



AN EVIDENCE-BASED METHOD FOR THE DETERMINATION OF SAFE AND EFFECTIVE STAFFING LEVELS FOR PHYSIOTHERAPY SERVICES

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Focus of the Presentation

- What's driving the need for safe and effective staffing levels- the context
- Is there a method out there?
- Quality and safety
- 10 Key steps for calculating safe and effective staffing levels
- Evidence base
- Questions

Background and Context

- Physiotherapy has recognised the need for safe and effective staffing levels for many years
- UK official investigations into failings in health care provision including quality failures

Is There An Evidence-Based Method For Calculating Safe And Effective Staffing Levels?

- Nursing
- Medical Royal Colleges
- The literature
- International physical therapy
- Allied Health Professions in the UK
- Learning from our master classes

Quality and safety





10 steps to calculate safe staffing levels



Step 1 Quality Matrix

- 1. Strategy
- 2. Patient and service user experience
- 3. Clinical excellence
- 4. Finance
- 5. Information and metrics
- 6. Activity
- 7. Staff resources
- 8. Staff management and development

- 9. Service improvement and re-design
- 10. Leadership and management development
- 11. Risk management
- 12. Corporate governance
- 13. Communications and marketing
- 14. KPIs

Step 2 Patient Cohort

 What speciality/cohort is the service to be provided for?



Step 3 Need and Demand

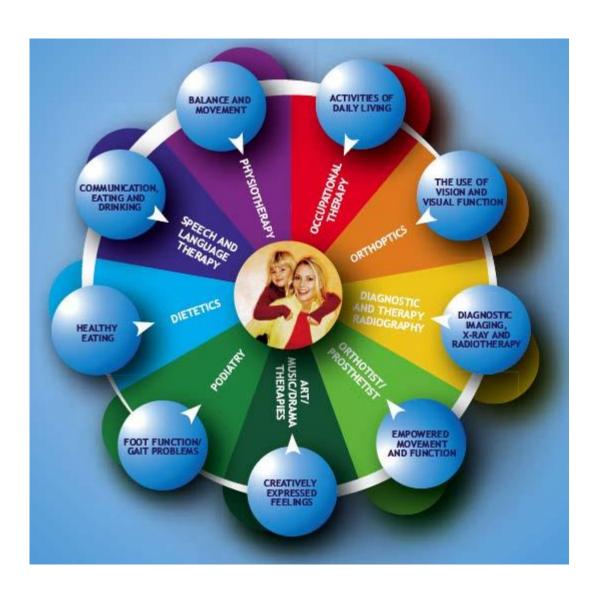
- Consider dependency levels of patients within the patient cohort e.g.
 - Clinical acuity
 - Therapy dependency index
 - Start back risk stratification tool
 - Urgent/ Routine
- Consider unmet need

Step 4 Projected Demand

• What is the projected annual caseload and throughput for the proposed new service, redesigned service or for an existing service which is under review (activity data required)

Step 5 Services needed

Assess which **AHP** services are required for the patient cohort in question, services are needed



Step 6 Expertise and Experience

 Assess what levels of expertise and experience are needed from each AHP group, balance of skill mix (grade of staff required) for the specific patient cohort including non-graduate assistant input

Step 7 Capacity

 Calculate the 'average' annual activity/workload capacity which can be undertaken by an 'average' WTE staff member (by grade and AHP profession) required to work in the specific specialty or service area.

Examples of Individual Staff Caseloads-

Band	Patient s	Contacts	Clinical Area
1 WTE Podiatrist	475	654	Out-patients, medicine, endocrinology
o.1 WTE Podiatrist	141	162	Out-patients- orthopaedic
o.2 WTE SLT	63	289	General Medicine
1 WTE SLT	235	992	In-patient- medicine
o.8 WTE OT	318	714	Orthopaedic /A&E inpatients
1 WTE OT	392	827	Orthopaedics, A & E, medicine
1 WTE Physio	511	2211	Musculoskeletal outpatients

Step 8 Caseload Capacity

 Aggregate the required individual WTEs annual caseload capacities



Step 9 Matching capacity to demand/need

• Ensure that overall staffing capacity matches the anticipated annual workload identified in Step 3 (above) for each of the AHP services required.

Step 10 Costing

- Calculate staffing costs from the number of staff in each grade
 - skill-mix required
 - training needs
 - R & D
 - other revenue costs
 - capital costs

The Method in a Nut Shell

- The need/demand in the broadest terms must be calculated and then staff capacity set to match this
- Ensure that the total annual staff workload capacity matches the identified annual caseload
-and don't forget the unmet need

Evidence Base

- Jones, R. Jenkins, F. (2011) Key Tools and Techniques in Management and Leadership of the Allied Health Professions. London: Radcliffe Publishing Ltd.
- Jones, R. Jenkins, F. (2014) Safe and Effective Staffing levels for the Allied Health Professions: A practical guide. Oxford: Otmoor Publishing.

Questions?

