

## I wish there were two of me ...

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The high demand for allied health services and the shortage of qualified allied health professionals is a major issue in Queensland. To ensure consumer demand is met the utilisation of Allied Health Assistants (AHAs) is becoming common place.

In recent years the role has evolved developing into a generic health care support role working across different allied health disciplines. Sarina Hospital had a 'Rehabilitation Therapy Assistant' role since the late 1990's, covering allied health rehabilitation services. This position title has since been renamed to 'Allied Health Assistant' enabling a broader range of responsibilities and support role particularly to allied health outpatient and outreach services. The Community Based Rehabilitation Team recruited the first community AHA role in 2004. The vision was for one assistant to support physiotherapy, occupational therapy and speech therapy services in clinical, operational, technical and departmental duties in the delivery of community rehabilitation services. The multifunction of the role has been recognised with a further two AHAs employed in other community services.

The AHAs are promoting the value of their role in supporting Allied Health (AH) Professionals in the MHSD. Seven AHAs currently provide support to 29 AH professionals across acute and community services. This represents a ratio of one AHA to every four AH professionals. The seven support roles consist of three community AHAs and one hospital based AHA, two Occupational Therapy Assistants and one Physiotherapy Assistant in the hospital sector.

The assistants conducted a survey focusing on the value of their role as a therapy assistant. This survey was distributed to 16 acute and 13 community AH Professionals with 28 responses received, a response rate of 97%. Occupational Therapists and Physiotherapists represented 82% of responses. The length of employment of participants included 36% in their current position less than 12 months, 39% 1 to 5 years and 25% more than 5 years. The survey focused on three key areas of the AHA role: productivity, scope of practice and quality.

### Productivity

The survey indicated therapists believe the AHA role improved productivity with 89% agreeing the role reduces their workload, stress and time spent on operational responsibilities.

Selections of activities from various district campuses that have a positive impact on productivity include:

- ▷ Managing equipment loans systems
- ▷ Cleaning, storage and maintenance of equipment
- ▷ Collating statistics
- ▷ Sourcing equipment/prices
- ▷ Continuing therapy programs and reporting client progress for Sarina Allied Health Outreach Services
- ▷ Mobilising or preparing clients in the rehab and medical wards for treatment/therapy
- ▷ Continuing therapy such as stretching and strengthening programs whilst therapist is on rostered leave
- ▷ Facilitating extra opportunities for therapy practice and reinforcement for clients
- ▷ Orientating new staff
- ▷ Investigating community services/funding programs



- ▷ Managing the Mackay Stroke Support Group
- ▷ Preparing and setting up for Falls Prevention program
- ▷ Community access and socialisation activities
- ▷ Maintaining work area hygiene and safety
- ▷ Recording and editing video image to disc
- ▷ Assisting part time AH Professionals with client caseload
- ▷ Assisting to develop and facilitate group therapy sessions

These activities are allowing therapists more time with clients who require in-depth treatment/assessment and opportunities to develop service models. Some comments from AH professionals recorded in the survey included:

“I have found the AHAs incredibly valuable team members. They have reduced my workload which has improved client outcomes and reduced waiting lists! Since having an AHA on our team, I couldn't live without them! AHAs are particularly valuable for part time employees like myself. Our AHA assists with equipment transport (amongst other things?) which has increased the speed and trialling process for equipment”;

“Our AHA is a wonderful asset to our team. She reduces my workload dramatically by assisting with many tasks that need to be completed and without her help would not get done eg. Joint visits, seating clinic, transporting equipment”;

“AHAs are vital in the operations of a Rehab ward. If AHAs were not utilised I'm of the opinion that progress would be slow and patient length of stay extended further.”

## Scope of practice

Recognising the wide ranging roles undertaken by AHAs, there are no entry based specific competencies or training, however there are certain competencies attached to occupational health and safety, communication, commitment to learning and professional ethics including respecting client dignity, rights and privacy. On the job training and regular supervision sessions are provided as appropriate to responsibilities of the assistant role. There are Certificate III and IV qualifications available at various TAFE Colleges with the flexibility of distance education. Survey responses indicated 86% agreed or strongly agreed the AHA demonstrates an adequate skill base, also showing that on the job training is covering topics required for practice.

Developing defined guidelines for AHAs to encompass the diversity of the role involved the grouping of a number of Professional Codes of Ethics. Guidelines that govern the practices of AHAs include three main factors; assistants must not prescribe therapy, diagnose, or represent themselves as a professional.

The responses of this survey indicated 50% agreed the role of the AHA has clearly defined guidelines however 36% were unable to agree or disagree. This outcome mirrors the learnings and recommendations reported in the Executive Summary of the Queensland Aged Care Skill Ecosystem Project (2006). The summary indicated that a clear scope of practice, job description and task list are essential and that this needs to be formalised and aligned across the organisation to allow for consistency in role expectations and for staff mobility across disciplines. While the AHAs can provide a valuable role, this role needs to be clearly defined by the organisation and supported by AH professionals and managers. When asked how the AHA role can be improved, comments relating to scope of practice included:

- ▷ Clearer lines of role responsibility to avoid AHA burnout
- ▷ Scope of practice clearly defined



- ▷ Clarity of role (state wide)
- ▷ Defined guidelines and competencies to be achieved
- ▷ Clear role descriptions.

The scope of practice of this role is not limited to direct client contact as one participant noted in survey comments stating "limited applicability to community Dietetics as I do not prescribe programs that can be carried out by the AHA". Activities related to indirect client care are just as valuable in supporting the AH professional. Practice Guidelines for AHAs involve six areas: administrative, operational, technical, clinical, departmental activities and professional development.

A selection of activities encompassing these areas includes:

- ▷ scheduling client appointments
- ▷ developing client resources and handouts
- ▷ maintaining work environment including treatment and therapy area
- ▷ transferring, mobilising, positioning, transporting and assisting clients as required
- ▷ equipment management including cleaning, monitoring and maintaining
- ▷ chart audits, statistics
- ▷ stock control
- ▷ educating client/staff in equipment use according to manufacturer guidelines
- ▷ performing client screening or assisting with client assessment
- ▷ assisting clients to prepare for treatment
- ▷ supervising, facilitating or participating in client treatment or therapy
- ▷ assisting with group sessions
- ▷ assisting in the designing/manufacturing of client aids or therapy material
- ▷ orientating new staff
- ▷ attending regular supervision sessions, mandatory training and contributing to education of AHAs in district

Recognition is given to the importance of peer support networks. In November 2007 an Interest Group for district AHAs commenced. Monthly meetings encourage members to take ownership of their role and further develop their skills through sharing professional development opportunities, developing networks, sharing resources and information and keeping in touch with projects directly targeted at the AHA role.

Survey comments relating to skill development included:

- ▷ "Skill development formalised. Provided by external sources
- ▷ Training courses
- ▷ Work shadowing
- ▷ Through specific training
- ▷ Defined guidelines and competencies to be achieved."



## Quality

The survey indicated 71% of participants agreed or strongly agreed the role of the AHA has a positive effect on client outcomes by facilitating prescribed programs. The client may use the assistant as another point of contact or advocate in communicating information to the therapist. Assistants are able to provide extra practice opportunities for clients to reinforce therapy exercises and form desired habits important to the client's recovery. With a non clinical focus the assistant can be effective in motivating the client and injecting ideas to therapy activities.

For the therapist, the assistant is an avenue for feedback, performance reflection, moral support and assistance with problem solving. The AHA role enables AH professionals to undertake a greater range of services and time to concentrate on higher level clinical services or assessments. Opportunity also arises to develop group activities or expand their role. Treatment programs developed by the professional can be repeated under supervision of AHAs, improving the overall effect of the program and its success by allowing repetition.

Other than providing therapy assistance there is an increase in overall efficiency of the service through their organisational and preparation duties allowing therapist's more time with professional services. Flexibility to attend professional development, guilt free leave and departmental meetings arises with the utilisation of assistants in direct or indirect client activities. Reflecting the value of an assistant one comment from the AHA survey was:

“Knowledge of client useful in supporting Speech Pathologist (SP), AHA relationship with clients facilitates SP in establishing relationship with new clients.”

AHAs are making a significant contribution to client care. This is recognised in the increase in projects and professional development opportunities focusing on improving the role and career structure of AHAs.

## Future direction

Most AHAs are part of a multi-disciplinary team and rarely work in isolation. It is important to note that there is no evidence to suggest this role will expand into the professional realm of AH professionals. The Community Rehabilitation Workforce Project (2007) and the Queensland Aged Care Skill Ecosystem (Supply Chain) Project, (2006) both highlight recommendations for the development of training packages, core competencies, clearly defined guidelines and career structuring for the role of the AHA. The Allied Health Assistant Project (2008) has begun researching these topics, visiting various sites throughout Queensland gathering information from both AH professionals and AHAs.

Three of ten recommendations from the Systematic Review of Literature on Utilisation of Support Workers in Community Based Rehabilitation conducted by the Community Rehabilitation Workforce Project (2007) were:

- ▷ Health services consider the potential benefits of employing support workers;
- ▷ Utilisation of support workers should be underpinned by clear definition of their roles and allocation of duties; and
- ▷ Support workers can be utilised in a mixture of both direct and indirect roles.

Although all ten recommendations are important and valuable, these three were particularly relevant to the findings of the survey conducted in the MHSD with comments from the survey including:

“Need more positions so all duties can be more effectively completed”;

“We need more! Mobility patients are low priority (especially if awaiting Nursing Home placement and tend to not get seen due to higher priority patients taking time – the AHAs can help maintain current physical level”;

“Absolutely essential – assists in smooth running of team and reduces stress (especially around time stat's are due)”;



“Give them a more defined role to ensure they are not spread too thinly.”

A flexible training and skills development strategy is needed to support the role of assistants. In addition to being competent in allied health specific tasks, AHAs need to have good time management skills and resources to enable them to document and negotiate their tasks across various supervising AH professionals. The Community Rehabilitation Assistant Workforce Project aims to develop competencies for community allied health assistants with additions to the current HLT07 Certificate IV Allied Health Assistant – Community Rehabilitation. These competencies can also be effectively utilised by acute allied health assistants.

The findings of the survey recognises the value and effectiveness of the AHA role in the MHSD with the scope to further develop the role and increase AHA numbers specifically in acute allied health services. The AHAs in the MHSD are passionate about promoting the effectiveness and diversity of the assistant's role to inform other health services, particularly rural or remote, that assistants have a valued role in a team.

Assistants are the second pair of hands, legs and eyes therapists quite often find themselves wishing they had.

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## Presenters

**Sonia Glendinning** is the Allied Health Assistant (AHA) in the Community Based Rehabilitation Team (CBRT). CBRT welcomed Sonia in May 2005. Her enthusiasm for her role is evident in her completion of Certificate III—Allied Health Assistance and present study of Certificate IV—Allied Health Assistance, Community Rehabilitation. Sonia coordinates the Mackay Stroke Recovery Support Group and founded the Mackay Health Service District AHA Interest Group. Sonia shows passion and energy when discussing the value of AHAs in health services and believes rewards are gained by clients, clinicians and AHAs both professionally and personally.

