

Does cutting weekend allied health services hurt patients?

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Removing weekend allied health services—including physical therapy, occupational therapy, speech therapy, dietetics, and social work—from the surgical wards of hospitals had little effect on patients' outcomes, according to a study published this week in *PLOS Medicine* by Terry Haines of Monash University, Victoria, Australia, and colleagues.

The removal of a health care service to save resources can be difficult when there is little published evidence on the effectiveness of the service. In the new study, current weekend allied [health services](#) were incrementally removed—in a random order—from 12 acute surgical or medical wards in two hospitals in Melbourne, Australia. Then, newly developed, more tailored services were reintroduced incrementally into the same wards.

There was little difference between having no weekend allied health services and having the reintroduced services—indeed, having no services was beneficial for the measures of patient length of stay (2% better with no services, 95% confidence interval [CI] 1% to 5%) and adverse events (3% fewer with no services, 95% CI 0% to 5%).

Removing the current weekend services had an uncertain impact of patient length of stay (+1%, 95% CI -1% to +4%) and [adverse events](#) (+1%, 95% CI -1% to +3%). The findings may not apply to all surgical and medical wards, such as those with specialty units.

"The key implication of this research is that resources being used to support [weekend](#) allied health [service](#) delivery to acute medical and

surgical wards similar to those involved in this study could potentially be put to better use elsewhere in the [health](#) care system," the authors say.

In an accompanying Perspective, Aziz Sheikh of the University of Edinburgh, UK, notes that a key advantage of the trial design was its ability—with the incremental reinstating of more tailored programs—to quell some of the usual concerns surrounding the withdrawal of services. "This approach has the potential to be extended to a whole range of other services that are currently delivered as routine care, but which have a questionable underpinning evidence base," he says.

More information: Haines TP, Bowles K-A, Mitchell D, O'Brien L, Markham D, Plumb S, et al. (2017) Impact of disinvestment from weekend allied health services across acute medical and surgical wards: 2 stepped-wedge cluster randomised controlled trials. *PLoS Med* 14(10): e1002412. doi.org/10.1371/journal.pmed.1002412

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