Allied health assistant—remote supervision workforce model

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Introduction
Distance is frequently cited as a barrier that limits access to optimal delivery of health services in rural and remote areas. As Australia’s population ages the need for health services is growing, yet we are experiencing workforce shortages across a range of health professions with scarcity more acute in rural and remote areas. Creative workforce redesign to improve efficiency and effectiveness of the available health services is therefore essential for sustainability. This project was undertaken in partnership with Bendigo Health, Bendigo TAFE, Inglewood and Districts Health Service and Boort District Health and was funded by the Department of Health from the Workforce Innovation Grant Program.

Aim
The aim of this project was to develop trial and evaluate a remote supervision Allied Health Assistant (AHA) model that utilised a range of supervision and reporting methods including face to face, email, telephone, facsimile and video conferencing.

Method
A mixed method approach in a pre and post intervention model was applied for the evaluation of the project. Ethics approval was sought and obtained from Bendigo Health Human Research Ethics Committee. The qualitative and quantitative data was collected from organisational management and allied health staff at both time points. Service consumers were also surveyed post implementation, and additional quantitative data was obtained in line with ethics approval. Qualitative data was thematically analysed, and quantitative data was collated and summarised.

Results
Thematic analysis of the baseline interviews of management and allied health staff identified issues with economics, expectations, gaps in service, communication, sustainability, community acceptance and the need to work smarter as major themes. Post implementation of the remote supervision model, thematic analysis of the qualitative data obtained from the management and allied health staff revealed themes of enhanced services, acceptance and workforce gains.

There was a demonstrated increase in the provision of allied health services to consumers within both of the rural communities. From a baseline figure of nil, the service increased to a total of 316 occasions of client contact/service. Consumer feedback indicated that the allied health service was satisfactory and provided good outcomes.

Discussion
While the results of this project are limited by the length of the evaluation period, overall there have been good outcomes achieved. All of the participant groups reported positive themes. The AHAs felt that there was sufficient effective contact with supervisors, and the Allied Health Professionals (AHPs) felt that the risk management strategies were adequate and that they were confident that the AHAs were safely working within their scope of practice. Consumers were supportive and accepting of the AHA roles, and expressed that other members of the community could benefit from the service.

Conclusion
Evaluation has demonstrated that this method of remote supervision for rurally based and isolated AHAs has been cost effective and successful. The feasibility of replicating the model in other small rural health agencies appears to be worthwhile for similar situated rural health organisations to consider implementing.
Key recommendations

- Initial funding to allow a local employee and resident to undertake Certificate IV in Allied Health Assistance may enable a rural organisation to realise the benefit and expansion of allied health services that the assistant workforce can bring and, following this initial implementation, may lead to further expansion of the assistant workforce into other disciplines.

- The addition of a Community Rehabilitation skill set to the Certificate IV in Allied Health Assistance provides additional information and contacts regarding available health services rurally and regionally which may assist the isolated Allied Health Assistant.

- More than one qualified allied health assistant and supervising allied health professional in each organisation would ensure sustainability of allied health services during periods of annual leave or sick leave.

- Trialling a method of remote supervision of an allied health assistant is worthwhile for rural health agencies to consider as a cost effective approach to increasing the suite of available local allied health services to their community.

- The model of remote supervision as implemented in this project was successful from the evaluation of health staff involved and consumer feedback, and replication in other small rural health agencies should be considered.

- To ensure that all relevant and useful information about the implementation of a remote supervision workforce model is collected, adequate evaluation time needs to be available.

References