Rural generalist allied health practitioner—a service model for rural emergency departments

Alexandra Newcombe

1Darling Downs Hospital and Health Service, Queensland Health

Emergency departments (EDs) are designed to manage medical emergencies that could be life threatening or cause serious disability. However, EDs are increasingly overcrowded with non-urgent patients, limiting hospitals’ capacity to provide care in accordance with defined targets. Recent research shows the demand on ED services can be attributed to the availability and cost of GP services; provision of 24-hour care; socioeconomic demographic factors; and self-perceived status of being ‘urgent’. These issues are particularly evident in rural districts.

Initiatives to meet health department activity targets, utilising extended scope practitioners in both allied health and nursing, is changing the conventional medical model of the ED.

This model of care project aims to develop, trial and evaluate a rural generalist allied health practitioner (RGAHP) working within the ED of a rural hospital. This will streamline assessment processes and care pathways for patients requiring allied health intervention from the point of primary contact. The project aims to define the scope of practice for the RGAHP within the ED, including the competencies and training required, by implementing the Calderdale Framework.

This model of a multi-skilled AHP may be useful in rural settings with limited budgets by reducing duplication of tasks and elicit improved patient satisfaction when the individual has contact with one multi-skilled professional with basic expertise across a range of disciplines.

The presentation will report on pre- and post-implementation phase data for evaluation of both quantitative and qualitative aspects of the model of care. The data will reflect ED activity, triage waiting times (ATS and NEAT), rate of representations and waiting times to AH intervention. Chart audits and surveys will explore patient pathways and staff satisfaction.

It is envisaged that outcomes of the project will include improved health outcomes for patients presenting to ED requiring AH intervention in rural
locations, acceptance that a RGAHP role is integral to the sustainability of the
delivery of AH services in ED, transferability of the role and model to other
rural sites and development of career pathways for rural practitioners beyond
HP4 into HP5 clinical roles.

The development and implementation of innovative service delivery models
utilising highly trained allied health professionals that optimises their clinical
and communication skills may prove to be a viable response to the widening
gap between health service demand and delivery that cannot be filled by simply
recruiting more staff, especially in rural districts where recruitment, retention
and budget is an ongoing problem.