The Provision of Weekend Physiotherapy Services in Tertiary-Care Hospitals in Canada

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ABSTRACT

Purpose: To describe the provision of weekend physiotherapy (PT) services in tertiary-care hospitals in Canada.

Methods: A prospective cross-sectional survey was conducted across tertiary-care hospitals, defined as those with university affiliation and at least one intensive care unit (ICU). Data were collected via telephone-administered questionnaires addressing hospital demographics, weekend staffing, workload, and weekend referral criteria.

Results: A response rate of 84% ($n = 36$) was obtained. Of facilities providing weekend PT services (97%), 35 (100%) provided care on Saturdays, 32 (91%) on Sundays, and 33 (94%) on statutory holidays. Weekend services were staffed using permanent full-time ($n = 35$; 100%) or part-time ($n = 28$; 80%) in-patient staff or outsourced staff ($n = 1$; 3%). The number of physiotherapists available on the weekend was smaller than the number available during the week ($p < 0.001$). Common weekend referral criteria included cardiorespiratory problems ($n = 35$; 100%), postoperative assessment of patients at risk for deterioration ($n = 32$; 91%), and patients scheduled for discharge pending PT assessment ($n = 30$; 86%).

Conclusion: Both the scope and the number of staff available to provide PT services were less on the weekend than during the week. Despite the use of common criteria for weekend referral, variability in this service exists. Knowledge pertaining to current weekend PT services provides opportunities for harmonization of service delivery.

Key Words: physiotherapy, referral criteria, service provision, tertiary-care hospital, weekend service

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RÉSUMÉ

Objectif : Décrire la prestation de soins de physiothérapie (PT) au cours des fins de semaines dans les hôpitaux de soins tertiaires au Canada.

Méthode : Une enquête ponctuelle prospective a été réalisée dans les hôpitaux de soins tertiaires, c'est-à-dire des établissements qui comptent au moins une affiliation universitaire et une unité de soins intensifs (USI). Des données ont été recueillies à l'aide d'une série de questions posées par téléphone et concernant les données démographiques spécifiques de ces hôpitaux, le personnel présent les fins de semaine, la charge de travail et les critères de renvoi en consultation les fins de semaine.

Résultats : Le questionnaire a suscité un taux de réponse de 84 % ($n = 36$). Parmi les établissements qui offrent de la PT les fins de semaine (97 %), 35 (100 %) donnaient des soins les samedis, 32 (91 %) les dimanches, et 33 (94 %) les jours fériés. Les services en fin de semaine étaient prodigués par du personnel permanent à temps plein ($n = 35$; 100 %) ou à temps partiel ($n = 28$; 80 %), du personnel habituellement présent auprès des patients ou du personnel contractuel ($n = 1$; 3 %). Le nombre de physiothérapeutes disponibles les fins de semaine était moindre que celui en semaine ($p < 0,001$). Les raisons de consulter les fins de semaine étaient notamment des problèmes cardiorespiratoires ($n = 35$; 100 %), l'évaluation postopératoire de patients dont l'état risquait de se détériorer ($n = 32$; 91 %) et des patients qui avaient obtenu leur congé à condition d'avoir été évalués en PT ($n = 30$; 86 %).

Conclusion : La quantité de personnel disponible les fins de semaine pour offrir des services de physiothérapie est moindre qu'en semaine et leur champ d'intervention est moins étendu. Malgré le recours à des critères communs pour le renvoi en consultation les fins de semaine, des variantes dans les services persistent. Les connaissances relatives aux services de PT offerts les fins de semaine fournissent l'occasion d'harmoniser la prestation de services.

Mots clés : critères d'aiguillage, hôpital de soins tertiaires, physiothérapie, prestation de services, renvois en consultation, service les fins de semaine

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INTRODUCTION

Physiotherapists are important members of the health care team.¹ In contrast to the medical and nursing professions, where 24-hour, 7-days-per-week coverage is the standard, physiotherapy (PT) services in many acute-care facilities are provided 5 days per week, with reduced service provision on the weekend.^{2,3} The scope of and expectations for PT weekend service appear to vary considerably;^{3,4} this variation most likely reflects the limited evidence on the effectiveness of PT weekend service, as well as factors such as management structure, budget, and historical precedent. The disparity in this service has become an important area of concern within the profession.

Few previous studies have described weekend PT services in Canada. McAuley et al. (1999) conducted a descriptive study that involved surveying nine facilities in four provinces to examine the appropriateness of weekend PT services in Canada.³ Heck et al. (2001) carried out a cross-sectional study of Toronto-area hospitals and described criteria used to establish eligibility for weekend referral. These previous studies collected data only from limited geographic areas, and their findings reflect how this service was provided almost a decade ago.^{3,4}

Limited information exists on the use of physiotherapy assistants (PTAs) over the weekend. McAuley's investigation suggested that as many as 30% of patients seen on the weekend required treatment that could be provided by a PTA;³ however, 78% of tertiary-care facilities surveyed did not involve PTAs in weekend care, and only one of nine facilities had a PTA scheduled to work an 8-hour shift each weekend.³ While this study demonstrated variability in the use of PTAs across Canada, it did not explore the specific roles and responsibilities of PTAs on the weekend.

The purpose of the present study, therefore, was to describe the provision of weekend PT services across Canada in tertiary-care hospitals, defined for the purposes of this investigation as university-affiliated hospitals with at least one intensive care unit (ICU). We defined "ICU" as a clinical service area with the capacity to intubate and ventilate patients for more than 24 hours. Specifically, the objectives of this study were to describe (1) the criteria used to assign patients to weekend PT services, (2) the strategies used to staff weekend PT services, (3) the workload of physiotherapists and PTAs providing weekend service, and (4) the scope of weekend PT services (including specific clinical responsibilities and documentation duties) in Canadian tertiary-care hospitals. The results of this study represent the first step toward harmonizing the scope of and expectations for weekend PT services in Canada.

METHODS

Study Design

A prospective, cross-sectional nationwide study was performed, using a survey administered via telephone interview. Data collection began in March 2008 and was completed by July 2008. Approval for this study was obtained from the Ethics Review Board at the University of Toronto.

Eligibility Criteria

With the exception of facilities that provided paediatric and psychiatric services exclusively, all tertiary-care hospitals in Canada were eligible for inclusion in the study.

Recruitment

Potential sites were identified by cross-referencing hospitals affiliated with Canadian medical schools with those listed as having an ICU in the *Canadian Health Facilities Directory*.⁵ Eligible hospitals were categorized into three groups according to the management structure used to provide weekend PT service: departmental (PT services provided by one centralized department), programme-managed (PT services organized according to clinical service areas within the facility), or matrix (a combination of both departmental and programme-managed structures). Eligible hospitals were contacted by telephone to identify the manager of PT services. Once identified, this person acted as the primary contact for the remainder of the study. In programme-managed facilities, where more than one manager might be responsible for coordinating weekend PT services, only one contact person was used, and this person communicated with other managers as necessary to acquire information about other programmes. During the initial telephone contact, the purpose and objectives of this study were explained, and the individual was asked whether he or she would agree to participate. For those who gave informed consent, an appointment was scheduled to conduct the telephone interview. Between the initial telephone contact and the scheduled interview date, a modified Dillman approach⁶ was used, and participating hospitals were sent a package containing (1) a cover letter explaining the rationale for the study, (2) a copy of the questionnaire, and (3) a self-addressed postage-paid reply envelope. Participants were asked to read the questionnaire prior to the interview, prepare their responses, and forward any written materials pertaining to weekend PT services that would be relevant to the aims of the study. Hospitals in all provinces were offered the questionnaire in both English and French.

Figure 1 Hospitals meeting inclusion criteria in 2008

Survey Instrument

The questionnaire was developed using information obtained during a focus-group discussion attended by senior physiotherapists from three large teaching hospitals, with input from faculty advisors. The questionnaire was piloted by two practising physiotherapists and modified to optimize its clarity and face validity.⁷

The questionnaire comprised two sections. Section A sought information pertaining to the organizational structure of the hospital (i.e., departmental, programme, or matrix); descriptive information (e.g., total number of hospital beds, number and type of ICU beds, number of physiotherapists employed at each facility); and the variety of health services available. Section B sought information pertaining to the weekend and evening PT services provided at each facility, specifically (1) the staffing patterns of physiotherapists and PTAs on evenings and weekends (numbers of physiotherapists and PTAs and their daily working hours, as well as type of staff and type of compensation received); (2) the criteria used by each facility to deem a patient appropriate for weekend PT services; and (3) the workload and responsibilities of the weekend PT staff. Both sections included both closed- and open-ended questions.

Data Collection

Telephone interviews were offered in English or French and took approximately 30 minutes to complete. Hospitals that did not provide any weekend PT services at the time of the study completed only the survey items pertaining to hospital organization in Section A.

Statistical Analysis

The questionnaires were coded numerically, and responses were analyzed using the Statistical Package for the Social Sciences (SPSS), version 16.0 (SPSS Inc., Chicago, IL). Data were double-checked by an investigator not involved in the original data-entry process. Similar responses to open-ended questions were grouped for descriptive analysis. Descriptive statistics were obtained, including mean, median, and standard deviations for continuous data and frequency distributions for categorical data. Comparisons of variables across days (Saturday, Sunday, holidays) and management structures (departmental, programme-managed, matrix) were performed using analysis of variance (ANOVA) or chi-squared tests for continuous and categorical data, respectively. Comparisons of variables between physio-

therapists and PTAs (e.g., staff per day, hours worked per day) were performed using paired *t*-tests, with significance level set at $p < 0.05$.

RESULTS

Of the 43 hospitals that met the study criteria, 36 (in nine provinces) agreed to participate, for a response rate of 84% (see Figure 1).

General Hospital Characteristics

Participating hospitals, grouped according to province, are summarized in Table 1; their characteristics are reported in Table 2. The most common types of ICUs were general (81%, $n = 29$), cardiovascular (50%, $n = 18$), and surgical (36%, $n = 13$). The majority of hospitals (97%, $n = 35$) offered sub-specialty care, the most common types being cardiovascular (58%, $n = 21$) and neurology/neurosurgery (58%, $n = 21$).

Of the hospitals identified, 15 (42%) were departmentally managed, 6 (17%) were programme-managed, and 15 (42%) were organized by matrix. When we compared hospitals according to management structure, we found a significant difference in the number of hospital beds per

facility ($F(2,32) = 3.74$, $p = 0.035$): programme-managed facilities had a greater number of beds than either departmental or matrix facilities (666 vs. 388 and 380, respectively). There were no significant differences among hospitals grouped according to management structure in the number of PT full-time equivalents (FTEs) ($F(2,32) = 2.55$, $p = 0.09$) or the number of facilities where $\geq 50\%$ of weekday staff contributed to the weekend service ($\chi^2 = 0.58$, $df = 2$, $p = 0.75$).

PT Weekend and Evening Services

Weekend PT services were provided in 97% of facilities ($n = 35$). Of these facilities, 100% ($n = 35$), 91% ($n = 32$), and 94% ($n = 33$) offered care on Saturdays, Sundays, and statutory holidays, respectively (see Figure 2). The number of physiotherapists was smaller over the weekend than on weekdays (23.3 ± 15.5 vs. 2.9 ± 2.6 ; $t_{33} = 8.67$, $p < 0.001$).

During the week, 31% of responding hospitals ($n = 11$) offered PT care outside of usual business hours (i.e., in the evening) during the week. These facilities offered PT services 6.9 ± 6.3 hours per day (range: 2.0–16.5 hours per day) over and above usual business hours (e.g., 8:30 a.m. to 4:30 p.m.).

Criteria for Weekend PT Services

Criteria used to establish eligibility for weekend referral are summarized in Table 3. Low-priority patients were added to the weekend list if time permitted in 49% of facilities ($n = 17$). At all facilities, the physiotherapist working during the week was responsible for deciding which patients (of the list of patients already on treatment) met the requirements for receiving weekend referral.

Staffing Patterns of Weekend PT Services

The number and working hours of physiotherapists and PTAs are summarized in Table 4. On Saturdays,

Table 1 Representation of Participating Hospitals by Province

Province	Participating hospitals <i>n</i>	% total participating hospitals	% total eligible hospitals in this province participating
British Columbia	4	11.1	100
Alberta	2	5.6	50
Saskatchewan	3	8.3	100
Manitoba	2	5.6	67
Ontario	14	38.9	78
Quebec	5	13.9	83
New Brunswick	2	5.6	100
Nova Scotia	3	8.3	100
Prince Edward Island	1	2.8	100

Table 2 Summary of General Characteristics of Participating Hospitals

	Mean $\pm$ SD	Minimum	Maximum
Number of hospital beds	423.3 $\pm$ 250.0	82.0	1209.0
Number of ICUs	2.4 $\pm$ 1.8	1.0	8.0
Number of physiotherapists (weekday) (FTEs)	35.1 $\pm$ 21.8	6.0	100.0
Number of PTAs (FTEs)	5.9 $\pm$ 5.1	0.0	22.1
% weekday staff employed on weekend	65.2 $\pm$ 38.0	0.0	100.0

ICUs = intensive care unit; PTA = physiotherapist assistant; FTE = full-time equivalent

Figure 2 Percentage of facilities providing weekend PT services. There was no significant difference in PT services offered on Saturdays, Sundays, and holidays ($\chi^2 = 2.940$, $df = 1$, $p = 0.23$). PT = physiotherapist; PTA = physiotherapist assistant.

Table 3 Criteria Identified at Participating Hospitals for Patients to Receive Weekend PT Services

<i>Common Criteria</i>
Patients with cardiorespiratory problems at risk for deterioration (n = 35, 100%)
Early post-operative patients requiring PT services to prevent deterioration (n = 32, 91%)
Patients requiring a mobility assessment to be discharged home over the weekend (n = 30, 86%)
<i>Additional Criteria Identified (not common to all facilities and in no particular order)</i>
Acute fracture
Remain in the ICU
Require completion of initial assessment from previous day
Part of total joint network (TJN)
At risk of developing contracture
Require "chest check" with minimal or no risk factors
Require mobilization to prevent deterioration over the weekend
Require education with respect to their condition
Undergone recent shoulder or knee manipulation
Short-term rehabilitation
Pulmonary conditions
Burns
Spinal cord injury
Hip fracture
Pre-operative assessments
Neurological trauma
Cardiovascular trauma
Patients with frostbite
Patients who require gait training
Patients who require ROM exercises

Table 4 Staffing Patterns of Weekend PT Services at Participating Hospitals

	<i>Mean ± SD</i>	<i>Minimum</i>	<i>Maximum</i>
Number of physiotherapists working			
Saturday	3.0 ± 2.5	0.5	14.0
Sunday	2.6 ± 2.5	0.0	14.0
Holidays	2.7 ± 3.1	0.0	18.0
Working hrs per physiotherapist			
Saturday	6.8 ± 1.5	1.5	8.0
Sunday	6.2 ± 2.4	0.0	8.0
Holidays	6.4 ± 2.1	0.0	8.0
Number of PTAs working			
Saturday	1.1 ± 1.0	0.0	4.0
Sunday	0.7 ± 0.9	0.0	3.0
Holidays	0.7 ± 0.9	0.0	4.0

PTAs = physiotherapy assistants

Figure 3 Average number of physiotherapists and physiotherapist assistants working during the weekend. There was a difference between the number of physiotherapists and the number of PTAs working over the weekend; the numbers working were similar for each weekend day. Data include mean and SEM (error bars); FTE = full-time equivalent; PT = physiotherapist; PTA = physiotherapist assistant. **Figure 4** Average working hours of physiotherapists and physiotherapist assistants on the weekend. For each weekend day, physiotherapists worked more hours than PTAs. The number of hours worked each weekend day by physiotherapists was similar, while PTAs worked more hours on Saturday than on Sunday and holidays. Data include mean and SEM (error bars); PT = physiotherapist; PTA = physiotherapist assistant.

Sundays, and statutory holidays, the number of physiotherapists exceeded the number of PTAs ($3.90 < t < 4.89$, $p < 0.001$; see Figure 3), and physiotherapists worked a greater number of hours each day (Saturdays: $t_{34} = 3.48$, $p = 0.001$; Sundays: $t_{34} = 5.32$, $p < 0.001$; holidays: $t_{34} = 5.75$, $p < 0.001$; see Figure 4).

Weekend services were provided by permanent full-time in-patient staff (97%, $n = 35$), part-time in-patient staff (80%, $n = 28$), and casual staff (80%, $n = 28$). Only one facility used outsourced PT services (2.9%, $n = 1$). Most facilities (69%, $n = 24$) did not require staff to have previous clinical experience in order to work on the weekend. Almost all facilities (94%, $n = 33$) provided an orientation session for weekend staff.

Forty-nine percent ($n = 17$) of facilities reported that staff were always able to complete their rostered weekend shifts, while 31% ($n = 11$) reported weekend absen-

teism by staff less than once per month. In terms of compensation for weekend staff, facilities offered time in lieu (74.3%, $n = 26$), overtime pay (40%, $n = 14$), compensation included within staff salary (37%, $n = 13$), and staff choice of overtime pay or time in lieu (20%, $n = 7$).

Clinical Responsibilities and Workload of Weekend PT Staff

On average, each PT visited 11.7 ± 4.8 patients per weekend day (range: 1–28). The minimum value of 1 was an outlier and likely reflects both a small number of patients referred to the weekend service and the availability of multiple staff to provide it. It is notable that when this outlier was removed, the range for this variable was 5–28 patients per weekend day. At all facilities, the clinical responsibilities of weekend physiotherapists involved assessment and treatment of new referrals, discharge assessments, and documentation. Ongoing treatment and statistics were expected by more than 90% of facilities. While all weekend staff were responsible for documentation in patients' medical charts, the nature of this documentation varied: 89% ($n = 31$) were required to document when there was a change in patient status and following an initial assessment, 86% ($n = 30$) on discharge, and 80% ($n = 28$) following every patient intervention. A majority of facilities (63%, $n = 22$) indicated that they expected staff to stay for the remainder of the day after the caseload was completed (in case of new assessments or medical emergencies late in the day); however, 86% ($n = 19$) of these facilities indicated that it was rare for PT staff to complete their caseload well before the end of their rostered shift.

Responsibilities of PTAs consisted of providing hands-on assistance to physiotherapists (66%, $n = 23$), supervising assigned exercise programmes (63%, $n = 22$), documenting any patient interactions (46%, $n = 16$), and carrying out assigned treatment plans other than exercise programmes (43%, $n = 15$).

DISCUSSION

This is the first study to collect data pertaining to the provision of weekend PT services in 84% of tertiary hospitals across nine provinces in Canada, using an interview-administered questionnaire. The novel findings of this study were that (1) weekend PT services were provided in 97% of tertiary hospitals that participated in this study; (2) weekend PT services were provided by both physiotherapists and PTAs, but there were on average 3.4 physiotherapists for every PTA per facility on Saturdays, Sundays, and statutory holidays; (3) weekend PT services were provided primarily (97%) by permanent full-time in-patient staff; (4) three common criteria (see Table 3) were used by all facilities to determine the appropriateness of patients for weekend PT; (5) each physiotherapist visited 11.7 ± 4.8 patients per

weekend day (range: 1–28); (6) physiotherapists employed to provide weekend service had clinical responsibilities similar to those of weekday staff.

Weekend PT services were provided on Saturdays, Sundays, and holidays by more than 97% of facilities surveyed. Although no previous study has reported the number of facilities that provide weekend PT services across Canada, Heck reported in 2001 that 83% of facilities in the Greater Toronto Area provided this service. Our data demonstrate that PT weekend services are now provided by 90% of facilities within a similar Toronto-area jurisdiction. This increase may be a result of the increased acuity of patients, the broader scope of PT practice, and hospital amalgamation, as well as an increased focus on earlier hospital discharge.

Across Canada, we found an average of three physiotherapists working on Saturdays, an increase over the average of two physiotherapists previously reported.^{3,4} In addition, when comparing Saturday PT service provision to that on Sunday, we identified greater similarity between days than previously reported.⁴ Specifically, our study found that each physiotherapist worked an average of 6.7 hours on Saturday and 6.2 hours on Sunday, whereas a previous study found that Saturday and Sunday PT services were provided 8 hours and 4 hours per day respectively.⁴ Furthermore, PT services provided over statutory holidays were similar to those provided on Saturday and Sunday.

One facility did not provide any weekend PT services. Although this facility had an eight-bed ICU, it did not provide any areas of sub-specialty care. It is possible that this facility was a transition site, from which high-acuity patients requiring more complex care are transferred to larger centres. Alternatively, limited financial resources may explain why this facility did not provide any weekend PT services. It would be interesting to compare outcomes such as hospital length of stay and number of post-operative pulmonary complications between this facility and one with similar characteristics that provides weekend PT services.

Compared to coverage during the week, weekend PT services were characterized by fewer hours worked per day and fewer physiotherapists. Taken together, these differences represent an 88% reduction in the amount of PT services available on the weekend relative to services available during the week. This reduction in PT services over the weekend may reflect the scarcity of evidence supporting the effectiveness of weekend PT services. In a study of patients following cardiac surgery, individuals who received more frequent PT treatment, including treatment over the weekend, reported greater satisfaction and were able to achieve most functional milestones within a shorter period;⁸ however, the additional treatment had no impact on their hospital length of stay (LOS). Similarly, while post-abdominal-surgery patients who were placed in the high-risk surgical ICU demon-

strated improved gas exchange in the 18- to 24-hour postoperative period when provided PT treatment “outside of standard business hours” (i.e., in the evening), there was no difference in hospital LOS.⁹ Furthermore, in both rheumatologic and elective orthopaedic populations, no differences in LOS attributable to weekend PT service provision have been reported.^{2,10,11} The only studies that have demonstrated a significant decrease in the LOS with provision of PT services over the weekend (in patients who underwent total hip- or knee-replacement surgery and patients with stroke) have used a weak study design (i.e., retrospective reviews) which compromises the validity of their findings.^{12,13} Performing randomized controlled trials of weekend PT service provision is often challenging, as PT services are an important component of patient care, which means that withholding such a service from a control group for purposes of a study may be deemed unethical. The lack of clear evidence suggests that the nature and scope of this service are shaped by factors such as historical precedent and the opinions of individual PT staff.

In those facilities that employed PTAs to assist with weekend PT service provision, fewer PTAs than physiotherapists were available. This likely reflects a smaller proportion of patients referred for weekend PT services with conditions for which care could be assigned to a PTA, following consultation and direction given by a physiotherapist. Previous work by McAuley et al. (1999) reported that, on average, approximately 30% of patients seen on the weekend required treatment that could be provided by a PTA.³ Our study indicates that PTAs were mostly used on the weekend to provide hands-on assistance for physiotherapists.

The majority of weekend PT services were provided by permanent full-time in-patient staff (97%), permanent part-time in-patient staff (80%), and casual staff (80%), a finding that agrees with a previous study reporting that weekend PT services were provided primarily by full-time and part-time staff.⁴ Our study demonstrated that only one facility used outsourced PT staff for weekend coverage. This facility is located in a large urban centre and was in the upper quartile for number of beds (511). There are no previous data on the contribution of outsourced staff to weekend PT service provision, but such a model might be appropriate in other facilities. Our results indicate minimal variability in the professional responsibilities of physiotherapists on the weekend, which were consistent with those required of physiotherapists who work during the week.

Three common criteria were used by the majority of facilities surveyed to determine the appropriateness of a patient for weekend PT service referral (see Table 3); these are similar to those identified in a previous study.³ Nevertheless, specific objective criteria were used by only six facilities (17%) to assist in determining patients’ appropriateness for weekend PT services. These criteria

include a change in chest x-ray findings (used by 3 of 6 facilities), increased temperature or white blood cell count (used by 1 of 6 facilities), and change in arterial blood gases (used by 2 of 6 facilities). The use of such objective markers is encouraging, as it is likely to reduce the extent to which eligibility criteria for weekend service are open to interpretation by physiotherapists and may thereby facilitate harmonization of criteria among facilities.

Our study identified 20 other criteria, which differed among facilities, used to guide patient selection for PT weekend services. Some of these disparities reflect the geographic location of a given hospital (e.g., frostbite) and sub-specialty programmes within particular hospitals.

The limitations of this study relate to study design and the bias associated with collecting data through interviews. Although we were unable to verify the accuracy of the data provided by respondents, we believe that by interviewing participants, we reduced the likelihood of inaccuracies resulting from misinterpretation of the survey questions. As the scope of this study extended only to weekend PT practice patterns within tertiary-care university-affiliated hospitals with an ICU, and thus precluded representation of facilities located in the three territories, the results may not be generalized to all hospitals providing weekend PT services in Canada.

CONCLUSION

Our study was the first to investigate weekend PT service provision across nine provinces in Canada. Results indicate that weekend PT service provision is on the rise, both with respect to the number of hours worked by physiotherapists and PTAs and in terms of the number of staff associated with the delivery of these services. However, the number of hours provided on Saturdays, Sundays, and holidays remain smaller than the number provided during the week. With respect to criteria for weekend referral, our study found that most facilities used three common criteria to guide the selection of patients most appropriate for weekend PT services. Disparities in the interpretation of these criteria, as well as differences in geographic location and sub-specialty care, are likely to contribute to the variation in this service between sites.

Future studies are needed to address weekend PT service provision within community-based hospitals. Such data would highlight any differences in provision of these services between community-based and tertiary-care hospitals across Canada. Although there is currently consensus among facilities on some criteria used to determine eligibility for weekend PT referral, variability exists in the operationalization of these criteria. Future studies are needed to ascertain appropriate objective measures to determine eligibility for weekend referral.

KEY MESSAGES

What Is Already Known on This Topic

The few studies that have examined weekend physiotherapy service provision collected data from limited areas of Canada, and their results reflect how this service was provided almost a decade ago. Previous studies indicated widespread variability with respect to the definition of weekend PT service provision, the criteria used in determining eligibility for weekend referral, and the duties performed by physiotherapists and physiotherapist assistants.

What This Study Adds

Physiotherapists can use the results of this study to advocate for increased resources for weekend care and harmonization of criteria across the country.

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