

## APA Submission

# Delivering Transforming Health

**Proposals Paper: Meeting the Clinical Standards**  
February 2015

**Presented to the  
Government of South Australia**

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The Australian Physiotherapy Association is the peak body for physiotherapists in Australia. We promote the highest standards of professionalism and practice in physiotherapy and work for better care for the people of Australia.

The APA appreciates the opportunity to respond to the '*Delivering Transforming Health Proposals Paper: Meeting the Clinical Standards February 2015*'.

The APA congratulates the SA Government on its vision for public health. We support the overarching aim which is to provide a more streamlined hospital healthcare system that provides better service for patients and makes sure patients experience a seamless journey through all stages of care.

The APA agrees that the patient journey through stages of healthcare can be improved upon and believes that physiotherapy has an important role to play in transforming the South Australian health care system.

The APA especially believes there is a need to ensure that patients are able to access appropriate services in a timely fashion and delays in the system are kept to a minimum. Allied Health, and in particular physiotherapy are keen to play an increasing role in the South Australian health care system to improve patient flow, provide alternatives to inpatient treatment and minimise patient wait times. There will need to be increasing investment in physiotherapy and other allied health generally to support this work.

The APA notes also that the paper sets out changes to specific service categories – comprehensive rehabilitation services, better access to stroke services, and clearer distinctions between hospitals that are best equipped for major life-threatening emergencies and those best suited to minor emergencies. We will comment separately on each of the categories which we consider particularly relevant to physiotherapy, and/or allied health.

We agree that some of the current clinical standards of care cannot be met under the current configuration of the health care system and that the system will need to change how it is set up in order to deliver against both the current and new standards. The APA welcomes this change, but would like an assurance from the Government that appropriate resourcing of physiotherapy services will be urgently undertaken across SA Health to support this change.

We support the Government's commitment to implementing the changes that are necessary to meet the quality standards.

## Super-sites for major emergencies (page 9)

**The APA supports the proposed changes to the profile of Emergency Departments including super-sites for major emergencies at Royal Adelaide Hospital, Flinders Medical Centre and Lyell McEwin Hospital, supported by lower acuity Emergency Departments at the Queen Elizabeth and Modbury Hospitals and a walk-in clinic at Noarlunga.**

The APA appreciates that South Australia simply does not have the population and number of specialists available to be able to manage major emergencies at seven different hospitals, 24-hours a day, seven days a week. The consolidation of Emergency Department services will improve the treatment of both life-threatening and urgent but non-life threatening emergencies.

**The APA advocates for the establishment of advanced practice physiotherapist roles in these reconfigured Emergency Departments, including the walk-in clinic at Noarlunga Hospital.**

Physiotherapists are experts in the management of musculoskeletal disorders, back pain and in sorting out the complex presentations of people with a falls history. They have demonstrated their ability to effectively assess and treat minor injuries in an Emergency Department setting as primary contact practitioners. They have been effective in reducing wait times and in providing the right care from the right person at the right time, freeing Emergency physicians to manage life-threatening presentations. Advanced practice physiotherapists are an integral part of the multidisciplinary emergency department team within most Emergency Departments across Australia but, with the exception of FMC, take up of this innovation has been poor to date in South Australia.

**The APA asks the government to consider the role of alternate community based services to reduce the demand on Emergency Departments.**

There are many patients presenting to Emergency Departments due to exacerbations of their chronic disease. There is an opportunity to enhance existing community based services to improve the management of patients outside of the hospital system to reduce demand on the hospital system. Allied Health professionals, including physiotherapists have a vital role to play in managing and preventing chronic disease and maintaining the health of the South Australian population. The government should consider enhancing both community and ambulatory services to reduce the demand on Emergency Departments and inpatient beds.

**The APA seeks further information on the ability of the Super-site Emergency Departments to manage lower acuity presentations.**

The Proposals Paper does not articulate how Super-site Emergency Departments will be equipped to manage 'walk-in' patients. The APA encourages SA Health to consider the role of physiotherapists and other allied health professionals in providing services for a range of non-life threatening conditions at these sites. This may be delivered with an Allied Health team on site, or at an adjacent walk in clinic.

## Stroke services (page 14)

The APA notes that the National Stroke Audit report in 2013 showed that some aspects of care have worsened in Australia, such as more patients leaving the acute system without appropriate care plans and support on discharge. The APA looks forward to future audit reports demonstrating that the impact of Transforming Health has been successful in limiting the burden of disability within the community.

**The APA welcomes the proposal for a 24/7 hyper-acute stroke unit at the new RAH and dedicated stroke units at Lyell McEwin Hospital and Flinders Medical Centre in the realisation that timely medical assessment and intervention are crucial determinants of successful outcome in stroke. The APA recognises there are other positive benefits of the proposed centralisation of stroke units at the three 'spine' hospitals such as:**

- Consistent quality of care
- Opportunities for hospitals to co-operate for research and education
- Strengthen links between related services such as stroke and neurology services.
- Dedicated acute stroke rehabilitation care
- Some patients with acquired brain injury able to access acute rehabilitation services.

**The APA also notes the plan for the Queen Elizabeth and Modbury Hospitals to provide stroke rehabilitation for local patients following their discharge from the Royal Adelaide and the Lyell McEwin Hospitals, and for an expanded rehabilitation service at Flinders Medical Centre to provide the same sub-acute rehabilitation for patients from its respective catchment area.**

The APA stresses, in relation to acute stroke units, the importance of the following:

- Having a critical mass of physiotherapists in each of the dedicated acute stroke units would enable the provision of early and intensive assessment and therapy according to National Stroke Foundation (NSF) Guidelines (2010), including over weekends. Physiotherapists in acute hospitals currently spend a significant proportion of their time assessing patients, but are under-resourced to provide intensity of early rehabilitation or services over seven days.
- Having a critical mass of physiotherapists in each of these units will also enable the development of specialist therapy, research and education skills as well as training and professional development opportunities in stroke for early career therapists. The current state of multiple small acute stroke units means that these are often single-physiotherapist units with reduced ability to develop the workforce to its full potential. This has detrimental flow-on effects to clinical outcomes.
- Expanding the availability of allied health assistants (AHAs) is especially required for patients undertaking rehabilitation in acute settings. The use of AHAs to supplement the acute rehabilitation and restorative care of patients is a cost-effective means of providing safe, quality care in line with NSF Guidelines. By providing structured early rehabilitation, AHAs release physiotherapists to concentrate not only on patient assessment and planning activities, but on higher level therapy interventions that increase the intensity of patient activity.

**The APA notes the plan for a single service, multiple site service model for stroke.**

The APA recognises the importance of implementing, state-wide, an evidence based stroke pathway across the continuum of acute and sub-acute care. Critically, this should improve, not only mortality and morbidity rates, but also the *flow* of patients through the health system so that all patients with stroke should be able to receive rehabilitation unless recognised exceptions apply.

Whilst recognising that Transforming Health is concentrating on hospital care at this time, the APA argues that the model must not ignore the need for robust and optimally staffed decentralised sub-acute rehabilitation services (inpatient, day patient, rehabilitation at home and country rehabilitation centres) across SA.

### Orthogeriatrics services (page 18)

**The APA agrees with the key issues identified particularly that:**

- Hospitals are hazardous and that the longer an older patient remains in hospital, the higher the risk of condition deterioration, infection, falls and more fractures.
- Fragility fractures are particularly risky for older people and they can reasonably expect a 17 to 25 day stay in hospital before they are discharged to their place of residence.
- It is not uncommon for elderly patients to remain in hospital following surgery, with only limited allied health support to help them recover.

**The APA commends the new Standard 138 which states *‘unless medically or surgically contraindicated, mobilisation should start the day after surgery, with full weight bearing as an aim’.***

**The APA supports *‘in-reach rehabilitation services on a dedicated orthogeriatric unit’.***

While an in-reach rehabilitation service on a dedicated orthogeriatric unit is a welcome proposal, the APA would expect there to be an equally timely rehabilitative focus applied across all units; acute, sub-acute and intermediate care. The APA, however already has concerns that physiotherapists in acute services who are trying to manage and assess all presentations in line with their training, are resource constrained from doing so. The APA seeks an assurance that the current staffing for physiotherapy will be increased to provide for additional rehabilitation across all units.

**The APA supports a single state-wide model of care for orthogeriatric service with standard pathways in place for fragility fractures.**

## Comprehensive rehabilitation services (page 20)

**The APA notes that the Repatriation General Hospital, Hampstead Rehabilitation Centre and St Margaret’s Rehabilitation Hospital, currently and primarily dedicated to rehabilitation, are to be closed and rehabilitation services integrated into five major acute and general hospitals.**

The APA accepts that “*stand-alone rehabilitation facilities*” can only provide rehabilitation care to patients who are medically stable enough to transfer from the acute hospital setting which usually means a delay to comprehensive rehabilitation commencing and therefore longer times before patients can return home.

Moreover, when rehabilitation patients in stand-alone rehabilitation centres become ill and require transfer back to an acute hospital, their rehabilitation programs are further disrupted, increasing length of stay and/or compromising quality outcomes.

The APA therefore welcomes the new integrated rehabilitation service, which makes it possible for patients to begin rehabilitation in an acute hospital, as soon as they are well enough, instead of waiting for transfer to a rehabilitation centre.

The integration of rehabilitation beds within acute or general hospitals has the potential to facilitate more immediate access for patients in need of the form of rehabilitation care appropriate to their needs. The collocation of inpatient rehabilitation beds in acute hospitals also has the potential to allow goal-directed programs to continue with minimal interruption for patients in need of acute care during their rehabilitation stay.

The APA is concerned, though, that the budgetary, staffing and equipment needs of a rehabilitation facility can take on a lesser priority in comparison to the perceived ‘life or death’ imperatives of the acute service of which it might be a part. Without the means of quarantining rehabilitation resources from acute, this has the potential to effectively disadvantage patients in different but ultimately equivalent ways to those the new standards are seeking to redress.

The APA seeks assurances that all existing workforce, associated resources and collaborative partnerships (eg for clinical education and research) at the ‘standalone rehabilitation’ hospitals are accommodated in the proposed integration and supported in the future. The APA is concerned that there is no mention of plans for clinical teaching within the body of the Transforming Health document nor of continuing support for physiotherapy-led research.

The success of these proposals will also depend to an even greater degree on the provision of adequate physiotherapy and other allied health staffing. Patients’ progression towards their specific rehabilitation goals requires very frequent input (daily for inpatients) from professional clinical staff and support staff working under their direction. Evidence (available on request) indicates that outcomes improve and length of stay reduces with higher intensity of therapy.

Lastly, the APA holds concerns that transforming hospitals in isolation from the totality of services which comprise 'the health system' may risk continuation of unwarranted demand on hospitals rather than appropriately diverting flow to non-hospital health services and log jams to get inpatients out of hospital. Whilst the APA recognises the need to transform hospital services urgently, concomitant out of hospital system changes cannot be neglected.

**The APA notes the proposal to establish new or upgraded rehabilitation facilities at five metropolitan hospitals including new therapy pools and gyms.**

The APA supports this plan. Dedicated gyms and hydrotherapy (aquatic physiotherapy) facilities are essential for quality rehabilitation care delivered by physiotherapists. It is critical that the state of the art facilities available at the Repatriation General Hospital and Hampstead Rehabilitation Centre are replicated at the five proposed rehabilitation centres.

**The APA notes the mention of the role of Nurse Practitioners at several places in the Proposals Paper.**

There is little, if any, mention made of utilising the skills and expertise of physiotherapists and other allied health practitioners in Advanced and Extended Practice roles in rehabilitation. The APA would like greater consideration given to Advanced and Extended Scope roles for physiotherapists and other allied health practitioners.

Transforming Health SA will require optimal use of the wide range of skills available across the SA Health workforce. One example where appropriately trained physiotherapists could be better utilised in rehabilitation is in the management of hypertonicity/spasticity with Botulinum Toxin. Physiotherapists' skills could be utilised, not only in assessing hypertonicity and identifying the most appropriate muscle/s to target, but also in making a clinical judgement of whether Botox injection is the most effective option, and in delivering Botox injections. Cost savings in reduced medical consultant time could then be re-directed to post-injection physiotherapy to maintain the clinical and functional benefits derived from Botox injection.

**The APA notes the proposal to expand Rehabilitation at Home services which will provide increased access to rehabilitation for people who are well enough to go home but need support for their ongoing rehabilitation.**

The APA supports the resourcing of the full range of rehabilitation services, including inpatient, ambulatory and home-based rehabilitation. As public ambulatory and home based services are currently extremely limited, the APA considers expansion of these services essential for improvements in clinical outcomes and patient flow.

Further, the APA points out the lack of similar proposals for patients residing in country areas and notes the reduction in recent years of physiotherapist and other allied health staffing in the four general country hospitals. The APA strongly urges further investment in physiotherapy / allied health staffing for country services including rehabilitation, and in telehealth to facilitate earlier transfer of rehabilitation patients to country hospitals and to support the development of multi-disciplinary teams.

### Specialist centres for elective surgery (page 24)

**The APA notes that considerable reconfiguration of sites for elective surgery is proposed. Whilst understanding the rationale presented for these changes, we argue that there are a number of other opportunities for streamlining the system to improve efficiency, equity and transparency.**

Consideration should be given to having a single (state-wide) point of entry for elective surgery.

Physiotherapists working in Advanced/Extended scope roles are ideally placed to do the initial triaging of referrals for musculoskeletal conditions and to carry out face-to-face screening and assessment of category 3 and lower category 2 groups. Clinical Standard 19 recommends that *“where a new practice has been demonstrated to be successful, it should be replicated across the system, replacing superseded practices.”* The safety and quality record of the physiotherapist-led Spinal Assessment Clinic at the RAH serves as an exemplar of how such a service could be broadened to include all musculoskeletal referrals.

The APA encourages the expansion and sustainable resourcing of evidence based models of musculoskeletal pre-surgical rehabilitation, led by physiotherapists, which would reduce surgical length of stay and avoid the need for inpatient sub-acute rehabilitation.

**The APA also cautions that careful consideration is given to avoid the unintended consequences of de-skilling or insufficient up-skilling in clinical staff (surgeons, nurses and allied health practitioners).**

Along with surgeons and nurses, physiotherapist skill development and succession planning needs to be considered with patient casemix distribution across the local health networks. On the one hand, clinical staff who see predominantly simple surgery at some sites will not be exposed to a range of complex conditions. On the contrary, staff who see predominantly complex patients or patients who are part of a specialty service need succession planning for the sustainability of those services.

Human Resource functions, such as appointment and credentialing, should have the flexibility to allow staff easy mobility between services.

### Women’s and Children’s care (page 30)

**The APA notes the collocation of the Women’s and Children’s Hospital with the new RAH will be accelerated.**

The APA recognises the importance of the provision of Women’s and Children’s services alongside an adult intensive care unit and a wide range of adult specialty services therefore available for the benefit of mothers.

The APA recognises the positive benefits of state-wide governance for neonatology and paediatric surgery, and the maintenance of the Women’s and Children’s Hospital as a centre of excellence for complex maternity, neonatal and paediatric services.

In the proposed collocation, the APA stresses the importance of the following:

- Preservation of the specialist skills and knowledge of physiotherapy staff working in this centre of excellence across the areas of neonatology, paediatrics, obstetrics and gynaecology.
- Maintenance of a specific governance model for physiotherapy staff that is focussed on maintaining specialist physiotherapy services for the new Women's and Children's Hospital site.
- The provision of a hydrotherapy pool and appropriate rehabilitation facilities for women, children and adolescent patients. The APA notes the significant importance that these facilities currently have in allowing early discharge into ambulatory rehabilitation and appropriate inpatient management for children and women. Physiotherapists play a key role in the current utilisation of these facilities to promote early return to function and aid timely discharge. The APA notes the importance of these facilities being age-appropriate.
- Current access to the hydrotherapy pool at the WCH, is important for physiotherapists in managing pain in pregnant woman, thereby avoiding emergency department visits and admissions.

**The APA supports the plan for the Women's and Children's Hospital to provide state-wide services for neonatology, paediatric surgery and complex gynaecology.**

Some of these state-wide services will be delivered at other sites but under the care and direction of the Women's and Children's Hospital. The APA supports this, however, emphasises the need to ensure that state-wide services are appropriately resourced with physiotherapy staff who have the skills, training and governance arrangements that will promote best clinical outcomes for patients managed in these clinical areas, regardless of site. Formalising state-wide service arrangements needs to consider the role of physiotherapists across sites, including training and supervision.

The APA would encourage the continued investigation and sustainable resourcing of models of care led by physiotherapists that will support state-wide services by enhancing timely discharge, reducing length of stay and avoidance of admission. These models, many of which run in other parts of Australia, have been shown to reduce costs and improve patient flow and clinical outcomes.

With the state-wide service delivery for complex gynaecology, the APA notes the importance of appropriately resourcing physiotherapy to contribute to optimal outcomes. The APA recognises that in many cases, conservative management by physiotherapy, will reduce or eliminate symptoms, thus significantly reducing the need for gynaecological surgery. This is supported by high level evidence across the world. For example, in stress incontinence, research has shown that a course of 5 visits to a continence trained physiotherapist, will result in an 80% cure rate and a 95% improvement in symptoms (evidence available on request).

**The APA supports the plan for the Women's and Children's Hospital to provide specialist 24/7 emergency service for children.**

The APA urges the Transforming Health process to consider and sustainably implement physiotherapy services that reduce the burden on the paediatric ED system.

These include services provided on site, within the ED, avoiding the need for medical intervention, but utilising the specialist skills of physiotherapy staff.

In addition, there are a variety of physiotherapy-led models of care in paediatrics that have been shown to reduce ED visits, admissions and length of stay. The APA urges the resourcing of these models by appropriately trained physiotherapy staff.

#### Investment in other care p 40

**The APA supports the aim that healthcare should be provided by the most cost-effective worker while ensuring quality and safety standards are met. The broad skills and knowledge of Physiotherapists across musculoskeletal, neurological and cardiorespiratory systems make them an ideal but currently under-utilised sector of the health workforce through a lack of investment to date.**

Despite the existence of a *'Policy Directive for the Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health'* there has been too little establishment of such roles in Allied Health to date.

The APA urges consideration of seed funding for the creation of defined ASP/ESP Allied Health positions and development support. The latter could be addressed either as a targeted program of its own or as a defined sub-program within the framework of the *'Allied Health Professionals plus Professional Development Reimbursement Program'*.

Allied health assistants are a well-established workforce in rehabilitation facilities but their presence in acute hospitals is thin. The use of assistants complements the role of physiotherapists in a cost effective manner, allowing the professional staff to target their expertise at more complex, more acutely unwell patients. Greater investment in these support roles is required to increase the opportunity for safe mobilisation and physical activity for inpatients at high risk of functional decline.

#### Community and other services (page 41)

**The APA is pleased to see that Ambulatory (day) services will be increased and Healthcare@Home, Hospital@Home, Extended Care Paramedics and Nurse Practitioners will be fully utilised across the system.**

The APA supports increasing out of hospital services that can help people avoid unnecessary hospital admissions or prolonged stays. Enhanced community and home-based care is necessary for achieving the overall aims of a transformed service.

**The APA also supports the proposal to implement a "nurse-led recuperation centre" that will care for older people who can be discharged from hospital but still need some support.**

Clearly caring for patients in the nurse led recuperation centre will mean more acute hospital beds will be available for those who need high levels of medical care. The APA's view is that we also need to focus not only on simple 'step-down' centres, but also on a tiered range of home and community care options that are cost-effective alternatives to a hospital admission. In collaboration with our nursing colleagues,

physiotherapists are well positioned, through their multi-system knowledge and skills, to help lead the development and delivery of integrated community care.

Ideally, transformative change involving Community services would involve a movement away from curative care, towards a system for engaging people in a continuous dialogue about their health.

### Seven day access to allied health

**The APA broadly supports Standard 16 which states: *'Healthcare services should be offered seven days a week, every week. Human and infrastructure resourcing should be aligned to achieve this'*.**

**Similarly Standard 17 states: *'There should be seven day a week access to allied health and other clinical support'*.**

The APA supports the increased clinical input by physiotherapists and other allied health practitioners but cautions that the objectives and design of seven day services needs a situation-by-situation consideration, taking into account research evidence, agreed models of care and cost efficiency principles.

Thank you again for the opportunity. The APA looks forward to ongoing dialogue and working with the government on ways to improve quality and efficiency of care across South Australia's Health System.

Yours sincerely



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