Allied health clinical leader

Acute medical service
Drivers for change

• Delays in:
  – discharge
  – referrals to allied health and commencement of allied health intervention

• Duplication of
  – assessment and intervention

• Lack of coordination of allied health services

• Under utilisation of support works
Key elements of role

• Transdisciplinary assessment, intervention and management of medical assessment and planning unit (MAPU) patients

• Skill-sharing of tasks of allied health professions through competency based training

• Use of Allied Health Clinical Leader Assessment and Management Tool to facilitate transdisciplinary assessment
Evidence of impact

• Darling Downs evaluated the leader role via:
  – single blind randomised controlled trial (RCT)
  – staff surveys, interviews and focus groups
Outcomes

• 11 hour decrease to initial assessment
• Decreased time to referral and transfer to GEMS – earlier management planning
• 40% reduction in length of stay (3 days 11 hours)
• Decrease of readmission length of stay (from 25.3 days to 6.3 days)
• No additional patient safety risk
Outcomes

• Improvements in activities of daily living performance
• Improvement in quality of life measures
• Positive feedback from allied health and medical staff
• Increased cross allied health referrals