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# **Emergency Department Physiotherapists**

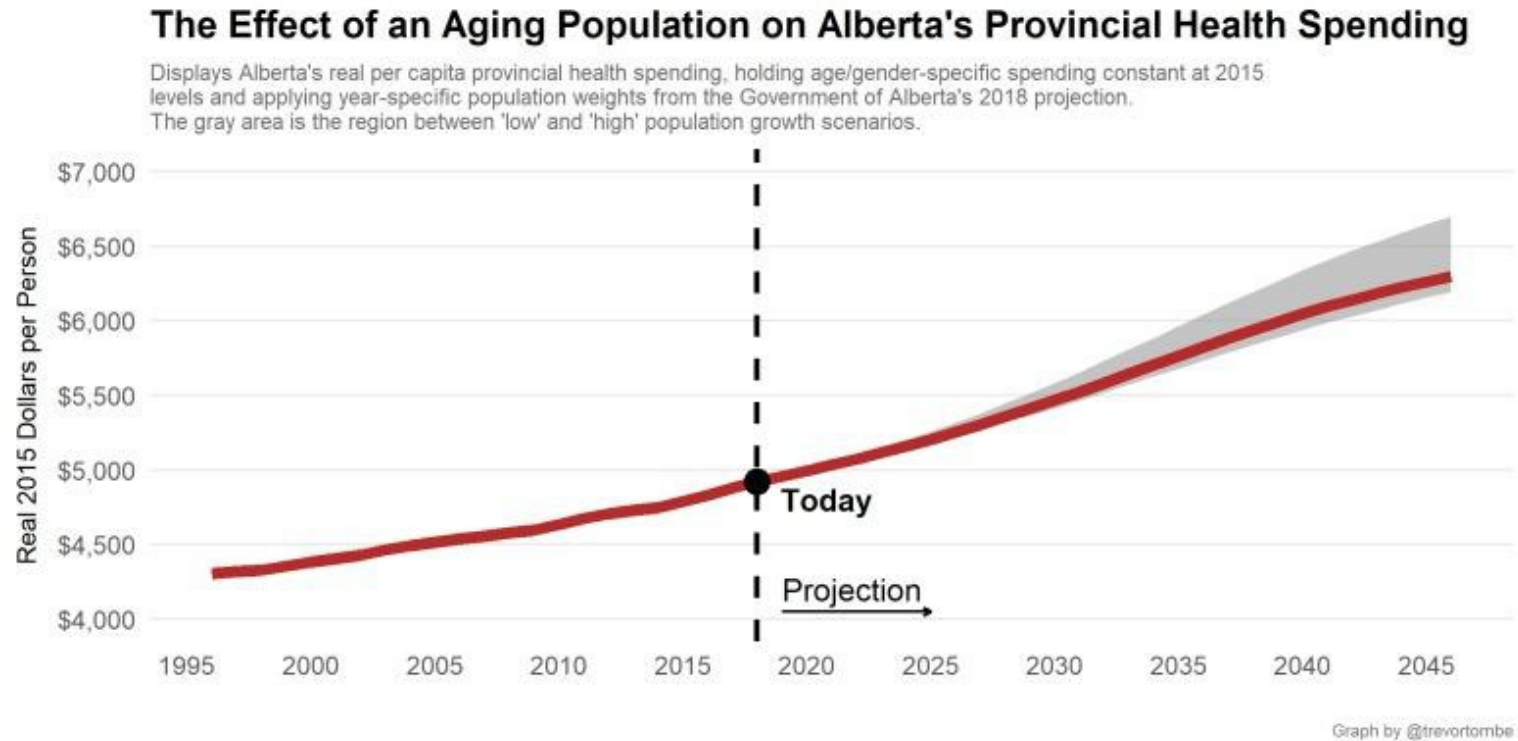
## **A Team-Based Approach**

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# About Me

- Provincial Practice Director for Therapy Assistant Optimization at Alberta Health Services
- Allied Health Lead for Emergency Department (ED) Initiative
- Physiotherapy background in Private Practice and Public Healthcare
- Experience as a frontline ED Physiotherapist and Program Lead

# Current State

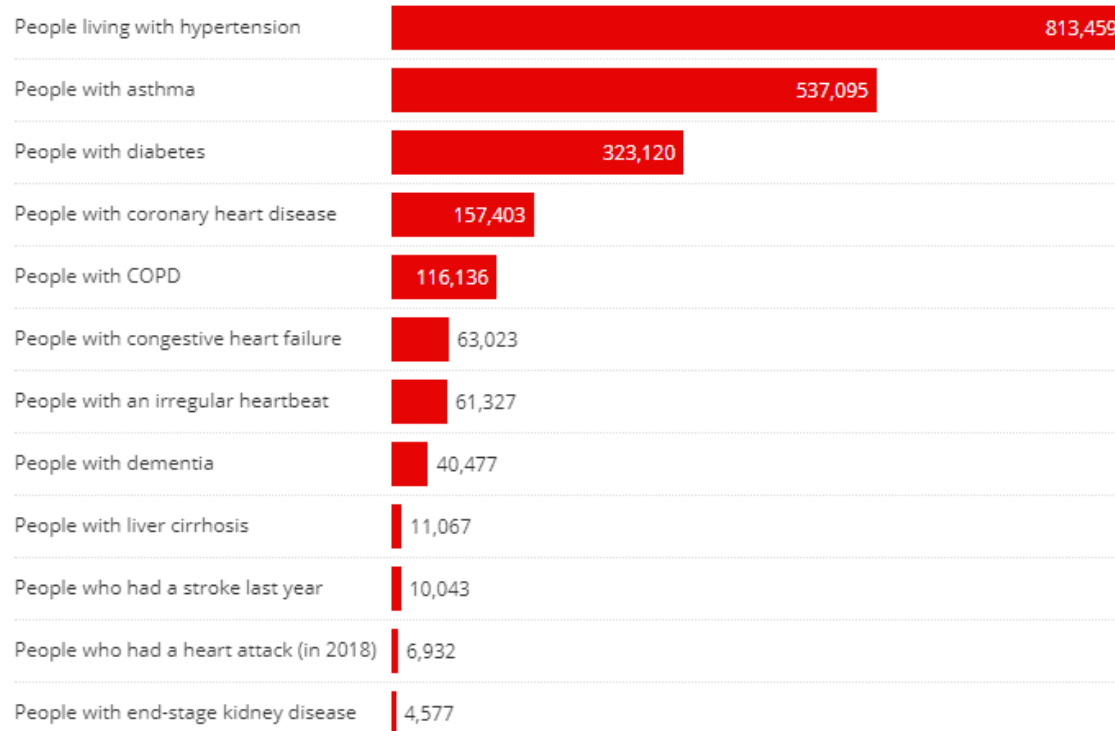


Source: [CBC News](#)

# Current State

## Albertans living with comorbidities

The number of Albertans who were living with some common comorbidities in 2019, with the exception of heart attacks, where the most recent data available was from 2018. Many others, like different types of cancers, respiratory diseases and conditions that cause immunosuppression are not listed. Alberta's total population was 4,371,324 in 2019.



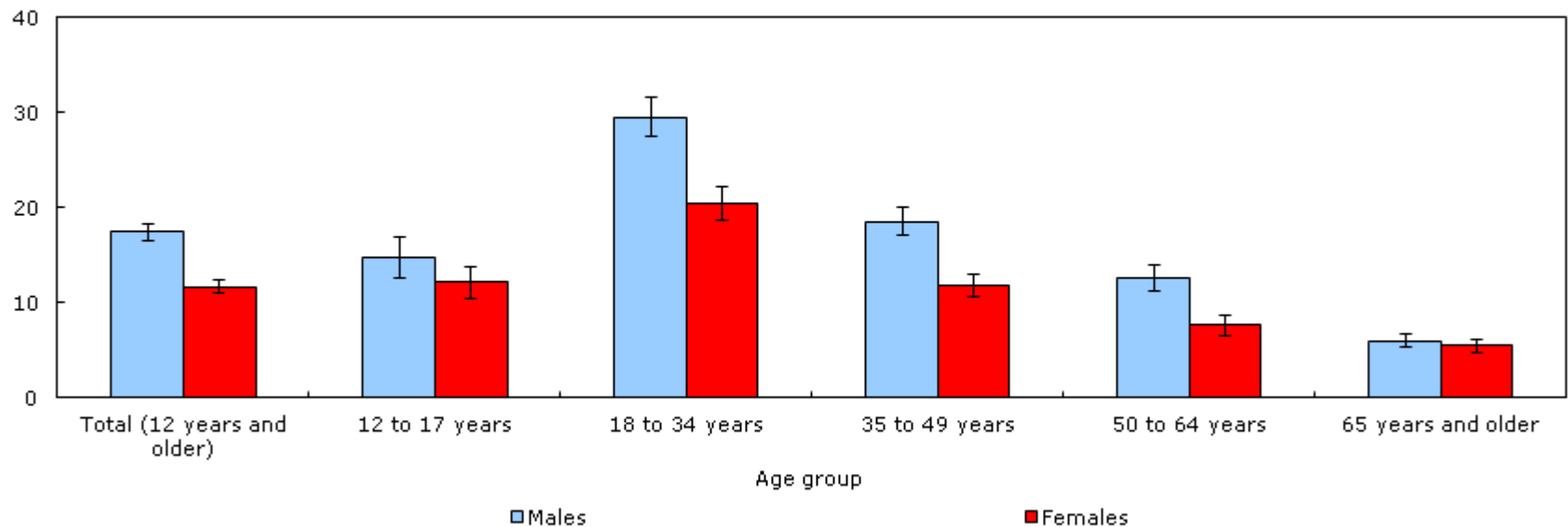
Source: [CBC News](#)

# Current State

Chart 1

Percentage without a regular health care provider, by age group and sex, population aged 12 and older, Canada, 2019

percent

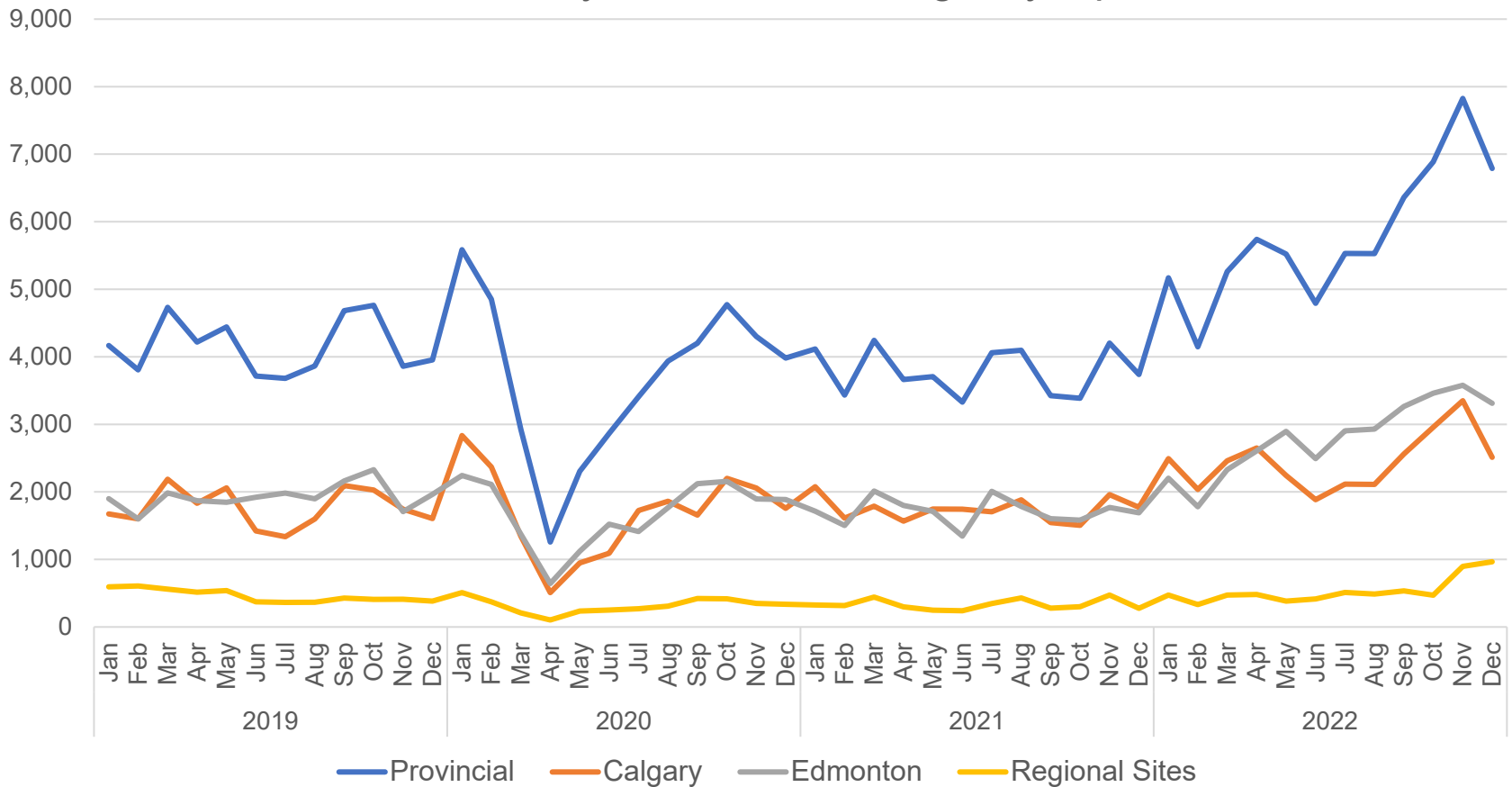


**Note:** A regular health care provider is defined as a health professional that a person sees or talks to when they need care or advice about their health. This can include a family doctor or general practitioner, medical specialist, or nurse practitioner.

**Source:** Canadian Community Health Survey, 2019.

# Current State

## Monthly Number of Emergency Inpatients








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# Current State

**High demand for ED services**  
**+**  
**Increased complexity of patients**  
**+**  
**Physician and Nursing Vacancies**  
**=**  
**Increased Wait Times**

# Canadian Triage & Acuity Scale (CTAS) & Recommended Timeframes

CTAS Level	1	2	3	4	5
Level of Priority	Resuscitation	Emergent	Urgent	Less Urgent	Non-urgent
Expected Wait Time					
Recommended timeframes	Immediate	Less than 15 mins	Less than 30 mins	Less than 60 mins	Less than 120 mins

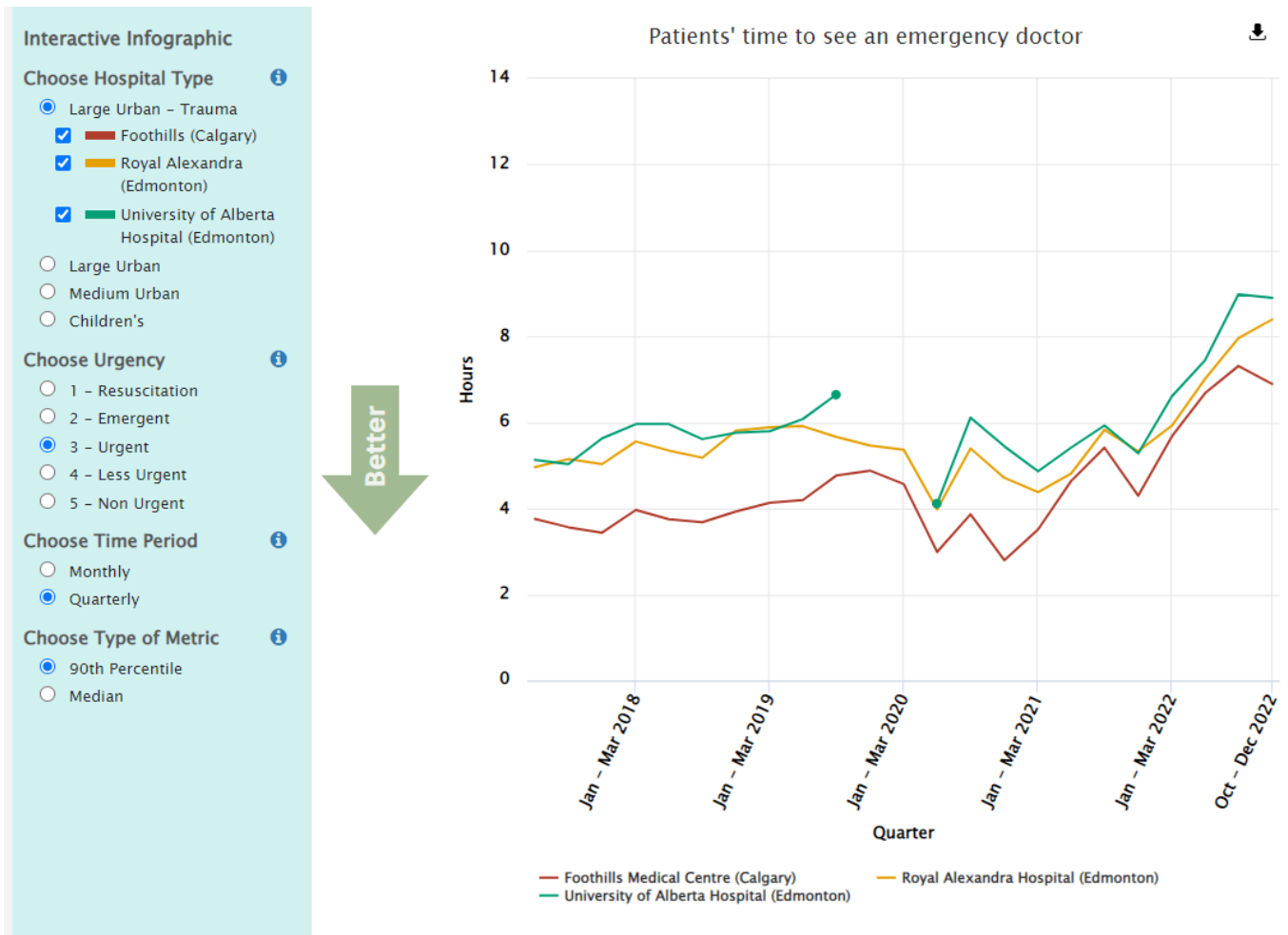
## Reference:

<https://ctas-phctas.ca/>

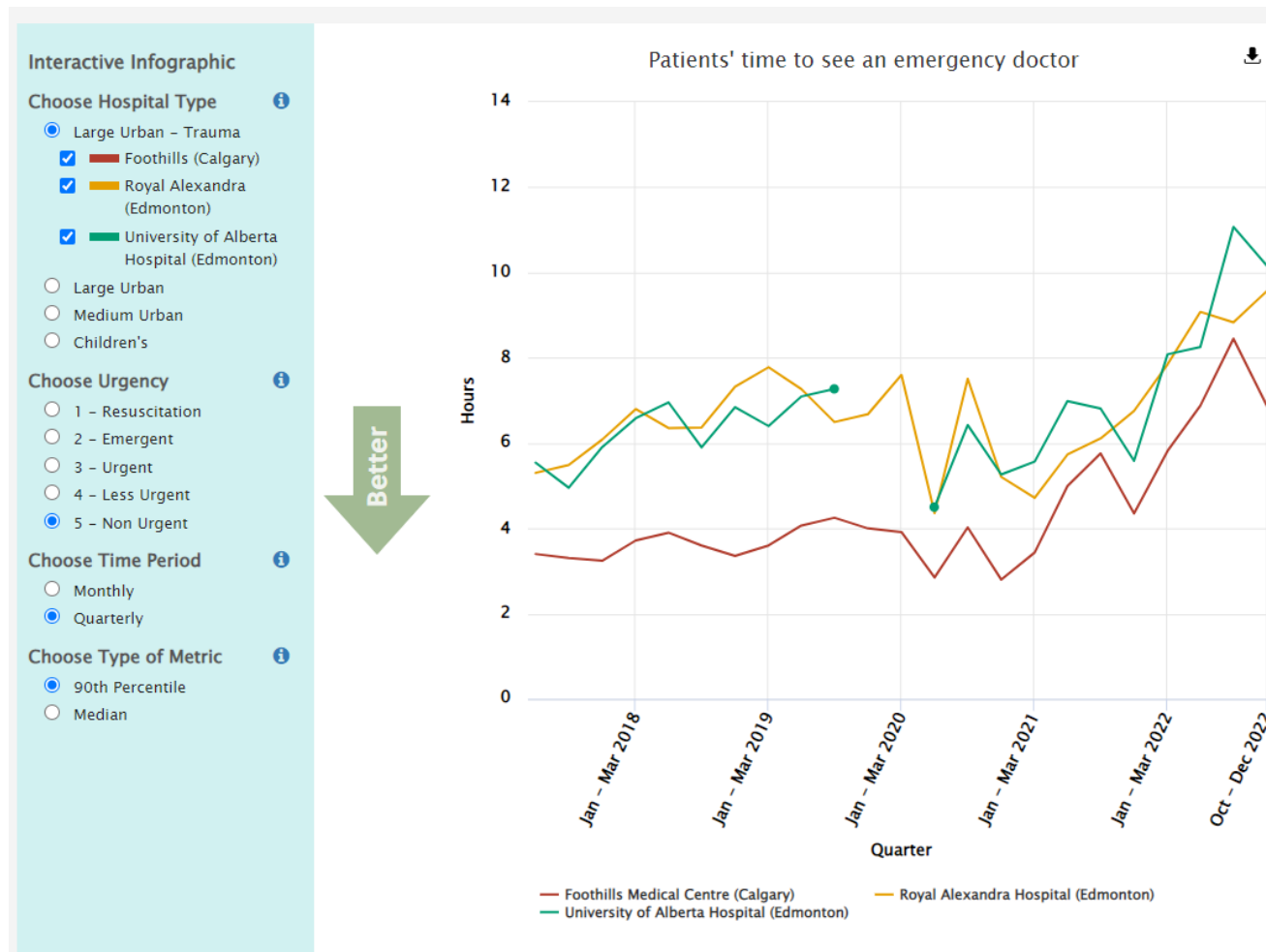
March 2023



# Wait Times



# Wait Times



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# Solutions

- Alberta Health Services (AHS) has multiple initiatives to address access ED Services
- Allied Health (PT, OT, SW) in the ED is one of our Provincial initiatives



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# ED PT - Team-Based Care

- UK, Australia, Quebec, and AHS/Covenant Sites
- Musculoskeletal (MSK) and Function Focus
- Pre-Physician Assessment
- Goals:
  - Decrease Length of Stay (LOS)
  - Decrease Unscheduled Return Visits
  - Decrease Admissions

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# Evidence

- Physiotherapist management of minor MSK conditions decrease LOS and Unscheduled Return Visits (Cassar et al, 2022) (Taylor et al, 2011)
- Patients report a high satisfaction with Physiotherapy in the ED (Mayne, 2017)
- PTs in advanced practice ED roles have high agreement with Physicians around diagnosis and discharge plans (Matifat et al, 2019)
- 96.8% of ED Physicians surveyed in Quebec (n = 95) felt confident ED PTs are safe and efficient (Matifat et al, 2021).

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# PT Skillset

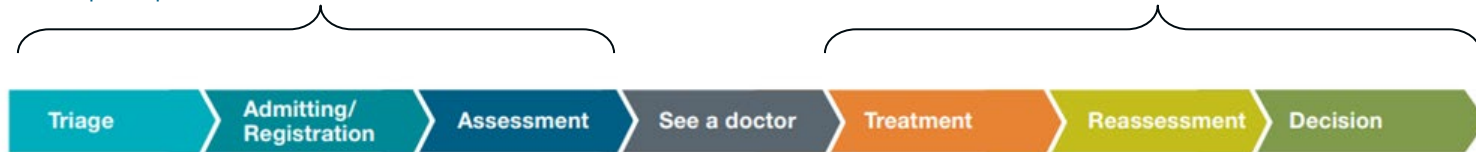
- Identification and Communication of Red Flags
- Identify when Imaging Required (MSK)
- Assessment/Management
  - MSK
  - Mobility and Function
  - Concussions
  - Vestibular (BPPV)
- Equipment Prescription/Procurement
- Resource and Transition Navigation



## Physiotherapy in EDs - Potential High Value Flow-related Activities

- Pre-physician assessment / management of presentations that are primarily musculoskeletal (MSK) in the absence of red flags
- Fast track mobility and functional assessment / management with focus on admissions prevention in the absence of red flags. Includes equipment prescription

- Post-physician assessment / management of patient presentations with MSK, vestibular, and concussion components with or without red flags
- Mobility and functional assessment / management with focus on admissions prevention with or without red flags. Includes equipment prescription



**Physiotherapy** in ED  
suggested to focus on:

Frailty and MSK. Also,  
vestibular and concussion  
post-physician  
assessment.

- Provide imaging recommendations to physicians for MSK presentations
- Engage Pharmacy when analgesics required for pain management

- Collaboration with Pharmacy around analgesic management

- Optimize successful discharge and transitions with a focus to prevent readmissions
- Education, connection to community resources, referral to outpatient services
- Early assessment and intervention for emergency inpatients (EIPs) to maintain function. Focus on activities of daily living, mobility, and physical function

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# Impacting Flow

## LOS, Return Visits, and Admission

- Equipment Prescription/Procurement
- Management Strategies and Education
- Resource and Transition Navigation



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# Decrease LOS

- Pre-Physician Initial Assessment (PIA)
- Concise Report to Physician
  - Red Flags Screened and Results
  - Diagnostic Imaging (DI) Recommendations
  - History and Results of Tests
  - Recommendations

# Decrease Return Visits

- Non-Pharmacological Treatment

	Historical: n = 1442	Results: (Nov 19 - Feb 2) n = 44	If seen by PT before MD: n = 22	If seen by a pharmacist: n = 12
Length of stay	4.0 hr	3.6 hr	3.2 hr	3.0 hr
Opioid prescriptions	49.2%	40.9%	31.8%	16.7%
Diagnostic imaging	49.4%	36.4%	36.4%	33.3%
Return to ED within 72 hr	7.6%	0%	0%	0%



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# Decrease Admissions

- Mobility/Function Compensatory Strategies

	PT/OT FTE	Months	Avoided Admissions
<b>RGH</b>	1.4	1.4	60

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# Opportunity

- Participate in defining Physiotherapy Practice in the Emergency Department
- Diverse caseload of patients that include MSK, Concussion, Vestibular, and Geriatrics
- Working alongside Emergency Physicians to Optimize Patient Care
- Engage in activities that will lay the foundations for Advanced Practice Physiotherapy

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# Challenge

- ED is a fast paced and highly collaborative environment
- Skilled Physiotherapists are needed in these positions
- Without the right people the full potential of this initiative will not be realized
- A total of 23.76 Physiotherapist Full Time Equivalents (FTE) is needed across the 16 busiest ED in Alberta

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# Alberta Health Services

- Canada's largest integrated Health Authority



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# Broad Range of Practice Areas

Acute Care

Inpatient Rehab

Outpatient  
Clinic

Community  
Rehabilitation

Home Care

Long Term Care

Seniors Health

Cancer Care

Neurology

Addiction  
Mental Health

Pediatrics

Adult

Seating Clinic

Musculoskeletal

Surgical

Rehabilitation  
Advice Line

Critical Care

**Emergency**

Supportive  
Living

Specialty  
Assessment

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# Mentorship and Professional Development

## Local and Provincial Support

- Colleagues, Clinical Leads, Site Practice Leads, Zone Practice Leads, Provincial Practice Team
- Clinician contact list
- Access to internal professional development resources
- Opportunities to apply for funding and paid time for external courses



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## Career Progression

**PT1 → PT2 → PT3**

- PT1: Clinician
- PT2: Clinical Lead
- PT3: Practice Lead

### **Leadership (Out of Scope)**

- Program Facilitator
  - Clinical Educator
  - Strategic Clinical Network Practice Lead
  - Professional Practice Lead
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# AHS Physiotherapists

## Compensation

- Frontline (PT I): \$38.90 – \$51.80 (Benefit Adjusted \$47.46 - \$63.20)
- Clinical Lead (PT II): \$41.12 – \$54.61 (Benefit Adjusted \$50.34 - \$66.87)
- Practice Lead (PT III): \$43.38 - \$57.63 (Benefit Adjusted \$52.92 - \$70.31)

## Paid Time Off

- Vacation: 15 – 30 days (based on years of service)
- Paid Stat Holidays: 12
- Floating Stat: 1
- Personal Days: 3
- Total: 31 – 46

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# AHS Physiotherapists

## **Paid Medical Leave**

- Sick Leave
- Short-Term Disability
- Long-Term Disability
- WCB Insured

## **Additional Benefits**

- Health/Personal Spending Account
- Extended Health and Dental
- Paid Bereavement Leave
- Employee Family Assistance Program
- Union Supports
- Local and Provincial Practice Supports

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# Private Practice Physiotherapists - Contracted

## Theoretical Compensation

- \$90 per treatment
- 3 treatment per hour
- 50% billing split
- \$135 per hour

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# Private Practice Physiotherapists - Contracted

## Actual Compensation

- Fee Split ranges from 40% - 50%
- Assessment/Treatment Fee varies ranges based on type (e.g. Private, MVA, WCB, AHS)
- Assessment Fee Range: \$65 - \$250
- Treatment Fee Range: \$40 - \$90
- Estimated Hourly Wage: \$57.22 (40% Split) - \$67.24 (50% Split)

## Assumptions

- workload split of 35% private payer, MVA 27%, WCB 22%, AHS 16%
- 85% of 7.25 hour day booked
- No decrease in caseload due to time off

*PT Hourly Wage ([Alberta alis](#)) – \$32.05 - \$62.50 (5<sup>th</sup> – 95<sup>th</sup> Percentile)*

~~Paid Time Off~~

~~Paid Medical Leave~~

~~Retirement Benefits~~

~~Additional Benefits~~

# AHS (PT I) vs. Private

## Compensation

- Adjusted for **actual days worked** and **benefits** AHS hourly wage ranges from \$54.09 - \$73.60
- At 10 years an additional 5 paid vacation days (total paid leave: 41) is received (\$75.28)
- At 20 years an additional 5 paid vacation days (total paid leave: 46) is received (\$77)
- PT III up to \$85.41
- **Compensation estimate for Private (below) is significantly higher than Alberta alis data (95<sup>th</sup> percentile: \$62.50)**

	1	2	3	4	5	6	7	8	9	10
AHS	54.09	55.96	58.09	60.23	62.41	64.78	67.18	71.10	73.60	75.28
Private	57.22	58.66	60.08	<b>61.51</b>	<b>62.94</b>	64.38	65.80	67.24	68.67	71.53
Difference (AHS)	- 3.13	- 2.70	- 1.99	- 1.28	- 0.53	+ 0.40	+1.38	+ 3.86	+ 4.93	+ 3.75

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# AHS (PT I) vs. Private

## **Schedule**

- AHS: Primarily Weekdays 0800 - 1615
- Private: Days, Evening, Weekends
- AHS: Extra pay for working on Stats, Evenings, and Weekends
- Time off does not negatively impact wage

## **Security (AHS)**

- Guaranteed Income
- Paid Medical Leave
- Guaranteed Retirement Benefit
- Union Supports
- AHS Supports

## **Advancement (AHS)**

- Progression to PT II and PT III
- Operational and Practice Leadership Opportunities

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# Opportunities

## South Zone

- ALB00341337 – 1.0 FTE

## Calgary Zone

- ALB00337398
- ALB00337403

## Central Zone

- ALB00344052 – 1.0 FTE
- ALB00344055 – 0.4 FTE
- ALB00344057 – 0.4 FTE

## Edmonton Zone

- [ALB00352498](#) – 0.71 FTE
- [ALB00352495](#) – 0.71 FTE

## North Zone

- [ALB00341783](#) – 1.0 FTE
  - [ALB00341663](#) – 1.0 FTE
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# Northern incentives

## Northern allowance

**Above 57<sup>th</sup> parallel**

\$6,300 maximum annually

## Remote retention allowance

**Above 55<sup>th</sup> parallel**

\$3,000 maximum annually

## Fort McMurray allowance

\$12,480 maximum annually

## Travel reimbursement

**Above 57<sup>th</sup> parallel**

\$1,235 maximum annual coverage of one round trip per calendar year



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# Recruitment Process

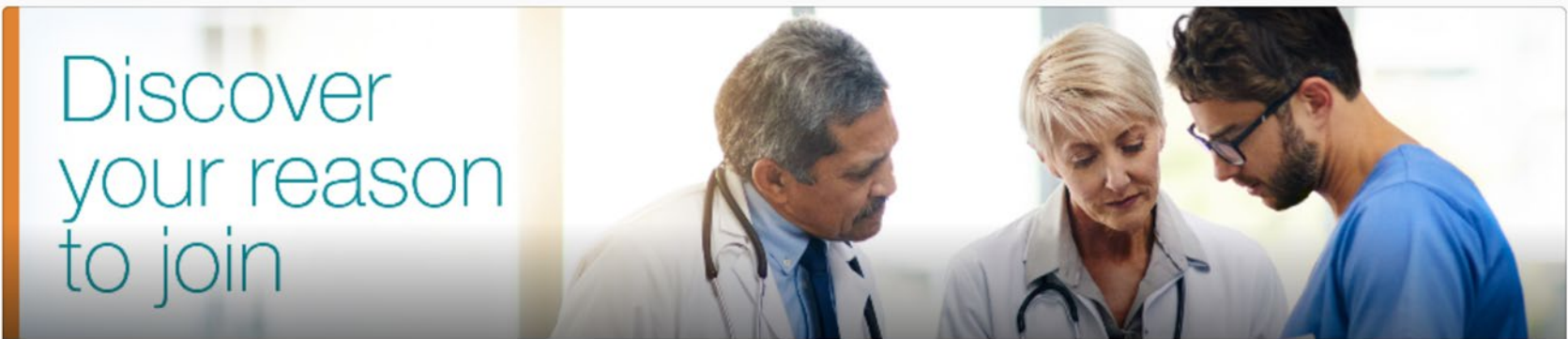
**Create your career profile!**

**[www.albertahealthservices.ca/careers](http://www.albertahealthservices.ca/careers)**


**<https://careers.covenanthealth.ca/>**

**AHS Virtual Career Fair April 27<sup>th</sup>**

# Recruitment Process – How to Apply




Discover  
your reason  
to join






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# Questions?

