AHA delegation: A quality improvement activity for AHA lead group exercise programs in the low risk outpatient rural setting

Consider your current service model, are the Allied Health Assistants (AHAs) being utilised to their full potential?

*Hopefully these findings encourage you to **realise the value** of the AHAs within your service.*

Does an AHA lead lower limb orthopaedic group exercise program reduce waitlist times in a rural hospital outpatient setting?

Method:

- Developed an AHA training package to up skill a rural AHA.
- Inclusion criteria: non-complex outpatients following a total hip replacement or total knee replacement.
- Group program: AHA lead, once-weekly "rolling" outpatient group exercise program, completed over five-months.

Findings:

- ✓ 100% patient satisfaction.
- ✓ Improved local AHA training by 33%.
- ✓ The AHA was able to lead the group program with minimum input from the Physiotherapist.
- ✓ The group program maintained waitlist times with a net reduction in physiotherapy staffing input.

How can you use this information?

Considerations for your service:

- The model for an AHA lead outpatient lower limb orthopaedic group exercise program was successful
  → *Can part of your service be lead by an AHA?*
- A group setting increases access to therapy, and utilising an AHA to lead the program allows the physiotherapist's time to be released for other tasks
  → *Could this assist with your demand management?*
- The program assisted in maintaining the waitlist times
  → *Could your AHA be utilised to manage waitlist times?*

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