Trent Johnston
Christine Mummery	Jenny Finch	

Thank-you to the four trial Health Service Districts listed below who participated in the Demand Management Project. Their ongoing commitment and invaluable feedback was integral in the development of this *Queensland Health Toolkit for Managing Demand on Allied Health Community and Outpatient Services*.

- Bayside Health Service District
- Redcliffe-Caboolture Health Service District
- Rockhampton Health Service District
- Tablelands Health Service District

Special thanks is extended to the following services for permission to adapt tools, resources, surveys and scales they have developed. This has enabled us to use tools that have been proven to be practical, useful and user friendly in a clinical setting.

- Bayside Health Service District - Family Health and Rehabilitation Service
- Princess Alexandra Hospital – Physiotherapy Department
- Redcliffe-Caboolture Allied Health Team
- Royal Brisbane & Women's Hospital – Department of Nutrition and Dietetics
- Spinal Outreach Team (SPOT)

Foreward

This *Queensland Health Toolkit for Managing Demand on Allied Health Community and Outpatient Services* represents a significant contribution and commitment by Queensland Health to ensuring effective, efficient and equitable allied health services for all Queenslanders. It has been developed to facilitate the implementation of a consistent state-wide framework for managing demand on allied health community and outpatient services.

The toolkit aims to facilitate service planning, determine service priorities, assist in caseload and waiting list management and align allied health community and outpatient services to the core business of Queensland Health. It outlines the key steps involved in effectively managing demand on allied health services and includes tools and resources which can be adapted to meet local needs. It is designed to be aligned with district annual planning.

The toolkit has been developed through widespread consultation with executive and clinicians across the state and extensive local, national and international review of associated literature. The toolkit was trialled in four Health Service Districts representative of most allied health outpatient and community models of service delivery in Queensland.

When applied across the organisation, successful and effective management of demand will lead to increased job satisfaction for allied health professionals and subsequent improved recruitment and retention of skilled staff.

I look forward to receiving feedback on how the *Queensland Health Toolkit for Managing Demand on Allied Health Community and Outpatient Services* is being applied across the state and to witnessing ongoing evidence of the efficient, effective and equitable allied health services being provided to the people of Queensland.

Uschi Schreiber
Director-General

Table of Contents

List of Appendices (Tools)

Introduction

Why this toolkit?

Smart State: Health 2020 and the Queensland Health Strategic Plan 2004-2010 identify an aging population, technological advances, a changing workforce and changing consumer expectations as key challenges to be addressed to successfully promote a healthier Queensland. As these challenges intensify, it is critical that demand is effectively managed by considering the ways in which healthcare services are provided. Increasing the intensity and volume of service provision will not necessarily lead to better health outcomes. Instead, ways to ensure delivery of the *right intervention, in the right place, at the right time, in the right medium* with the resources available are required.

The Director-General's Allied Health Recruitment & Retention Taskforce (1999-2000) identified a need for a state-wide model to provide guidelines and rationale for managing service provision and the demand on limited allied health resources. Results of the Queensland Health Allied Health Service Management Survey (2002) indicated there were no consistent state-wide policies or guidelines for allied health regarding the management of demand, service priorities and access to services within Queensland Health. Resource allocation and strategies to manage increasing demand on services were inconsistent and historically based.

This toolkit was produced to assist the implementation of a consistent state-wide framework for managing demand on allied health community and outpatient services. It aims to facilitate service planning, determine service priorities, assist caseload and waiting list management and align allied health community and outpatient services to the core business of Queensland Health. Successful, effective and consistent management of demand will lead to increased job satisfaction for allied health professionals and subsequent improved recruitment and retention of skilled staff.

How was the toolkit developed?

Tweeddale, Sharpe, Finch and Grudzinskas[1] (2003) developed a model for managing demand for physiotherapy outpatient services. Further investigation deemed this model suitable for implementation across all Queensland Health allied health community and outpatient services.

The Tweeddale, Sharpe, Finch and Grudzinskas Model for Demand Management was trialled in four Health Service Districts representative of most allied health outpatient and community models of care within Queensland Health. Evaluation of this trial was conducted in November 2004 to make recommendations on the applicability of the model for state-wide implementation. Feedback was obtained from representatives of the Allied Health Demand Management Project Steering Committee, trial district reference groups and various Queensland Health staff involved in allied health service delivery and planning. This toolkit was produced from the recommendations of this review, as well as widespread consultation with executive and clinicians across the state and extensive literature review.

Who is the toolkit for?

This toolkit applies to all Queensland Health allied health community, outpatient and outreach services, in all practice areas excluding mental health. Allied Health refers to the following professional groups:

- Audiologists
- Dietitians and Nutritionists

1 Tweeddale M, Sharpe R, Finch J and Grudzinskas K (2003) A Model for Demand Management, Proceedings of National Allied Health Conference, Adelaide.

- Occupational Therapists
- Physiotherapists
- Podiatrists
- Prosthetists and Orthotists
- Psychologists
- Social Workers
- Speech Pathologists
- Other allied health professional groups as appropriate

Mental health services are not included as the parameters of service delivery differ from those of other Queensland Health allied health outpatient and community services.

The toolkit is intended for use by Queensland Health staff involved in service planning or delivery of allied health community and outpatient services, including Directors of Community and Allied Health Services and allied health clinicians.

What is in the toolkit?

The toolkit recognises and facilitates critical steps in managing demand including information gathering, environmental mapping, defining services and service priorities, using evidence to shape core business, implementing service strategies, consultation and evaluation. It contains information about the Model for Demand Management, as well as checklists, resources, references, internet and intranet links, templates, standardised letters and proformas, powerpoint presentations and other tools designed to assist planning and implementation of demand management.

How to use the toolkit

This toolkit has been produced to guide implementation of the Model for Demand Management across community and outpatient allied health services. While it provides an ordered approach to implementing demand management strategies, it enables flexibility by recognising that some districts will have various strategies already incorporated at a service level. This toolkit enables the use of selected tools separately or in combination.

Implementation of the Model for Demand Management should not be an additional task for allied health services. The kit is designed to assist service managers and allied health professionals to ensure ongoing demand management strategies are incorporated into allied health annual plans, operational plans and existing policies and procedures for service delivery. This will ensure sustainability of effective, efficient and equitable allied health services.

Executive support

Allied health staff will require strong support and endorsement from district executive to ensure successful implementation of the *Queensland Health Toolkit for Managing Demand on Allied Health Community and Outpatient Services*. Area Health Service Managers, District Managers and line managers will need to support allied health staff in this change of management process, and may be required to assist in communication with stakeholders if changes to service delivery are indicated.

The Principles for Managing Demand

Demand management involves exploring better or different ways of meeting the same needs. It involves shaping demand so that the health needs of both individuals and populations are best served with the available resources.

The underlying principles of managing demand, used in the development of this model include:

Consistency

For all Queenslanders to achieve equitable access to services with optimal outcomes there must be a consistent state-wide policy or framework for managing service provision and the demand on limited allied health resources.

Alignment with Queensland Health core business

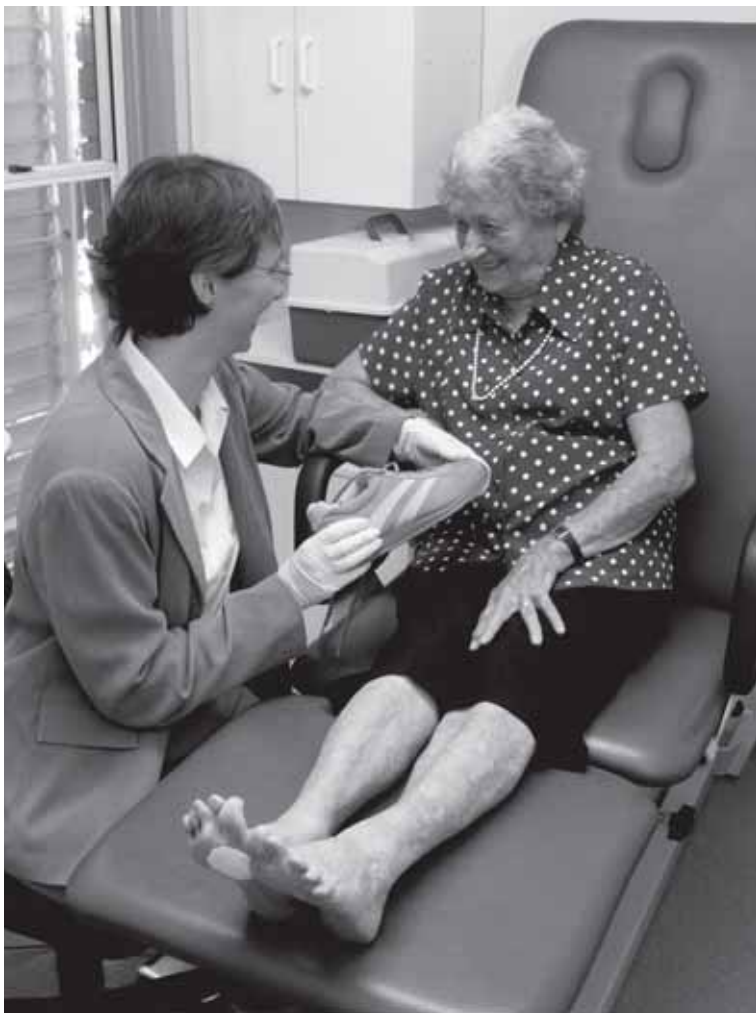
Managing demand for allied health services must be considered in relation to the strategic direction and key priorities of the organisation. Within Queensland Health, demand management strategies must be aligned with the Queensland Health Strategic Plan 2004-2010, Smart State: Health 2020, Queensland Health Systems Review and other key direction statements.

Pro-activity

The best stage to manage demand is before it meets the service, promoting pro-activity rather than reactivity. Evidence and strategic direction strongly support a preventative model of healthcare delivery.

Balancing opportunity with demand

Prioritisation must occur based on evidence, not interest. To control demand, it is necessary to create a need or demand for effective services, and curtail demand for ineffective services.



The Model Explained

The flowchart on page 5 summarises the Model for Demand Management.

The following six sections explain and summarise the steps involved in implementing the Model for Demand Management, converting it into easily understood language appropriate to all professions and stakeholders.

Steps 1-5 must be carried out in the order below to most effectively manage demand. It is of limited value to apply the service strategies in step 5, without progressing through steps 1-4. The sections within step 5 relating to service strategies are all necessary in managing demand, though the order of implementation is flexible.

Some services may have previously completed selected steps and duplication is not required, though review may be beneficial.

1 Baseline information gathering

Baseline information gathering is necessary for evaluating how effectively demand is being managed. Information should be collected prior to the introduction of demand management strategies, to enable change to be measured following a period of implementation. Examples of information that can be collected for evaluation include:

- job satisfaction of allied health professionals
- client and referrer satisfaction with the service provided
- use of negotiated goal setting
- activity measures including waiting list times and throughput measures
- allied health minimum data set
- other locally relevant data.

2 Environmental mapping

In managing demand on allied health services the first step is to carry out environmental mapping for the district. This involves collecting and analysing information about the health needs of the community and aligning this information with national, state and district health priorities to facilitate optimal planning and allocation of resources as follows:

2.1 Identify the demographics and subsequent health needs of the community

2.2 Identify allied health services currently provided and gaps in service provision

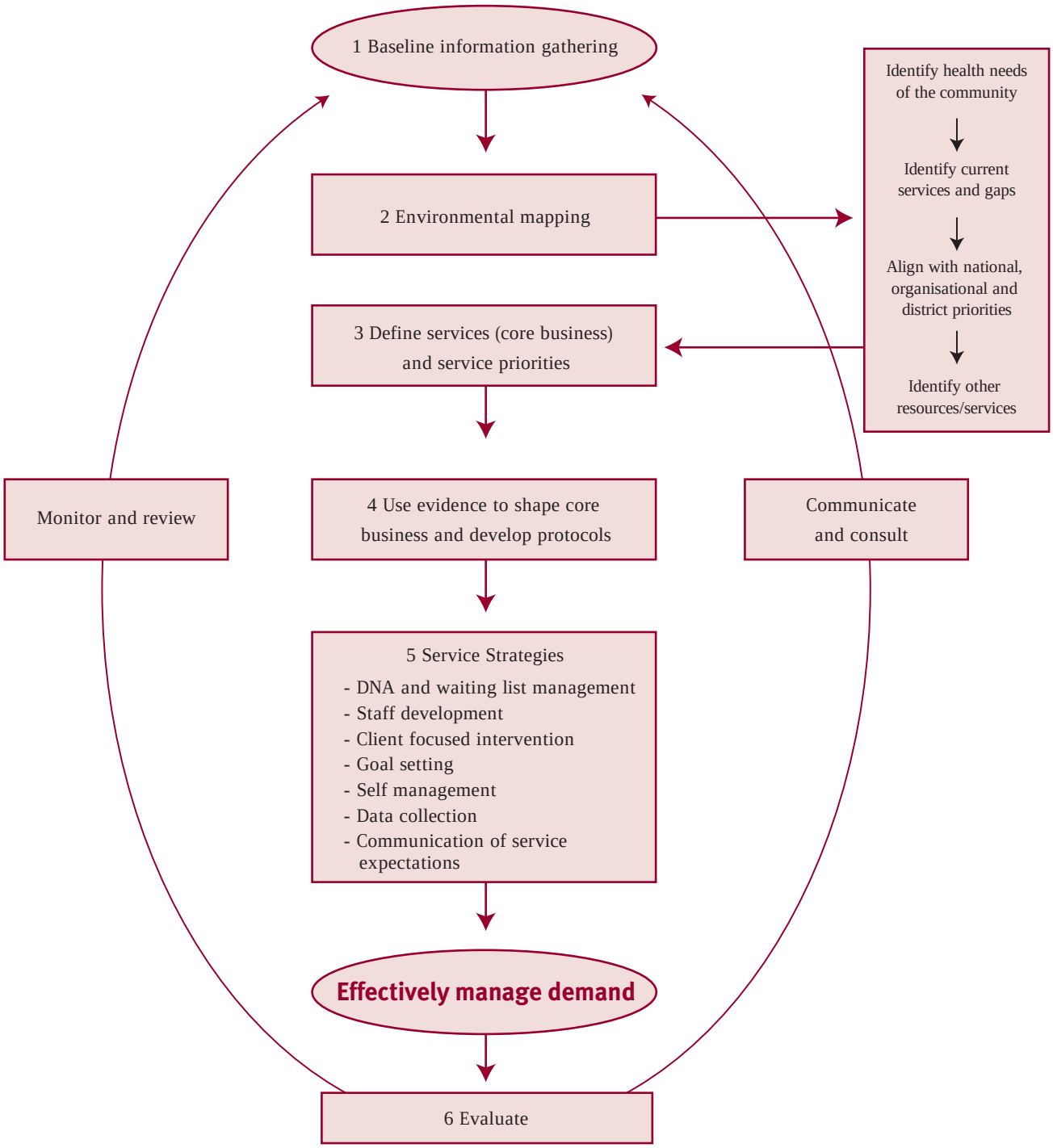
2.3 Align the health needs of the community and gaps in service provision with national, Queensland Health and district priorities

2.4 Identify other services which provide interventions to similar target groups

3 Service definition (core business) and identifying service priorities

Once district level environmental mapping has been conducted, the next step is to use this information to clearly define the roles and responsibilities of current services including service priorities. Establishing local service priorities will enable a coordinated approach to planning, implementation and evaluation of service delivery across the district, and best match of professional skills with service and health needs.

Flowchart for Managing Demand



4. Use of evidence to shape the way core business is conducted

Once core business and service priorities have been established, the next step is to ensure that relevant evidence is used to shape the services provided. Using evidence to develop core business protocols demonstrates provision of *the right intervention, at the right time, at the right place, with the right medium,* and therefore the most efficient and effective service delivered with the resources available.

It is important for allied health professionals to constantly challenge the evidence base for interventions. Ideally, an allied health professional should be able to demonstrate that any intervention provided (or not provided) will result in the best possible outcome for the client.

5. Service strategies

Once community health needs have been identified, service priorities clearly defined in line with organisational priorities and the evidence for core business integrated into service delivery, a combination of service strategies can be implemented to ensure demand on allied health services is managed to the achieve the best possible delivery of services.

The following is a brief summary of service strategies for effectively managing demand. The order in which each of these is addressed is not critical, however all steps are necessary for successful demand management.

5.1 Waiting List and DNA policy framework

A proactive and consistent waiting list and DNA policy will assist in managing the demand on allied health services. A state-wide Waiting List and DNA Policy Framework enables allied health services to adopt and maintain an equitable, accountable system based on prioritisation by urgency and evidence. Individualised policies should be developed from the framework at a local level to meet community needs.

5.2 Staff development

Ongoing staff development is critical to ensure clinical effectiveness. Performance appraisal and development activities are required to increase or maintain staff skill to deliver effective and efficient services. Individual staff development activities should be linked to organisational direction.

5.3 Client focused intervention

Facilitating clients to identify appropriate goals will enhance clinical effectiveness and compliance. It will ensure the client has ownership of the intervention, and that service provision is relevant to the client and their lifestyle. Negotiated goals with a clearly defined action plan, timeframes and discharge points will ensure that the client is fully involved in the care process. Similarly, facilitating self management will enhance clinical effectiveness by ensuring the sustainability of a program following treatment.

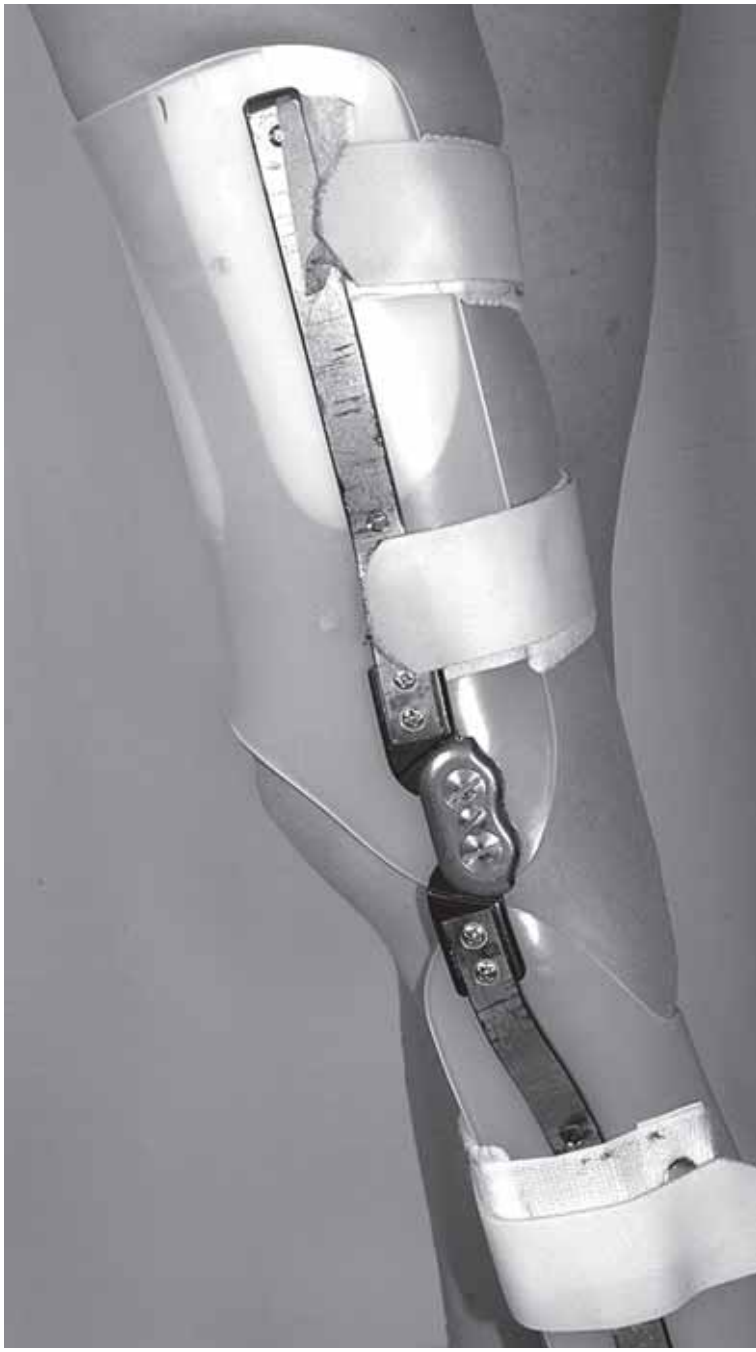
5.4 Data collection

Data collection is essential for effectively managing demand on allied health services. Effective use of a minimum data set enables allied health professionals to manage workloads, ensure accountability, measure outcomes and benchmark against other services. The purpose of data collection must be clear and data should be turned into useful information or evidence.

5.5 Communication and consultation with stakeholders

With the introduction of the Model for Demand Management, it will be necessary to communicate with and educate stakeholders (allied health professionals, line managers, clients and referrers) about the model, its implementation and potential changes to service delivery.

Communication with clients and referrers about services provided enables the extent and scope of allied health services to be clearly conveyed. Managing demand is only possible where both client and referrer understand the services available. Education will result in a reduction of inappropriate referrals and ensure client and referrer expectations are realistic.



6. Evaluation

Comparison of baseline and post implementation data will enable evaluation of the effectiveness of the Model for Demand Management and demand management strategies.

Hints for Successful Implementation of the Model

Critical Success Factors

Trial of the Model for Demand Management identified the following factors as essential in achieving successful and effective management of demand on allied health services:

- District executive and line manager support
- A district reference group formed prior to implementation of the model. Appendix 1 outlines an example Terms of Reference document for an allied health Demand Management district reference group
- A district champion to lead or drive implementation of demand management strategies. The champion should not be solely responsible for outcomes, nor carry the workload. They are a point of contact to guide the process
- Administrative officer involvement and support
- Education and marketing to staff, line managers, clients and referrers
- Access to appropriate training and tools, including computer access
- Time.

The four trial sites are a valuable resource for other Health Service Districts when implementing the Model for Demand Management. Champions in each of the trial districts are available to share information and assist other districts to implement the Demand Management Model –

Redcliffe-Caboolture Health Service District
Anita Fairfull
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Bayside Health Service District
Paula Ross
Paula_Ross@health.qld.gov.au

Rockhampton Health Service District
Kerrie-Anne Frakes
Kerrie-Anne_Frakes@health.qld.gov.au

Tablelands Health Service District
Kym Wyllie
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Other helpful contacts include:

- The Demand Management Project Steering Committee members (refer to acknowledgements on page i)
- The Principal Allied Health Advisor allied_health_advisory@health.qld.gov.au
- The Demand Management Project Officers Angela_Wood@ health.qld.gov.au or Cherie_Hearn@health.qld.gov.au

Change Management

Engaging staff in any organisational change process is crucial to develop an acceptance of change. Effective change management encourages recognition and acceptance of the need for service efficiency while fostering an ongoing commitment to quality outcomes. Queensland Health has produced a number of guides to assist in managing organisational change. These resources are available at *http://www.health.qld.gov.au/publications/change_management/default.asp*.

STRATEGIES TOOLBOX



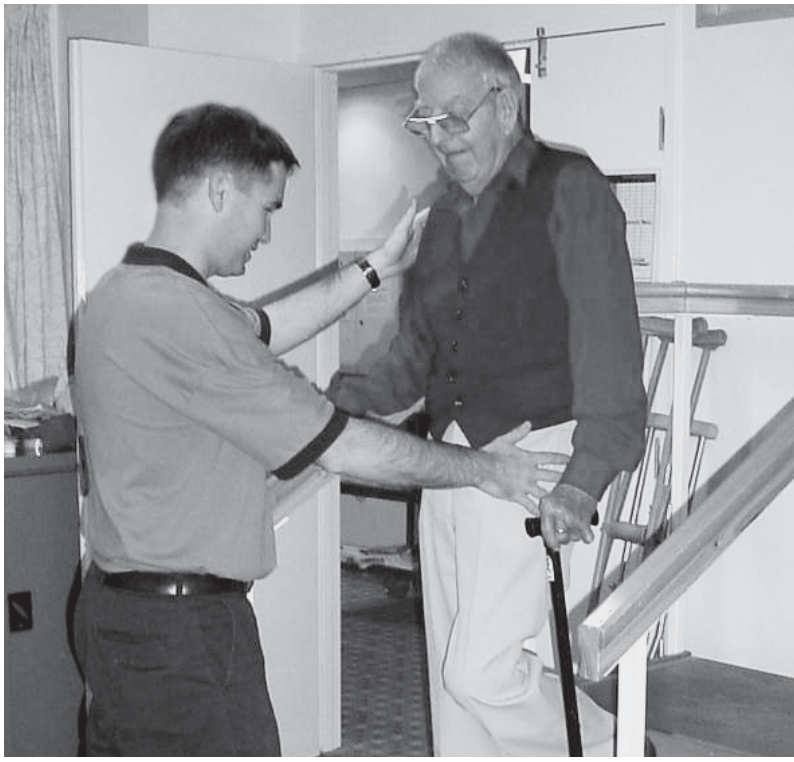
This toolbox incorporates a range of tools that may assist in managing demand on allied health community and outpatient services. These tools are examples only. They should be modified to meet the needs of the service by considering information already available, allied health services currently provided, annual planning, strategies and tools currently in place to manage demand and resources available. These tools can be used separately or in combination.

1 Tools for Baseline Information Gathering

A number of tools have been developed to measure the effectiveness of the Model for Demand Management and demand management strategies. Collecting baseline information prior to introducing the model will enable change to be measured following a period of implementation. Re-administration of tools is recommended for evaluation once demand management strategies have been in place for 6 to 12 months, and on an annual basis as part of operational planning. Effectively managing demand can be demonstrated by a change on the following measures:

- The Allied Health Job Satisfaction Survey (Appendix 2) measures the satisfaction of allied health professionals with their clinical work and current employment. While it is acknowledged that a number of factors will impact job satisfaction, this data will assist in the provision of anecdotal evidence regarding overall effectiveness of demand management
- The Client Satisfaction Survey – Example 1 (Appendix 3) and Client Satisfaction Survey – Example 2 (Appendix 4) measure client satisfaction with the referral process, access to services, department and staff.
  On re-administration, these surveys measure the effects of changes in service delivery.
- The Referrer Satisfaction Survey (Appendix 5) measures the effectiveness of strategies regarding communication and feedback from referrers
- A Goal Setting Audit Tool (Appendix 6) has been developed to measure the effectiveness of strategies for client focused intervention and negotiated goal setting. Nominated clinicians can audit the goal setting process via chart review
- Waiting list and DNA measures can be used to evaluate service effectiveness and efficiency. Appendix 7 provides a tool for the collection of data on Waiting List and DNA measures. The Waiting List and DNA measures spreadsheet in Appendix 8 can be used to analyse and compare waiting list and DNA data prior to implementation of the model for managing demand, and following introduction of the *Waiting List and DNA Policy Framework for Allied Health Community and Outpatient services*.

Information gained from the administration of these tools prior to implementation of the Model for Demand Management can be compared to similar data 6-12 months following commencement of demand management strategies to determine the effectiveness of the model.



2 Tools for Environmental Mapping

Environmental mapping is a process of identifying the demographics and health needs of the community, comparing these needs to the current allied health services provided, identifying trends and gaps in service provision and integrating this information with national, Queensland Health and district priorities.

2.1 Identify the demographics and health needs of the community

To effectively manage the increasing demand on allied health services an understanding of the demographics and health needs of the local community is required. There is a plethora of information already available on the demographics of each district, and for most services it will simply be a process of reviewing and understanding this information and the implications for allied health service delivery. This will ensure planning and prioritisation of resources reflects the areas of greatest need.

Some tools to assist in identifying demographics and health needs of the community include (but are not limited to) -

- District Health Profiles, available on QHEPS at *http://qheps.health.qld.gov.au/qldhealth.htm*. These profiles contain information such as the physical location of each district, contact details, district health council membership, geographic description of the district, population and socio-demographic data, hospital facilities and health services, top ten DRG separations, activity targets and budget details.
- Health Determinants Queensland 2004, available on QHEPS at *http://qheps.health.qld.gov.au/PHS/Documents/hdq/22418_1_intro.pdf*. This document provides a district by district profile of the key socio-demographic predictors of health, the projected future growth of the population and key health issues for each district.
- Census Factsheets are available for most districts on QHEPS at *http://qheps.health.qld.gov.au/hic/factsheet.htm*
- HealthWIZ is a national data base system that brings together current and historical social health data. It presents health, welfare and demographic data nationally, with breakdowns for states and regions. HealthWIZ is available at *http://qheps.health.qld.gov.au/hic/Healthwiz.htm*.

If information regarding the health needs of the community is not readily available, stakeholder analysis via interviews, surveys and focus groups can be used to gain feedback.

2.2 Identifying services currently provided and gaps in service provision

Once an understanding of the socio-demographics of the district and the health needs of the community has been gained, information about the current service profile is required. Again, many districts will already have up-to-date information on the allied health services provided in their allied health operational plan. Where this information is not current or readily available, allied health service information will need to be gathered.

Surveys are one means of collecting this information, and an example of an allied health Baseline Service Profile Questionnaire is attached (Appendix 9). This survey identifies information such as current staffing levels, referral process and sources, occasions of service, clients serviced, waiting list management and quality management.

The Baseline Service Profile Questionnaire spreadsheet in Appendix 10 gives some examples of how to collate and analyse the data collected from the questionnaire. However keep in mind it is the analysis of changes in the service profile following the demand management process that will provide the

most useful information for service delivery. Once data is entered in the template, simply follow Chart Wizard to produce the charts and graphs required.

Gaps in service provision may be identified in a brainstorming session or workshop using the current service profile and environmental mapping.

2.3 Align with national, organisational and district priorities

Once the health needs of the community have been considered and services provided identified, it is essential to align these areas with national, state and district priorities. There are many documents available to assist the integration of district needs, services provided and gaps in service provision to national, Queensland Health and district priorities.

- The Queensland Health Strategic Plan 2004-2010 is available at *http://qheps.health.qld.gov.au/Qld_Health_Strategic_Framework.htm* outlines the aims of Queensland Health over the next five years, links Queensland Government priorities to health outcomes and guides the organisation in operational and business planning

- ISAP (Integrating Strategy and Performance) aims to help Queensland Health become a strategy focused organisation. It provides a process to support the implementation of Queensland Health strategic intentions and enable progress to be measured. ISAP can assist allied health services to align finite resources to the strategic direction of the organisation and measure progress towards achieving these strategies. Further information is available on QHEPS at *http://qheps.health.qld.gov.au/ISAP/home.htm*.

- Smart State: Health 2020 is available on QHEPS at *http://www.health.qld.gov.au/Health2020*. Health 2020 provides an overview of the future direction of healthcare within Australia and internationally, and outlines influences likely to impact on the health and healthcare of Queenslanders. It provides a profile of the population of Queensland, health risk factors related to the National Priority Areas, historical trends in health and identifies emerging health issues.

- National Health Priority Areas seek to focus public attention and health policy on those areas that contribute significantly to the burden of disease and injury, but offer scope for improvement. These areas currently include cardiovascular health, cancer control, injury prevention, mental health, diabetes, asthma and arthritis and other musculoskeletal conditions. More information is available at *www.health.gov.au/internet/wcms/publishing.nsf/Content/health+Priorities-1*.

2.4 Identify other resources providing similar services

The final stage of environmental mapping is to identify other government and non-government agencies in the district providing similar services to the same target groups. To effectively manage demand it is necessary to work in close partnership with other services. This prevents unnecessary overlap in service provision and ensures clients are accessing the most appropriate service. Allied health district resource directories can be invaluable to assist in this process.

Examples of other ways to identify services within a district providing similar intervention to target groups include –

- contact allied health professionals in other local services such as
  - Blue Care
  - Community Health
  - respite services
- attend district networking meetings
- attend special interest group meetings
- contact professional associations
- develop comprehensive departmental orientation
- contact
  - GPs
  - community nurses
  - schools

3 Tools for Service Definition (core business) and Identifying Service Priorities

Service definition or identification of core business involves the clear classification of the roles and responsibilities of each allied health service to ensure a district wide coordinated approach to client care. It enables staff skills to be matched to client needs. With core business clearly defined, service providers can reduce duplication of interventions, thereby managing the increasing demand on services.

Service priorities should be developed based on information gained from environmental mapping and in consultation with district executive, allied health departmental directors and other allied health staff across the district. Smaller districts may benefit from cross-district consultation with other services with similar demographics. A workshop or focus group meeting may be helpful to gain consensus about where priorities lie.

Appendix 11 contains an example of a Core Business Template designed to guide key stakeholders to develop service priorities in a forum such as a workshop or focus group. Some areas that may be considered at a workshop include:

- identification of points across the continuum at which services are provided, not provided or needed but not available
- definition of barriers to comprehensive and integrated service delivery
- definition of ways to utilise a multidisciplinary approach to create greater service efficiencies
- brainstorming of ways to break down departmental silos.

The Queensland Health Service Capabilities Framework (SCF) can help guide core business and service priorities and can be found at *http://qheps.health.qld.gov.au/hsd/procurement/cst/serv_framework.htm*. This framework provides a standard set of capabilities required for most services provided in Queensland by acute public and private health facilities. It provides a consistent language for health care providers to use when describing and planning health services. Each service capability profile outlines required clinical services and service capability levels for each area, including allied health staffing and minimum competencies.

Effective consultation with stakeholders is critical in the identification of service priorities and core business. Consultation must occur with allied health executive and staff, as well as across other healthcare professions and the broader community. Toolkits and fact sheets on consumer and community participation are available at *http://qheps.health.qld.gov.au/hsd/procurement/quality/Archive/16485consumer.htm*.

4 Tools for using evidence to shape the way core business is conducted

It is critical that allied health professionals are constantly challenged regarding the evidence base for interventions. Evidence must be incorporated into everyday practice to ensure clinical effectiveness, and in turn effectively manage demand on allied health services. If the right intervention occurs at the right time for the right client, best practice and efficient and effective service delivery can be ensured.

Many allied health services will already be completing Evidence Based Practice (EBP) activities, which will help to manage the increasing demand on services. Evidence Based Practice should not be an add-on task, but incorporated into core business, annual plans, performance indicators and performance appraisal and development.

It is important to foster a supportive environment, where management and senior staff openly support a culture of EBP. An EBP culture may be facilitated by designating specific time for EBP research and including EBP on professional and team meeting agendas.

It is suggested that as part of managing demand, services identify, research and implement at least two areas of Evidence Based Practice.

A brief overview of EBP

Evidence Based Practice is the integration of best research evidence with clinical expertise and client values. It is about using research (not doing research) and evidence based activities should be completed with the purpose of putting recommendations into practice. This may include developing operational and clinical guidelines, developing clinical and performance indicators, producing clinical competencies or reviewing hand-outs and assessment forms.

The 5 steps of EBP

1. Form an answerable question
2. Search for the best evidence
3. Critically appraise the evidence
4. Integrate the research evidence with clinical expertise and client preference and apply to clinical practice
5. Evaluate efficiency and effectiveness in executing steps 1-4.

Examples of EBP activities

- Complete an EBP review
- Establish a journal club to critically appraise research articles
- Designate specific forums for EBP feedback such as in-services from more experienced clinicians, feedback from completed reviews or impacts on practice
- Form a district EBP Special Interest Group to drive EBP practice and act as a resource for clinicians completing EBP reviews
- Create an EBP newsletter to update all staff on EBP practice within the district
- Participate in or establish clinical meetings where interesting and challenging clinical experiences are discussed. Issues requiring further investigation can be allocated to volunteering clinicians to research as an EBP topic.

The following resources relate to implementing Evidence Based Practice. It may be easiest to select one of these resources to guide evidence based

activities, as all resources present similar information in different formats:

- 'EBP On-Line' is a Queensland Health endorsed program that provides interactive, flexible online learning programs with practical support to learning and applying evidence based practice. 'EBP On-Line' can be accessed at *http://www.health.qld.gov.au/cdp*
- The Health Advisory Unit (HAU) website has an Evidence Based Practice network at *http://qheps.health.qld.gov.au/odb/hau/ebpallied/home.htm*. This website has been designed for allied health professionals to help develop the skills and confidence to undertake evidence based reviews, provide access to current EBP reviews undertaken within Queensland Health and provide access to other EBP resources
- A series of six Evidence Based Practice videos are available from the HAU covering topics such as getting started, searching databases and critically appraising the evidence. Alternatively, an experienced clinician could run a practical EBP workshop
- An Allied Health Evidence Based Review template is available at *http://qheps.health.qld.gov.au/odb/hau/ebpallied/documents/review_template.doc*. This template may be useful to guide evidence based activities
- There are EBP allied health discipline representatives who can answer questions and provide advice. Their contact names and details can be found on the HAU website at *http://qheps.health.qld.gov.au/odb/hau/ebpallied/documents/discipline_chairpeople.doc*.

The following literature provides suggestions to help successfully integrate evidence based activities into practice. Suggested readings include:

- Bennett, S. & Bennett, J.W. (2000). The process of evidence-based practice in occupational therapy: Informing clinical decisions. *Australian Occupational Therapy Journal*, 47, 171-180.
- Craig, C.J et al. (2001). Evidence-based medicine: useful tools for decision making. *MJA*, 174, 248-253.
- Greenhalgh, T & Taylor, R. (1997). How to read a paper: Papers that go beyond numbers (qualitative research). *BMJ*,315;740-743.
- Mar, C.B.M and Glasziou, M. (2001). Ways of using evidence-based medicine in general practice, *MJA*, 174, 347-350.
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- Rosenwax, L.K., Semmens, J.B., D'Arcy, C. & Holman, J. (2001). Is occupational therapy in danger of "ad-hocery"? An application of evidence–based guidelines to the treatment of acute low back pain. *Australian Journal of Occupational Therapy*, 48, 181-186.
- Royal College of Physicians, UK NHS, National Electronic Library for Health - National Clinical Guidelines for Stroke, 1999
- Sackett, D., Rosenberg, W., Grey, J., Haynes, R., Richardson, W. (1996). Evidence based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71-72.

5 Service Strategies

Service strategies can be effective in managing demand on allied health resources. In a busy healthcare environment it may not be realistic to implement all of the following strategies at one time. Individual services will need to identify priorities based on strategies already in place and their effectiveness. Analysis of health needs of the community, service priorities, organisational priorities and gaps in service provision will assist in prioritising the strategies below.

5.1 Waiting List and DNA Policy Framework

Managing waiting lists and client's failure to attend booked appointments is an effective strategy for managing workload and demand on allied health services.

A state-wide Waiting List and DNA Policy Framework (Appendix 12) has been developed to assist allied health services to allocate appointments through an accountable system based on prioritisation by urgency and evidence rather than order of receipt of referral. This framework provides processes, strategies and resources for managing waiting lists and clients who DNA within current staffing and resource levels. It has been trialled across a representative sample of Queensland Health community and outpatient allied health services.

Examples of proformas, standard letters and prioritisation tools are available in the policy framework. These documents should be modified to meet the needs of individual services.

Appendix 13 provides an example of a Waiting List and DNA Policy Framework Powerpoint presentation to present the implications of changes to stakeholders. Appendix 14 provides an example of a Waiting List and DNA Policy poster that could be hung in waiting rooms.

5.2 Staff development

Providing staff with the skills to provide the highest level of clinical service delivery will enable allied health professionals to effectively manage demand. Performance appraisal and development activities (PAD) which create links between organisational direction and individual development are essential. Queensland Health guidelines to PAD are available to view at *http://qheps.health.qld.gov.au/odb/oiu/services/pad/pad.htm*.

There are many ways for staff to access professional development activities. Information about professional development activities available to Queensland Health allied health staff can be found at:

- The HAU website *http://qheps.health.qld.gov.au/odb/Hau/allied/home.htm*.

  For example:

  - Graduate Certificate in Remote Health Practice (Allied Health)
  - Allied Health Research Scheme

- The Workforce Units / Rural Health Training Units:

  - Northern Area Health Service
    North Queensland Workforce Training Unit
    http://www.medeserv.com.au/rhtut/
  - Central Area Health Service
    The Yangulla Centre Central Zone Rural Health Training Unit
    http://qheps.health.qld.gov.au/yangulla
  - Southern Area Health Service
    The Cunningham Centre
    http://qheps.health.qld.gov.au/twmba/html/Support%20Services/cunningham_centre.htm

For example:

- Allied Health Professional Enhancement Program
- Rural Connect: Allied Health Mentor Program
- Advanced Clinical Skills workshops
- Rural Health Professional Support Program
- Australian Rural and Remote Scholarship Scheme

- The Mental Health Unit *http://qheps.health.qld.gov.au/hssb/mhu/home.htm*

  For example:

  - Professional Development Program for Mental Health
  - Mental health supervision and mentoring

- District websites *http://qheps.health.qld.gov.au/qldhealth.htm* Individual districts will have local training and development activities

- Skills Development Centre *http://health.qld.gov.au/skills/role.asp*

- Other examples of professional development initiatives can be found locally or on QHEPs including -
  - S.A.R.A.S – Study and Research Assistance Scheme
  - Management Development Program
  - Leadership Development Program
  - Clinician Development Program
  - Hospital libraries and Queensland Health online
  - Internet
  - CKN – databases
  - Professional Association links
  - University libraries
  - Special Interest Groups
  - Video or teleconferences
  - Training videos
  - Books
  - Journals
  - Hospital symposiums/grand rounds

5.3 Client focused intervention

5.3.1 Negotiated goal setting

Identifying appropriate client goals will enhance clinical effectiveness and compliance by making sure service provision is relevant to the client and their lifestyle. Negotiated goals with a clearly defined action plan, timeframes and discharge points will ensure that the client is fully informed and involved in the care process.

There are a number of goal setting tools available to allied health professionals. Most tools encompass at least 3 basic steps –

- identification of problems/issues
- agreed goals
- agreed plans

Goal setting as an effective outcome measure is discussed in the article on Goal Attainment Scaling by Cox and Amsters (Appendix 15). The Goal Setting Audit tool in Appendix 6 can be used to assess the effectiveness of goal setting.

Examples of goal setting tools include:

- An adapted version of the Goal Attainment Scaling (GAS) (Appendix 16)
- The Modified Canadian Occupational Performance Measure (COPM) (Appendix 17)

5.3.2 Self Management and promoting healthier lifestyles

There is a plethora of literature available on self management. Incorporating self management into intervention will enhance clinical effectiveness by ensuring the sustainability of a program following treatment. To ensure self management is effective it is critical that the client is ready to change and actively participate. It is important to consider the environment in which the client will be sustaining the program. Allied health professionals are in an ideal position to encourage healthy lifestyle changes to minimise the need for future intervention.

One example of a useful tool for assessing self management, client readiness for self management and support available is the Chronic Illness Resources Survey (Appendix 18). While this tool is designed to assess support and resources for chronic illness management, results give good insight into current and potential future self management.

For more information about self management, recommended references and resources include:

- Bentzen, N., Christiansen, T., & Pedersen, K. M. (1989). Self-Care within a Model for Demand for Medical-Care. *Social Science & Medicine*, 29(2), 185-193.
- Catalano, T., Dickson, P., Kendall, E., Kuipers, P., & Posner, T. N. (2003). The perceived benefits of the chronic disease self- management program among participants with stroke: a qualitative study. *Australian Journal of Primary Health*, 9(2 & 3), 80-89.
- Glasgow, R. E., Toobert, D. J., & Gillette, C. D. (2001). Psychosocial barriers to diabetes self-management and quality of life. *Diabetes Spectrum*, 14(1), 33-41.
- Weeks, A., McAvoy, B., Peterson, C., Furler, J., Walker, C., Swerissen, H., et al. (2003). Negotiating ownership of chronic illness: an appropriate role for health professionals in chronic illness self- management programs. *Australian Journal of Primary Health*, 9(2 & 3), 25-33.

5.4 Data Collection

Why collect data?

Data collection is a critical strategy in effectively managing demand on allied health services. Collection of data can facilitate clinical benchmarking and workload management, ensure accountability and be used to measure outcomes. It can provide rich information for research into allied health activities and enables a better understanding of staff and the cost involved in providing a range of allied health services.

Data collected must be of high quality and should be turned into useful information. Intelligent use of information drives quality improvement, evidence based practice and service development.

What data can be collected?

The National Allied Health Casemix Committee (NAHCC) outline a minimum data set as follows:

- Clinical care – inpatient and non-inpatient data
- Clinical services management
- Research
- Teaching and training

The data collected depends on service needs and the purpose of data collection must be clear. Factors to consider for a service minimum data set include:

- client demographics including sex, date of birth, residence, indigenous status and preferred language

- client UR number
- service provider
- referral source and date
- treatment setting
- client type
- principal diagnosis
- indication for intervention
- date of initial service provision and discharge

How can data be collected?

- The Allied Health Integrated Information System (AHIIS) is an example of a customised computerised data collection system. It is endorsed by the Clinical Benchmarking Allied Health Standards Advisory Group (CBAHSAG) and collects, captures and reports on allied health patient activity information. AHIIS uses data to enable effective management of human and material resources and facilitate quality, cost effective service delivery. AHIIS can be used to produce a variety of clinical and audit reports. Further information on AHIIS can be found at *http://qheps.health.qld.gov.au/odb/hau/allied/html/our_unit/cbahsag.htm*
- Non-specific software such as Excel templates and data collection spreadsheets (Appendix 19). Appendix 20 provides a user friendly guide to using excel spreadsheets for data collection
- paper based templates

Ideally data should be collected electronically to facilitate data manipulation, comparison and analysis. Data should be regularly audited.

How can data be turned into useful information?

There are many ways in which data can be applied. Below are some examples:

- trends in referral rates
- mapping of referral sources
- monitoring service delivery
- cost per unit of service and comparison costs
- business cases and submissions
- staff management including performance and productivity management
- identify caseload variations/trends and impact on skills mix
- accreditation and quality assurance

Resources and contacts

- The CBAHSAG develops and maintains allied health information management standards that are consistent and comparable across Queensland Health for benchmarking purposes. More information and contact details for CBAHSAG can be found at *http://qheps.health.qld.gov.au/odb/Hau/allied/html/our_unit/cbahsag.htm*
- The NAHCC aims to provide the Australian healthcare industry with nationally consistent methods of classifying, measuring, evaluating and developing allied health services, and contributing to better health outcomes. More information can be found at *http://www.dlsweb.rmit.edu.au/bus/nahcc/index.htm*

5.5 Communication and Consultation with Stakeholders

5.5.1 Communication with referrers and clients about service expectations

Communication with clients and referrers about services provided will enable the extent and scope of allied health services to be clearly conveyed. This communication will help to ensure referrals are directed to the appropriate service provider and avoid unrealistic expectations from clients and referrers about the type and amount of service available.

Examples of ways to communicate with clients, referrers and allied health staff regarding expectations and the scope of services available include:

Referrers

- letters to referrers outlining referral criteria and scope of services
- flyers / brochures / pamphlets
- discussion forums or education sessions with referrers (eg. Divisions of General Practice meetings)
- referral proformas.

Clients

- signs on the walls in waiting rooms
- pamphlets outlining scope of service to be sent to clients with initial appointment letter
- effective education of referrers will impact on client's expectation of allied health services.

5.5.2 Communication with allied health staff, line managers, referrers and clients about the introduction of the Model for Demand Management

With the introduction of the Model for Demand Management, it will be necessary to communicate and educate stakeholders (allied health professionals, clients and referrers) about the model, its implementation and changes.

Communication with line managers of all allied health professionals will be critical to ensure support in the implementation of the toolkit.

It is also critical that the introduction of any new model of service provision is clearly communicated to allied health staff and consultation occurs regarding the best ways to implement the model.

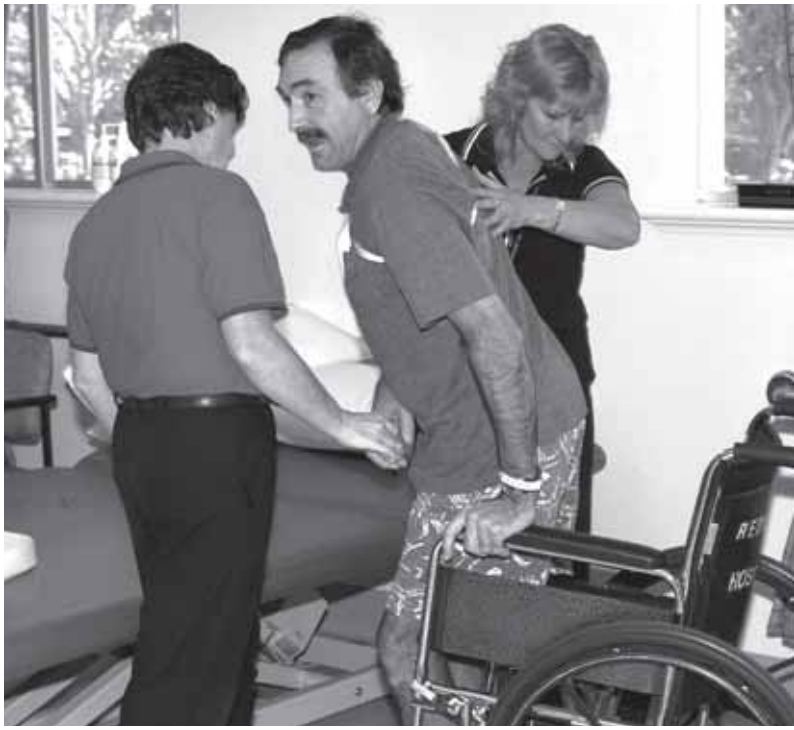
Suggestions of ways to communicate with stakeholders about the introduction of the Demand Management Model include:

Allied health staff

- Group e-mails
- Powerpoint presentation (Appendix 21)
- District newsletters and QHEPs sites
- Internal forums and other allied health forums used opportunistically
- Videoconferences

Referrers and clients as above.

It may be helpful to compile a simple communication and marketing plan to guide communication and consultation with stakeholders. An example is attached (Appendix 22).



6 Evaluation

It is important to evaluate the effectiveness of the Demand Management Model and its implementation. Change in baseline data collected on job satisfaction, client satisfaction, referrer satisfaction, activity measures (such as throughput measures and waiting list time) and client outcomes can be measured following a period of implementation.

Examples of evaluation tools have been discussed in detail in section 1 on baseline data collection and include:

- Allied Health Professional Job Satisfaction Survey (Appendix 2)
- Client Satisfaction Survey – Example 1 (Appendix 3) and Client Satisfaction Survey – Example 2 (Appendix 4)
- Referrer Satisfaction Survey (Appendix 5)
- Goal Setting Audit Tool (Appendix 6)
- DNA and Waiting list measures (Appendix 7)

Appendix 23 provides an example of an excel spreadsheet that can be used to analyse pre and post activity data from evaluation tools. This spreadsheet can specifically be used to analyse data from the Allied Health Professionals Job Satisfaction Survey (Appendix 2). Appendices 8, Appendix 10 and Appendix 17 also demonstrate examples of excel spreadsheets and templates used to analyse data. However, these will need to be adapted to meet the needs of individual services.

Checklist for managing demand on allied health services

- [ ] 1 Baseline information gathering
- [ ] 2 Environmental mapping
  - [ ] Identify the demographics and health needs of the local community
  - [ ] Review current service profile
  - [ ] Identify gaps in service provision
  - [ ] Align environmental mapping with district & organisational priorities
  - [ ] Identify other services in the district with similar target groups
- [ ] 3 Service definition (core business) and service priorities
- [ ] 4 Using evidence to shape the way core business is conducted
- [ ] 5 Strategies to manage demand
  - [ ] Implement DNA and Waiting List Policy framework
  - [ ] Staff Development
  - [ ] Negotiated Goal Setting
  - [ ] Self management
  - [ ] Data collection
  - [ ] Communication with stakeholders including referrer expectations
- [ ] 6 Evaluation

All activities should be incorporated into annual planning to ensure sustainability.