Increased allied health resources for the Victorian Adult Burns Service

- Improving service delivery and patient outcomes –

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Background

An external review of the Victorian Adult Burns Service (VABS) in 2011 found Allied Health (AH) to be significantly under resourced compared to other state-wide services. A successful business case in October 2016 provided increased EFT to a number of disciplines for a 12 month period.

Physiotherapy (PT)	1.0 ↑ 2.0 EFT	Occ Therapy (OT)	0.8 ↑ 1.4 EFT
Psychology	0.3 ↑ 0.5 EFT	Social Work (SW)	0.4 ↑ 0.5 EFT
Allied Health Lead	0.4 EFT		

Challenges

This growth in AH EFT coincided with a significant escalation in inpatient demand that was prolonged for the duration of the project.
A near 40% increase in admissions during the 2016-2017 year, including 38 patients with >20% TBSA, likely diluted the impact of increased AH resources.

Achievements

Increased EFT was largely utilised to sustain baseline clinical practice, however the AH team was able to achieve a number of proposals outlined in the 2016 business case.

Development of Allied Health led services in Outpatient (OP) Clinics	• Establishment of an AH referral criteria • Use of an on-line tracking system to flag patients requiring AH review • ~150 patients treated by AH outside of the traditional medically driven model of care, reducing medical/nursing time associated with clinics Outcome: Reduction of 35% of patients being missed by AH clinicians
Clinical service delivery	• 7 day PT service, with >10 PTs completing burns care competency education • Increased occasions of service & improved continuity of AH service, including provision of >150 sub-acute services by OT/PT for patients awaiting transfer to rehabilitation. • BRANZ quality of care measure, Physical Functioning improved from 78% to 95% • Increased Psychology service delivery contributed to the number of patients treated, & the development of a face burn exposure protocol
Ward based developments	• Bi-monthly AH professional education services streamed across the acute & rehabilitation campus. Recorded sessions being used as ongoing educational resources • Multidisciplinary communication tool, "*Plan at a Glance*" was developed & integrated into the burn's ward, increasing collaboration of nursing & AH clinicians to ensure patient's therapeutic regimes are maintained • An AH induction manual & model of care is due for completion in November 2017
Database establishment	• Systems embedded into clinical practice, providing a platform for the collection of the Modified Iowa Level of Assistance Scale (mILOA) and Functional Assessment of Burns (FAB) for 230 patients admitted to the VABS for >48 hours • The average change in mILOA score during this project was 7.99, where a clinically significant change is indicated by 5.8 • FAB scores, a predictor for rehabilitation needs, assisted with the development of the *Multidisciplinary Rehabilitation Transfer Summary Tool* which was used to identify & communicate patient's requirements for rehabilitation at Caulfield hospital

Future Directions

Despite significant budget constraints, there has been a concerted effort to maintain increased AH resources. Clarification of ongoing EFT is pending.
Focus is presently being directed towards maintaining & consolidating achievements in the OP clinics & inpatient wards.
Data from the Victorian State Trauma Outcomes Registry Monitory Group (VSTORM) will be reviewed in 12-18 months to determine if there was a difference in long term functional outcomes of the 40 major burns patients during the project period, compared to patients from earlier years who received less AH resources.

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