Communication Between Providers and Allied Health Professionals

PRACTICE GUIDELINES

COMPETENCIES

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Communication

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Critical Thinking & Decision Making

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Accountability

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Teamwork & Collaboration

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Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Service provider organisation and individuals, clients, stakeholders and funders
- Ensuring effective communication with therapist in the delivery of therapy programs by the support worker for a Client at home
- Centre/ Service will ensure that all external services are provided in a way that meets the customer needs and quality goals.
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- All specialist referrals are coordinated and prioritised by the Centre/ Services. Healthcare external service personnel will be directly supervised unless full credentialing including Criminal Record Clearance and Statutory Declaration have been sighted and current. All other personnel must be appropriately credentialed.

BACKGROUND

- There are various stages in introducing, developing and establishing a successful program for Clients with high, complex care needs that requires planning and collaboration with multiple stakeholders.
- To assist in the transition and achieve maximum outcomes in health and wellbeing, service providers must work closely with providers, allied health professionals and other stakeholders as well as the Clients and their families.
- As Client involvement and service direction has increased it is imperative to involve the Client in all aspects of the service delivery and the direction of their services to their ability. It is further acknowledged that dignity of risk is an important part of this choice and control.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery
- To reduce confusion as to the roles and responsibilities of team and allied health professionals in the delivery of care and service provision for the client.
- Improve effective communications between clients, providers and health professionals.

DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to- day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Case Manager means person responsible for planning, coordination, referral and liaison regarding services and support for the Clients needs

Audiologists: play a key role in helping older people identify, manage and minimise the adverse impacts of hearing loss.

Occupational therapists: can arrange modifications that will minimise hazards, reduce the risk of falls and slips, and create a safe environment that allows older people to be as independent as possible, and assist with manual handling.

Optometrists and orthoptists: provide services for low vision.

Podiatrists: provide services for the foot, and care of foot wounds.

Physiotherapists can manage pain, shortness of breath and frailty and maximise physical wellbeing, including in those living with dementia. They prescribe exercise and assistive technology.

Physiotherapists, osteopaths and chiropractors: can assist with musculoskeletal issues.

Physiotherapists, exercise physiologists and occupational therapists: can provide fall prevention programs to develop mobility, strength and balance.

Dietitians: work as part of a multi-disciplinary team to meet the dietary needs of the individual, and work with foodservice teams to assess and improve the menu and mealtime environment.

Speech pathologists: provide services to assess and manage communication and mealtime support needs (including swallowing difficulties), including support and training of supports in the communication and mealtime environments.

Psychologists: provide psychological, neuropsychological and behavioural assessment and treatment services for mental ill-health.

Social workers: conduct psycho-social assessments, co-ordinate supports and provide a range of services.

Music therapists: can work with seniors and their carers to manage depression, anxiety and the behavioural and psychological symptoms.

GUIDELINE

The therapists' role during this transition phase is to provide the service provider with protocols and plans that detail therapy routines to be continued in the home by the support worker/s.

Service providers are responsible for engaging and training support worker/s to be skilled and competent in maintaining therapy routines in the home. The Service Provider will work with therapists to ensure that the support worker/s are fully competent in the delivery of these services and clear about expectations in relation to recording and feedback processes.

All parties involved in delivering care and services to Clients in their home should recognise each other's roles and work together to ensure a coordinated approach for the benefit of the Client and family

It is important that communication between the service provider and allied health professionals remains streamlined and efficient and is shared with relevant stakeholders such as the case manager.

The following points should be considered in the development and ongoing maintenance of a care and service provision with input from appropriate allied health professionals to ensure the service provider provides appropriate input to the goals and plan that is implemented by the support worker/s and results in positive outcomes for the Client

The service provider is responsible and accountable for ensuring the allied health professional is:

- Appropriately credentialed and this remains current;
- Working within their scope of service provision;
- Maintains appropriate insurance and checks;
- Works under supervision as appropriate to the checks they have in place;
- Is aligned to the providers policies;
- Communicates effectively and in a timely manner with other key stakeholders;
- Liaises as appropriate with medical personnel;
- Trains and supervises support staff as required;
- Ensure that accurate and timely reporting occurs;
- Where the health professional is required to undertake training of support workers, ensure that this occurs in a timely manner;
- Provides timely information to ensure the care plan is current and reviewed to reflect clients needs.

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community