Project Title

Transformation of Therapy Support Workforce at the Institute of Mental Health (IMH)

Project Lead and Members

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Organisation(s) Involved

Institute of Mental Health (IMH)

Project Period

Start date: 2018

Completed date: 2019

Aims

Being a tertiary centre for mental health, IMH treats the most complex patients, hence traditionally the Allied Health services comprised of more Allied Health Professionals (AHPs) compared to therapy support staff. Each AH service had their own therapy support staff, whose main role was to support the AHP in their interventions.

In order to meet the newly-surfaced needs of the long-stay patients, one way could have been to increase the existing manpower structure in a linear manner, i.e. increase manpower according to the increase in patient numbers. That would have posed challenges, however, such as availability of AHPs for recruitment, and the cost impact of such a manpower structure. Therefore, a more sustainable way had to be considered.

By re-thinking the role of our therapy support staff, we transformed and equipped each staff to maximize the impact on the patients s/he served. This was achieved by training each therapy support staff to carry out interventions from across AH disciplines, namely occupational therapy (OT), physiotherapy and psychology. Each therapy support staff would be trained to conduct OT activity groups, physiotherapy exercises and provide behavioural intervention, under the supervision of AHPs.

With this transformation, the role of Multi-skilled Therapy Assistants (MSTAs) was conceptualized.

Background

There is a group of inpatients under long-term care in IMH, who have been staying in IMH for more than one year, with some having been hospitalized for decades. Over the years, due to ageing, the physical condition of these long-stay patients had started to deteriorate as they became more vulnerable to developing various conditions, such as musculoskeletal fragility. Some patients also lacked the motivation to participate in daily activities while others required more behavioral management and support.

In 2015, there was a re-grouping of the long-stay patients based on the acuity of their mental illness and functional levels. With the re-grouping, care teams were able to provide more targeted care for each group, improving their potential for community reintegration.

The patients were grouped into six sub-categories:

i) Patients with potential for rehabilitation

ii) Patients with intellectual disabilities

iii) Patients who are mentally unwell

iv) Patients with multiple medical issues

v) Psychogeriatric patients

vi) Patients who are frail and dependent

With the re-grouping of patients, the need for more Allied Health support was surfaced. A workgroup comprising of representatives from Occupational Therapy, Physiotherapy and Psychology was formed to review the Allied Health care model and manpower support to meet patients' needs.

Methods

The AH teams profiled the long-stay patients in each sub-category and worked out the amount of intervention that could be performed by MSTAs for identified patients who would benefit from intervention. Through the profiling, the required MSTA headcounts was determined.

The MSTA role was a more viable and cost-effective way of meeting patients' needs, as compared to the traditional way of increasing AHP manpower resources. Another consideration was that if external partners, such as Social Service Agencies, take over the care of the long-stay patients in future, they would be able to continue providing therapy intervention at a more sustainable cost if care was supported by therapy support staff instead of AHPs.

In order to support the role transformation, an MSTA Workgroup was formed. Workgroup members included Director of Allied Health and HODs of Physiotherapy, OT and Psychology departments. The workgroup collectively developed a framework to define the roles of the therapy support, recruitment guidelines and clinical deployment. This included working out details such as job description, work instructions, competency assessment and supervision framework, with each professional lead providing inputs from their respective areas yet ensuring alignment to patient needs and minimizing interdisciplinary overlaps.

As the introduction of this new role required some mindset shifts from the usual way of working, it was important to engage with the stakeholders of the role transformation early. As the MSTA was a newly-created role, the workgroup developed a framework to define the roles of the therapy support, recruitment and clinical deployment:

i) Role definition
a. Job description
b. Work instructions
c. Reporting structure

ii) Recruitment guidelines
a. Candidate qualifications

b. Training curriculum

iii) Clinical deployment

a. Competency assessments

b. Clinical supervision framework

Workgroup members were mindful of the need to prevent duplication of efforts, optimise manpower capacity and remove role overlaps.

As part of change management, it was also important to engage and communicate early with the stakeholders of the role transformation, as they would be required to shift their mindset from the usual way of working:

i) MSTAs

a. Staff were expected to report to different professional groups

b. Staff were expected to report administratively to the Operations team

c. Able to multitask and be flexible with changes in work arrangements

ii) AHPs

a. Instead of conducting the therapy intervention, AHPs would take on the role of clinical supervisor for the MSTA.

b. Supported the training and supervision for this new role

c. Greater empowerment of the MSTAs

iii) Ward nurses

a. Adapt to a new group of staff (MSTAs) who would be working in the wards to conduct activities for patients

b. Introductory sessions were held with the ward nurses to help them understand the new role

Results

With this role transformation, there was a sustainable increase in the provision of Allied Health services to the long-stay patients. The MSTAs were trained across the AH disciplines

and each was deployed to support one to two long-stay wards. In the ward, each TA would have the regularity to build rapport with their patients and provide not just one type of AH intervention, but multiple interventions, based on the needs of each patient.

With the deployment of the MSTAs, the AHPs were able to work more effectively and more patients benefited from regular interventions.

Indicators monitored to ascertain the impact of MSTA interventions included:

Indicators	Description
Workload data	Monthly workload hours & percentage utilization of MSTAs e.g. Number of therapy sessions × time taken
Clinical outcome indicators	Clinical outcomes of long-stay patients with AHP input, using tools such as: • Disability Assessment Schedule (DAS) for Behavior Problems • Occupational Therapy Assistant (OTA) Observation Scale • Elderly Mobility Scale (EMS)
Feedback	Feedback from ward staff and patients

The workforce transformation also resulted in cost avoidance of $26,618 each month, which was possible by identifying the interventions that could be delegated to MSTAs without compromising the quality of care, thus eliminating the need to hire additional AHPs.

The new MSTA role was a more viable and cost-effective way to meet patients' needs, as compared to the traditional linear way of increasing AHP manpower.

The benefits of the role transformation included:

i) Enhanced reach of service provision to patients

a. Every month approximately 150 long-stay patients receive regular allied health intervention by the MSTAs, amounting to approximately 1,000 hours of therapy

ii) Richer work experience for therapy support staff

a. The staff also benefited from this role transformation, because an MSTA would have a broadened learning experience beyond one single professional Allied Health group

b. The MSTAs undergo ward rotation every year in order to provide them with the opportunity of working with different patient profiles

iii) Improved focus on core nursing duties

a. Prior to the introduction of therapy support in the long-stay wards, some activities such as passive exercises, walking exercises and arts & craft, were conducted by nurses in the wards.

b. With the introduction of MSTAs, nurses were better able to focus on core nursing duties such as

- Risk assessments and interventions
- Enhance therapeutic relationship with patients
- Increased engagement with caregivers
- Improved quality of clinical care
- Enhanced supervision of junior staff to ensure that safe care was delivered to patients

Lessons Learnt

The initial phases of the role transformation presented challenges and issues relating to differing professional practice. Team members were respectful of each other's professional boundary and open to each other's viewpoints, focusing on patient's needs and to optimise the role of the MSTA.

There was strong commitment to work through the issues collegially and respectfully. It was also essential to engage and communicate with the stakeholders so that they were supportive of the initiative.

There are still challenges to be addressed. One of them is the recruitment pipeline for therapy support staff, especially in the mental health setting. In the longer run, the career development for the MSTAs need to be considered in order to retain good staff.

Conclusion

The success of the project hinged on the need for the different AHP groups to collaborate to develop work competencies and an operational framework to support the daily work of the MSTA.

Looking ahead, we will be considering the feasibility of deploying the MSTA model to more areas within the hospital, such as the acute ward setting, and explore upskilling other therapy support staff to take on the role of MSTAs.

Project Category

Workforce Transformation

Keywords

Workforce Transformation, Change Management, Job Redesign, Institute of Mental Health (IMH), Multi-Skilled Therapy Assistants, Recruitment Guidelines, Clinical Deployment

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TRANSFORMATION OF THERAPY SUPPORT WORKFORCE AT THE INSTITUTE OF MENTAL HEALTH (IMH)

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INSTITUTE of MENTAL HEALTH
National Healthcare Group

BACKGROUND

There is a group of inpatients under long-term care in IMH, whose needs have became more apparent over the years. Due to ageing, their physical condition had started to deteriorate and they became more vulnerable to developing various conditions. Some lacked the motivation to participate in daily activities, while others required more behavioral management and support.

In 2015, IMH re-grouped the long-stay patients into six sub-categories based on the acuity of their mental illness and their functional levels. This allowed the care teams to provide more targeted care for each patient sub-category and improve the potential of patients for reintegration to the community.

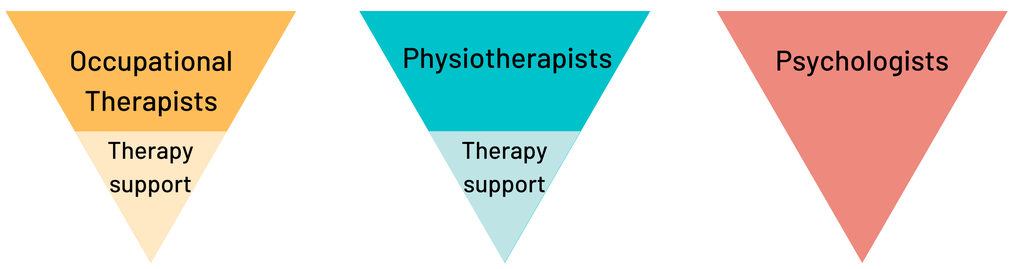
Stratification into six sub-categories:

Potential for rehabilitation	Intellectual disabilities	Mentally unwell
Multiple medical issues	Psychogeriatric	Frail & dependent

ASSESSMENT OF PROBLEM

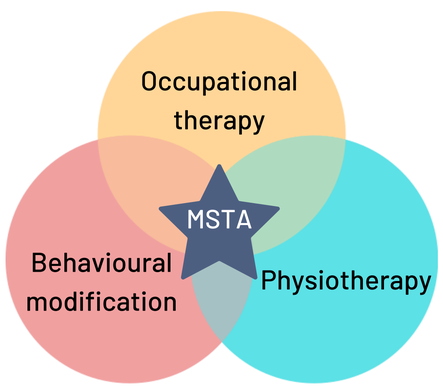
In tandem with the re-grouping, the need for more Allied Health (AH) support was surfaced. The AH departments reviewed the care model for each sub-category to identify service gaps to meet the needs of patients, particularly in the areas of occupational therapy (OT) intervention, behavioural modification and physiotherapy intervention.

As a tertiary center for mental health issues, IMH sees the most complex patients and traditionally, the manpower mix was heavier in terms of AH professionals (AHPs) as compared to therapy support staff.



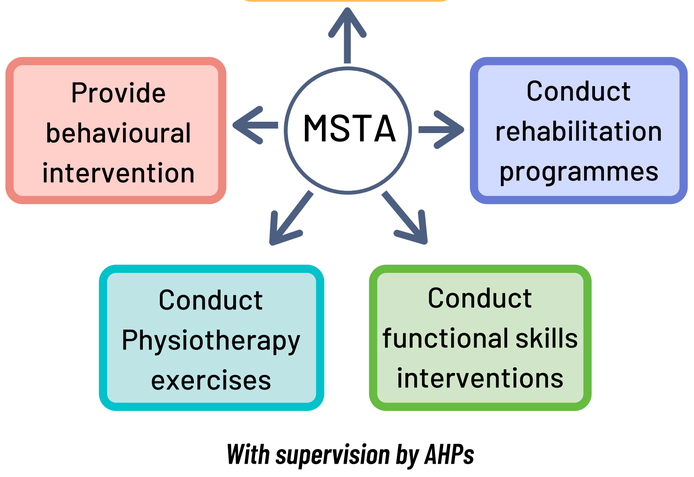
In order to meet the newly surfaced needs, one way was to increase the manpower structure in a linear manner, i.e., increase the number of staff according to the increase in patient numbers. However, that would have posed certain challenges, such as the ability to recruit AHPs, as well as the cost impact of such a service structure.

STRATEGY FOR CHANGE



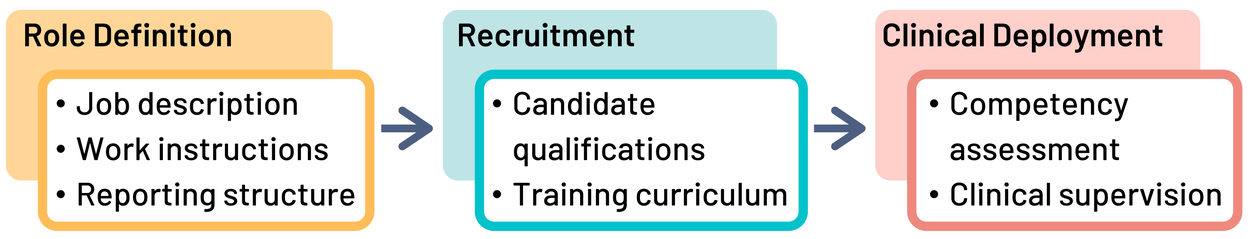
To maximize the impact of therapy support staff on the patients they serve, the role of Multi-skilled Therapy Assistants (MSTA) was conceptualized.

Each MSTA would be trained to carry out interventions from across different AH disciplines, namely OT, Physiotherapy and Psychology. The interventions include conducting OT activity groups, physiotherapy exercises, and providing behavioral intervention; all these under the supervision of AHPs.



SUPPORTING ROLE TRANSFORMATION

A MSTA workgroup was formed, whose members included the Director of Allied Health and the heads of the Physiotherapy, OT and Psychology departments. The workgroup developed a framework to define the roles of the therapy support, recruitment and clinical deployment, with each professional lead providing inputs to ensure an alignment to patient needs while minimising interdisciplinary overlaps.



It was also important to engage and communicate with the stakeholders (e.g., nurses in the long-stay wards) of the role transformation early, as it required some shifts in mindset from the usual way of working.

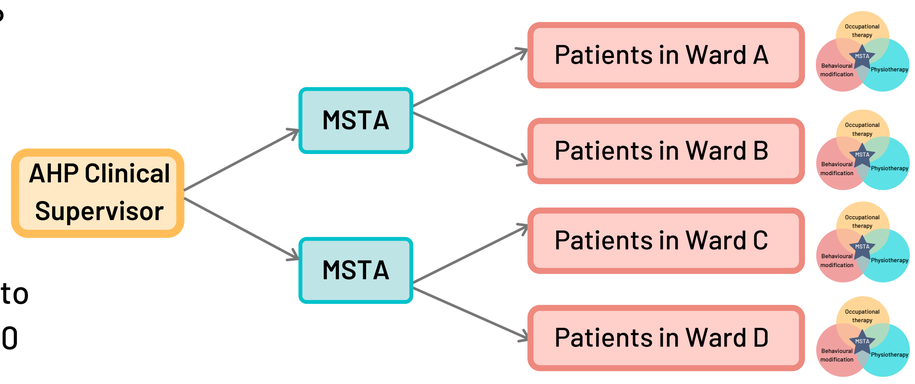
MEASUREMENT OF IMPROVEMENT

Indicators	Description
Workload data	Monthly workload hours & percentage utilisation of MSTAs, e.g., Number of therapy sessions × time taken
Clinical outcome indicators	Clinical outcomes of long-stay patients who received AH intervention, using tools such as: • Disability Assessment Schedule for Behaviour Problems • Occupational Therapy Assistant Observation Scale • Elderly Mobility Scale
Feedback	Feedback from ward staff and patients

BENEFITS OF ROLE TRANSFORMATION

1 Enhance reach of service provision to patients

With the same AHP manpower, about 150 long-stay patients receive regular AH intervention every month, amounting to approximately 1,000 hours of therapy.



2 Richer work experience for therapy support staff

The therapy support staff benefited from a broadened learning experience beyond a single professional AH discipline. In addition, the MSTAs undergo ward rotation every year, allowing them the opportunity of working with different patient profiles.

3 Improve focus on core nursing duties

With the MSTAs taking over activities such as walking exercises and arts & craft, nurses were better able to focus on their core nursing duties:

Risk assessments & interventions	Enhanced therapeutic relationship with patients	Increased engagement with caregivers
Improved quality of clinical care	Enhanced supervision of junior staff	

SUCCESS FACTORS | CHALLENGES | FUTURE PLANS

1 Success Factors

- Close collaboration among the professional groups
- Strong commitment to work through issues collegially and respectfully
- Engagement and communication with stakeholders

2 Challenges

- Recruitment pipeline for therapy support staff, especially in the mental health setting
- Career development for the MSTAs to retain good staff

3 Future Plans

- Expand the MSTA model to more areas within the hospital, e.g., acute ward setting
- Up-skill other therapy support staff to take on the role of MSTAs

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