


# Professional skill-sharing: community based service with emergency department in- reach

# Drivers for change

- Tension between supply and demand for services
    - increased volume of work
    - operating at capacity
    - difficulty recruiting to positions
  - Long travel distances
  - Low population density
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# Key elements of role

- Physiotherapist and occupational therapist expanded scope of practice
  - Skills from each other's professions
  - Plus skills from dietetics, podiatry, speech pathology, and social work
- Target cohort most likely to benefit from allied health intervention using skill-sharing
  - Patients  $\geq 65$  years of age with functional decline
  - Community setting

# Evidence of impact

- Clinical and cost effectiveness – randomised controlled trial, health economic analysis
- Staff perceptions – focus group identified enablers and barriers to implementation
- Patient experience – qualitative, grounded theory study

# Outcomes: Clinical

- Measures
  - Functional independence
  - Quality of life
  - Mobility
- No statistically significant differences in patient outcome between uni-professional care and professional skill-sharing model

# Outcomes: Patient experience

- Sense of engagement with healthcare system pivotal to patient experience
- Allied health seen as smoothing patient journey, enhancing sense of engagement
- Recipients of skill-sharing model expressed preference for having only one clinician involved in their care under skill sharing approach

# Outcomes: Staff perception

- Implementation dependent on
  - organisational leadership
  - attention to anxieties and agendas within professions
- Benefits of skill-sharing model
  - patient outcomes
  - service efficiency
  - team functioning and clinical practice
- Suitable settings
  - acute care in regional and remote areas with limited access to full range allied health services
  - community-based services for subacute or chronic conditions

# Outcomes: Cost effectiveness

- Health economic analysis
  - identify healthcare resource use and cost from societal perspective
  - direct and indirect costs included
  - median and mean costs
- Data collection ongoing
- To be reported in peer reviewed journals upon completion