Appendix 21 Powerpoint Presentation for stakeholders

Managing Demand for Allied Health Community and Outpatient Services XXX Health Service District

Queensland Government
Queensland Health

Background

- Director-General's Recruitment and Retention Taskforce highlighted the need to develop a framework for identifying and describing core business for Allied Health disciplines to facilitate service planning, determine service priorities and manage caseloads and waiting lists
- The Allied Health Service Management Survey undertaken by HAU in 2002, highlighted inconsistencies in and lack of demand management strategies used by allied health staff
- EB includes a provision that guidelines for allied health workload management, including demand management are required

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Key Issues

- Queensland Health has no statewide policies or guidelines regarding access to allied health services and management of demand or service priorities
- Resource allocation and strategies to manage increasing demand on services are historically based and inconsistently applied throughout the state
- Job satisfaction of allied health staff is adversely affected due to lack of corporate direction and endorsement regarding service prioritisation in an environment of finite resources and workforce shortages

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Demand Management Project

Purpose:

To develop and trial a model of demand management for allied health outpatient and community services to facilitate service planning, determination of service priorities, management of caseloads and waiting lists

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Principles for Managing Demand

1. Consistency

2. Alignment with core business of the organisation

3. Pro-activity

4. Balancing opportunity with demand

The Model

- The Tweeddale, Sharpe, Finch & Grudzinskas Model of Demand Management was trialled in 4 trial districts in 2004 to provide guidelines and rationale for managing both service provision and demand on limited resources
- This model is not be prescriptive, but will provide an endorsed framework for local decision making aligning services with Queensland Health priorities, community need and evidence based practice

Feedback from Trial Sites

- Model for Demand Management is great, but practical, user-friendly guidelines are required for busy clinicians
- To continue to implement the Model for Demand Management in existing trial sites, and extend implementation in these sites to include all allied health outpatient and community services

The Toolkit

- Development of a practical, user friendly 'toolkit' to assist implementation and evaluation of the model
- Contains information about the model, checklists, resources, references, internet and intranet links, templates, standardised letters and proformas, and other tools to assist planning and implementation of demand management in your district

Who is the toolkit for?

- The toolkit is designed for use by Directors of Allied Health and all Allied Health Clinicians
- It requires a primary facilitator to 'champion' or guide implementation of the toolkit and to identify which tools will suit your service (eg. Director or Team Leader)

How to use the toolkit

- Provides an ordered approach to implementing demand management strategies
- Provides flexibility by recognising some districts will already be doing some demand management activities
- Strategies can be used separately or in combination

Just another task in a busy day?
NO!

- The Toolkit for Managing Demand is not designed to be an additional task or take extra time
- There will initially be some time investment but the strategies will become part of standard operational policies and procedures
- Once set up, the Toolkit will help manage caseloads, save time and increase job satisfaction

The Toolkit

1 Baseline information gathering
2 Environmental Mapping
3 Defining roles and responsibilities
4 Use of evidence to shape the way core business is conducted

The Toolkit

5   Service strategies

- Waiting List and DNA Policy Framework
- Staff development
- Patient focussed intervention
- Data collection
- Communication to ensure clear expectations

6   Evaluation

1. Baseline Information Gathering

Required for evaluation following implementation of the Model for Demand Management Strategies

Examples of tools

- AHPs job satisfaction
- client and referrer satisfaction
- patient goal setting
- waiting list and DNA measures

2. Environmental Mapping

The process of collecting and analysing information about the health needs of the community and linking this information with QHealth and district priorities to facilitate optimal planning and allocation of resources

Examples of tools

- Health Determinants
- District Profile
- Census factsheets
- Baseline Service Profile Questionnaire

Environmental Mapping

(i)   Identifying the demographics and subsequent health needs of your community

(ii)   Identifying current service provision and gaps

(iii)   Identifying other services with provide interventions to similar target groups

(iv)   Aligning the health needs of your community and gaps with QHealth and district priorities

3. Defining roles and responsibilities

Clear definition of the core business and priorities of each service to enable a co-ordinated approach to service delivery

Examples of tools

- Service Capabilities Framework
- Service Priorities template

4. Use of evidence

Use of evidence to shaping the way core business is conducted is the process of constantly utilising and challenging the evidence base for our interventions

Examples of tools

- Step-by-step: how to conduct an EB review
- EBP on-line
- Examples of EB activities
- EB review template

5. Service Strategies
- Waiting List and DNA Policy Framework
- Staff development
    - PAD
    - PD opportunities
- Patient focussed intervention
    - Goal setting tools
    - Patient self management resources
- Data Collection
    - Excel temp lates
- Communication to ensure clear expectations

6. Evaluation
- Determining the effectiveness of the Model for Demand Management and implementation of the strategies.
- Communication and consultation
- Monitor and review