

# Improving Patient Access: Outcomes from an Allied Health Cancer Care Redesign Project

Cara Johnstone<sup>1</sup>, Lindsey Johnson<sup>2</sup>, Lenelle Cibau<sup>3</sup>, **Desley Harvey**<sup>4</sup>, Ilsa Nielsen<sup>5</sup>

1. Cairns Hospital, Cairns and Hinterland Hospital and Health Service, PO Box 902, Cairns Qld 4870
2. Cairns Hospital, Cairns and Hinterland Hospital and Health Service, PO Box 902, Cairns Qld 4870
3. Cairns Hospital, Cairns and Hinterland Hospital and Health Service, PO Box 902, Cairns Qld 4870
4. Cairns Hospital, Cairns and Hinterland Hospital and Health Service, PO Box 902, Cairns Qld 4870  
[desley.harvey@health.qld.gov.au](mailto:desley.harvey@health.qld.gov.au)
5. Allied Health Professions' Office of Queensland, Level 6, William McCormack Place (Stage 2), 5B Sheridan Street, Cairns QLD 4870

## Background

Cancer care allied health services in regional areas face increasing service demands, difficulties recruiting and maintaining a skilled cancer care workforce, and challenges achieving access and efficiency objectives whilst delivering high quality, patient-centred services. In 2012-14 the Cairns Hospital Cancer Care Allied Health Team trialled a delegation and skill sharing model of care to address these challenges.

## Methods

The service redesign arm of the project focussed on intake, prioritisation, patient flow and communication. The Calderdale Framework, a workforce redesign methodology, was employed to examine skill mix across the team and to develop a skill sharing and delegated practice model of care, and support the 12-month trial of allied health assistant (AHA) roles. The project evaluation used quantitative and qualitative methods to assess the impact of the changes on patient access, service quality, and staff and patient satisfaction.

## Results

Fifty-nine delegation and seven skill sharing clinical tasks were implemented in the trial. A statistically significant increase in new outpatient occasions of service (OOS) was seen across the team (partly reflecting the new AHA positions), with fewer OOS per patient on average. Even with AHA OOS excluded, occupational therapy and physiotherapy saw a significant increase in new outpatient OOS, indicating a change in practice with a 'freeing up' of professionals to provide more timely assessment and management through delegation of routine tasks to AHAs. Dietetics and speech pathology experienced an increase in new outpatient OOS although did not quite achieve statistical significance. Patient and staff satisfaction with the new model of care was high.

## Discussion

The project demonstrated delegation to allied health assistants, and to a lesser degree skill sharing, is safe, effective and appropriate in a regional cancer care allied health team with training, competency assessment, clinical governance and monitoring processes in place.