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OUR PROBLEM

- Growing service demand
- Inefficient use of resources - duplication of allied health assessment & intervention
- Less than ideal patient experience

OUR INNOVATION

Interdisciplinary Allied Health Advanced Practice role

OUR OPPORTUNITY

- Improve patient experience
- Increase patient throughput
- Prioritise Allied Health workload enabling therapists to work to full scope
- Enhance Allied Health career pathways

PHASE 1

SCOPING & DEVELOPMENT

July 2014 – April 2015

Scoping of the role & framework development

Inefficiencies identified

41% (n= 3,936) general medicine patients receive 3 or more allied health discipline assessment and interventions

Clinicians report duplication of skills / tasks

Medical history audit confirms that patients are seen by multiple Allied Health clinicians per day and there is duplication of effort

Patients report multiple clinicians and duplication

Phase 1 results

Performance standards were developed for 25 shared skill sets. Identified skills were mapped for one week to quantify selection and frequency (Table 1).

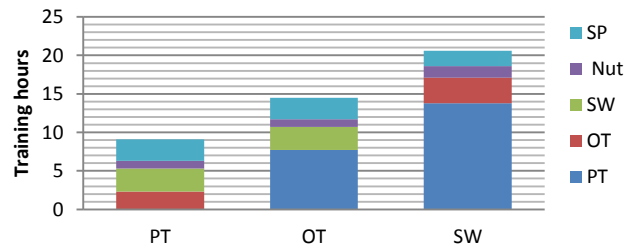
A senior occupational therapist (OT), physiotherapist (PT), and social worker (SW) were recruited to the pilot Interdisciplinary Allied Health Advanced Practice role in general medicine and integrated shared tasks into their usual allied health practice.

The average training time for the three clinicians was 14.8 hours (a range of 9 hours - 20.8 hours) to undertake competency training in the skill sets necessary to implement the interdisciplinary advanced practice allied health role (Chart 1).

Table 1. Phase 1 Results: Five most frequent skills used

Skills	Time spent	No. AH dis n=5)	No. pts (n=90)
Screening Assessment - domestic & personal ADL	14hrs	3	31
Mobility Training	10hrs	2	56
Assessment - client stress	9.6hrs	2	18
Review supports & services	7.9hrs	3	22
Assessment - cognition	7.8hrs	3	31
Assessment - mobility	7.7hrs	2	55

Chart 1. AHAP training time by discipline



PHASE 2 & 3

May 2015 – Jan 2016: Evaluation

Nine month pilot trial in a General Medicine ward

Jan – March 2016: Program effectiveness

Indicators for evaluation

- Adverse events
- Quality of life
- Readmission
- Activity, episodes, encounters
- Patient function
- Length of stay

