

A new model of care – a study proposal for the implementation and evaluation of the Allied Health Interdisciplinary Practitioner (AHIP)

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Background

Patients admitted to hospital under general medicine units are presenting with increasingly complex problems and comorbidities requiring significant input and expertise from multiple disciplines. This places larger burdens and pressure on the traditional multidisciplinary team (MDT).

Evaluation has identified various inefficiencies in service delivery within the MDT including delay in allied health (AH) referrals and commencement of intervention with only 41% of all AH referrals being made within 24 hours of admission. Other areas for improvement included reducing duplication of assessment and management across AH disciplines, streamlining discharge planning and coordination of care across the continuum, particularly for patients who have a longer length of stay. In 2014, 182 patients admitted under a general medical unit at the Royal Melbourne Hospital had a length of stay greater than 21 days.

The AHIP will support an interdisciplinary team (IDT) approach through a clinical leadership role and completion of advanced practice tasks. Tasks will include those usually completed by other AH disciplines.

Methods

The AHIP role will be implemented as a feasibility study with a control group of standard care allowing comparison between the two different models of care. The AHIP will complete screening; early assessment and management of patients to establish allied health needs and ensure appropriate referrals are in place for further timely input from each discipline. The AHIP will review patients with a length of stay greater than 7 days to facilitate team management and discharge planning.

Results

The AHIP has been implemented and evaluation will occur in March 2016. The hypothesis is the AHIP will improve allied health service provision with more timely referrals, earlier commencement of intervention and less duplication. It is anticipated the AHIP will facilitate a more coordinated approach to discharge; will reduce length of stay and improve staff and patient satisfaction.

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