



From Rags to Riches

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History

- Department reduced from 6 OT's to 3.
- Lack of team focus and co-operation.
- COT standards not achieved.

Key points indicating need for review and development

- Non-uniformed working styles.
- Poor team communication.
- Poor recruitment and retention.
- No OT management.

Key points indicating need for review and development (Contd.)

- Undervalued and burnt out.
- Poor infrastructure and resources.
- Activity for activities sake.
- Limited understanding of OT role.

Key points indicating need for review and development (Contd.)

- Poor support, induction and supervision.
- High demand for OT services.
- Health and safety issues.
- EBP/CPD.

Review Process

- Ring fenced time out (ward support sought).
- Roles and responsibilities.
- COT standards to benchmark current service.
- Supervision and monitoring of unqualified staff.

Action: Rebuild positive new service

- Address department infrastructure/systems.
- Model of practise, referral assessment and documentation.
- Update risk management of therapy areas.
- Recruitment/Retention strategy.

Where are we now?

- MOHO selected as model/uniformed documentation in situ.
- Staffing structure and career development altered.
- Robust supervision/induction structure/departmental communication.
- Full team from 2010.

Where are we now? (Contd.)

- Developing unified resources (EBP/CPD).
- Developing new risk management systems.
- OT role awareness training in situ.
- Links forged with community OT services.

Keepin' it real: An important reflection

- Learning to crawl before you can run.
- Not forgetting the needs of new staff.
- Keeping patients at the centre.
- Building and securing the foundations.

Ongoing and future developments

- Ongoing benchmarking.
- Development of vocational opportunities.
- Creating resources to positively influence ward environment.
- Re-introducing student placements from 2010.
- Adapting KSF to our environment.