

Developing leadership capability through Allied Health Ward Facilitator roles

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INTRODUCTION

With the demand for acute beds and patient complexity increasing, so does the imperative to provide effective Allied Health (AH) services.

In 2014, the Allied Health Ward Facilitator (AHWF) role was introduced at the Northern Hospital to develop highly performing, supported AH ward teams.

The AHWFs were provided with orientation to the role. Monthly meetings and professional development sessions provided a forum to discuss any issues and to support and develop leadership skills. Deputy AHWFs were also trained to provide cover at times of leave. The effectiveness of the role was evaluated 12 months post implementation.

METHODOLOGY

Evaluation consisted of pre and post online surveys with two cohorts;

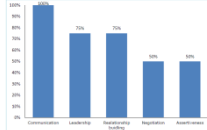
- AH Clinicians (n=38 vs. n=46)
- Nursing and Medical Staff (n=32 vs. n=11)

The AHWF (n=11) were only surveyed post implementation.

The surveyed consisted of a qualitative questions centred around the effectiveness of the role to coordinate and facilitate timely assessment and discharge planning to assist with patient flow. Post survey results, interviews with Nurse Unit Managers (NUMs) were also conducted.

RESULTS

The AHWFs reported that they had developed the following skills since commencing in the AHWF role:



Furthermore, 100% of the AHWFs reported feeling better skilled and supported to solve AH issues and had a forum to escalate concerns. AHWFs felt professional relationships were strengthened and they positively impacted co-ordination of care.

AH clinicians reported the following improvements since the introduction of the AHWF role:



Medical and Nursing feedback reported that AH:

- worked well together
- communicated effectively
- enhanced patient flow

Some conflicting feedback reported the absence of AH leadership and coordination of care. This could be in part due to the poor survey response from this cohort (n=10 compared to a baseline of n=32 in 2014).

DISCUSSION

Following poor survey responses from NUMs, individual interviews were conducted to gather qualitative data to assess areas for improvement of the AHWF role. It was found that the NUMs felt the AHWF could play a key role in:

- Assisting with communication within the AH team
- Co-ordinating the AH team on the ward
- Escalation to AH team about patients for discharge
- Facilitating the resolution of issues

CONCLUSION

Overall, this role has been identified as being beneficial for AH. During the implementation phase, there was an unexpected high turnover of AHWFs. This may have also impacted on the poor responses from medical and nursing staff. Working with these disciplines to further integrate this role within the interdisciplinary ward team is continuing.

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