

# Allied health clinical leader

Acute medical service

## Service model

The allied health clinical leader role provides transdisciplinary assessment, intervention and management of patients presenting to the Medical Assessment and Planning Unit (MAPU). The leader skill-shares selected tasks of the allied health professions to enhance the patient experience through earlier discharge of non-complex/short-stay presentations and improved coordination and care across allied health for complex/long-stay medical presentations.

## Key elements of role

The allied health clinical leader provides a transdisciplinary allied health assessment, intervention and management service for MAPU patients. The *Allied Health Clinical Leader Assessment and Management Plan* is used to facilitate a comprehensive assessment, which assists in establishing intervention, discharge or management plans.

The clinical lead role skill-shares appropriate tasks across the range of allied health professions through competency based training. Competencies and training materials are available to support the acquisition of skills and sustainability of the role.

## Outcomes

This model was trialled in the Darling Downs Hospital and Health Service in 2012-2013 and evaluated through a single blind randomised controlled trial (RCT), staff surveys, interviews and focus groups.

Outcomes from this evaluation demonstrated the following benefits for patients seen by the allied health clinical leader:

- 11 hour decrease in time to initial assessment (from 28 hours 33 minutes to 17 hours 33 minutes)
- decreased time to referral and transfer to subacute care, indicating facilitation of earlier management planning
- increased number of referrals to inpatient and outpatient allied health services, with 90% of patient group with at least one onward referral
- 40% reduction in length of stay (from 9 days 5 hours to 5 days 18 hours – a difference of 3 days 11 hours)
- decrease in length of stay for patients readmitted within six months (25.3 days compared to 6.3 days)
- no additional patient safety risk with skill-shared model
- superior ADL performance at 6 months (mean Modified Barthel Index scores 89.3 compared to 78.1)
- better mobility at 6 months (mean Timed Up and Go Test 17.8 secs. compared to 21.8 secs)
- enhanced quality of life at 6 months (mean EUROQOL 0.69 compared to 0.45 on 0-1 scale)
- positive feedback from allied health and medical staff.

# Resources to support implementation of model

[Role description](#)

[Allied health clinical leader assessment and management tool](#)

[Clinical task instructions](#)

## Evaluation measures

### Patient outcomes

Activities of daily living performance (Modified Barthel Index)

Quality of life (EUROQOL)

Hospital readmission rates and days admitted

### Service processes

Timeframe from admission to initial allied health assessment

Timeframe from initial assessment to referral to subacute care

Timeframe from referral to transfer to subacute care

Number of allied health cross referrals (inpatient and outpatient)

Number of incidences reported through PRIME clinical incident information system

Length of stay

## Contact details

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