

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

Service model

The Mackay Hospital and Health Service (MHHS) utilised the Calderdale Framework to develop an allied health professional skill-sharing model of care for older people with non-complex conditions in a community setting. A randomised controlled trial - the first of its kind in the world - was used to investigate the clinical effectiveness of professional skill-sharing. The project has strong relevance for service delivery in regional, rural and remote settings as it demonstrated that professional skill-sharing provided equivalent benefit to patients as uni-professional allied health care, in the outcome measures used.

Key elements

A structured workforce redesign process was undertaken to reduce the number of allied health clinicians involved in patients' care, thus reducing waste through duplication of information gathering, history taking, assessment and travel.

Services provided by allied health professionals in the emergency department and community (Mobile Allied Health Teams) were analysed and the *Calderdale Framework* was used to implement a professional skill-sharing model of care.

Occupational therapists and physiotherapists expanded their scope of practice to include skills from each other's profession, along with dietetics, podiatry, speech pathology and social work.

The new model targeted people 65 years of age and over with functional decline, as this patient group was considered most likely to benefit from allied health intervention using skill-sharing.

Outcomes

The professional skill-sharing model of care was rigorously evaluated using quantitative and qualitative methods:

- Randomised controlled trial and health economic analysis - evaluated clinical and cost effectiveness
- Staff focus group - identified staff perceptions of enablers and barriers to implementation of the model
- Patient study - captured patient experiences of the service through a grounded theory study.

The evaluation demonstrates professional skill-sharing provides equal benefit to conventional uni-professional allied health care, in terms of health outcomes for an ageing population experiencing functional decline in a community setting. It also reveals that both patients and staff regard the model favourably.

Suitable settings for the model of care include acute care in regional and remote areas - where access to the full range of allied health is limited - and community based allied health services for subacute or chronic conditions. Staff perceived more limited value in acute emergency care settings.

Data on the economic impact of the model will be available once the results of the health economic analysis have been evaluated.

Resources to support implementation of model

[Framework for local implementation and support of skill-sharing and delegation practice for allied health services](#)

[Guidelines for skill-sharing between allied health professionals](#)

[Skill share training materials - clinical task instructions](#)

[List of skill-shared tasks for community based service and emergency department staff](#)

Evaluation measures

Patient outcomes

ADL Performance (WHODAS - primary outcome, Barthel Index - secondary outcome)

Quality of Life (EUROQOL, SF-12)

Mobility (Timed Up and Go)

Service processes

Number of admissions, time to admission

Number of allied health clinicians involved in care

Number of allied health contacts

Duplication in allied health services (initial assessment, history taking, chart review)

Number of allied health professions providing care

Cost per quality adjusted life year

Number of ED re-presentations, time to ED re-presentation

Length of stay

Number of medical practitioner contacts and time to first contact

Total clinical hours (allied health, medical, nursing)

Cost of the service

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