

Allied Health Assistant Implementation Program

Stage Three – Metropolitan Community & Ambulatory Services

Progress Report Three

REPORT DUE: Thursday 28th August 2014

Date: 25th August, 2014

Hub Name: NE Hub

Sites: Austin Health, Nillumbik Health, Darebin Community Health

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Progress with aims and project plan:

Elements completed since Progress report 2. (as per GANTT chart):

- 2.2 Workforce Survey
- 2.3 Staff engagement Forums
- 3.2 EFT baseline profile

Elements in progress (as per GANTT chart):

- 1.2 Liaise with managers
- 1.4 Ongoing consultation
- 2.4 Focus Groups (1 x remaining)
- 2.6 Update of internet site

Progress is on-schedule.

Focus groups

The timelines for the Focus groups have been extended to capture an additional team (HIP – Specialist Clinics). Inclusion of this team was not clear at commencement of project, and with changes in managers and tight time constraints for clinicians, this has meant timeframes have had to be extended to maximise participation.

Focus group sessions have been held for all programs. To date we have had 97 attendees from a total of 171 staff (AHPs, AHAs and Nurses (in generic roles)). Nurses (who are in generic roles) have attended and participated in the focus groups and workforce survey.

Baseline EFT of AHAs and AHPs

Baseline data has been collected. It is not an exact reflection of the EOI data, due to some minor changes with programs in scope. Total number of AHPs and AHAs for the NE Hub is 127.

Case Management Roles

Several teams within Austin Health – HIP (Community Link), Aged Care Community Packages (TCP, ACAS) and Mental Health (all teams) – consist of a large number of case management roles. The implication is that either an AHP or nurse can be recruited into these roles. This project team will quantify information from all case manager roles (regardless of the qualification of the current incumbent), however will ensure that appropriate risk mitigation strategies are recommended to support future planning. Data presented to the Department of Health will include only AHPs.

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Key themes and opportunities:

Education about AHA Framework

Participation in the Focus Groups has continued to demonstrate limited awareness and application of the Supervision and Delegation Framework. Teams with existing AHAs have tended to delegate tasks within the capabilities of the individual AHA. This does not always reflect the grading of the AHA.

Limited attendance at the Department of Health Supervision and Delegation Framework workshops seems like a missed opportunity to bring an added depth of knowledge to the project and the clinical teams.

Inclusion of nurses/case managers

A recurrent theme throughout the project has been due to the inclusion of case managers.

General nature of community work – greater need for clinicians to work with the whole person, rather than just the discipline specific role.

The nature of community work has demonstrated a majority of the programs operate within a team, rather than as specific disciplines. The implication of this is that often clinicians work with the whole person, and do cross some traditional boundaries. This has reinforced that for our programs and teams, the quantification survey will be most usefully conducted from a team perspective, rather than discipline-specific.

Relationship between professional roles and support roles

AHAs are not the only members of the support workforce in the health sector; there are also health assistant nurses, psychiatric support officers, peer support workers, administration workers, RN Division 2. The multidisciplinary nature of the teams within this project has highlighted the need for further investigation into the most effective way of using this support workforce, and that this will differ between teams.

Communication and Stakeholder engagement:

Working Group

The Working Group has met once since the last training. Agenda items have highlighted that case managers (where the incumbent is a nurse) will not be included in the quantification survey. This has raised questions about the generalizability of the data.

Working Party discussions were productive in identifying possible methods of mitigating risks in situations where teams may recruit nurses or AHPs to roles.

Steering Committee

An extraordinary Steering Committee meeting was called to address the change of project direction. The implications for capturing only AHP data was recognised, with Steering Committee members also recognising the implications and mitigation strategies to address risks associated with generic roles.

An explanation and an option matrix was presented to the committee members. A consensus was achieved, with the outcome being;

- Complete project as per Department guidelines.
- Project team to capture additional information about AHA delegable tasks performed by generic roles (where the incumbent is a nurse). This will inform the strategic plan with clear recognition of risks and mitigation strategies.

Managers

To date, team managers have returned all requested baseline data. This has been clarified and ratified with program managers.

Engagement with clinicians

This has been challenging given that the project team are based at a different site to all programs. A number of different strategies were utilised to engage clinicians, and maximise attendance at Focus

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Groups. These included multiple emails, variety of options for Focus Groups and basic catering.

The sense of a majority of Focus groups was positive, with clinicians being receptive to AHA support or increasing the scope of current roles.

A small number of concerns were raised, in relation to the issues with overwhelming AHA's and potential for AHA roles to replace AHP roles. These concerns were acknowledged within the groups, and the expectations of the project emphasised.

Internet site

This has been updated with the relevant information (as per project plan). It is used as a central location to store information so all programs can readily access. Despite it being updated, the programs tend to rely on personalised emails, rather than centralised information.

AHP feedback

The fact that the Project team are not co-located with any of the services has resulted in fewer opportunities for engagement (formal or informal). The Project team have relied on feedback from Working Group members, individual emails from clinicians (usually asking specific questions) and generalisations from Focus Group discussions.

Risks and Issues:

Lack of clarity in Framework about case managers delegating tasks

A recurrent theme has focused on the inclusion of case managers (particularly when the incumbent is a nurse). Issues linked to this theme include:

- Delegation Framework is not explicit in identifying tasks that can be delegated by case managers.
- Delegation Framework provides clarity about re-assigning tasks (clinical and non-clinical), and delegating tasks (clinical and non clinical)
- Discussions with Program managers/ Department of Health have indicated that non-AHP staff can only re-assign tasks, or delegate non-clinical tasks.
- In order to generate useful data for several teams (Mental Health, Community Link, ACCP), the Project team created a "Problem Question" with four options (see attached).
- This was presented to the Steering Committee, with consensus on Option 2: Quantification Survey for AHP and Case managers (generic). This information will be addressed in the Strategic Plan for the relevant teams.
- Data for AHP's only, will be reported to the Department of Health.

Problem Question – nurses/case managers

See attached.

Engagement with Disciplines

As we have been engaging with multi-disciplinary teams, there has been potential along the way for single disciplines to be absent from the engagement process. This has become evident when reviewing the data and attendance at focus groups: there has been very little involvement of counselling from any program areas. This will prove a challenge when ratifying task lists for the quantification survey.

Change in Working Group membership

Since commencement of the Project, 2 of 5 Working Group members have changed roles, whereby they are no longer able to participate in the Working Group. Adding to this challenge has been the interim staff members to fill the roles. The project team has identified that some teams have not been sufficiently engaged, thus changes have had to be made to include all programs in scope.

Lessons learnt:

Present options when asking for decision

Based on the issues regarding case manager (nurse incumbent) inclusion or exclusion, a number of options were formulated to present to the Steering Committee, with a diagram to represent the

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options (see attachment: Problem Question). This provided clarity about the options available for moving forward, and a consensus was reached promptly.

The written information provided to the group, was felt to be the key to achieving such a prompt, considered decision.

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Key Performance Indicators	Measure	Progress
Attendance at Training days (n=6)	100%	3/6
Project plan (incl risk and communication strategy)	100%	Completed
Steering committee: meeting schedule, TOR	100%	Completed
Consult with staff and managers	100%	Ongoing
Schedule for staff engagement forums	Dates	Completed
Schedule small focus groups	Dates	Completed
Workforce survey (survey monkey) participation rate	Response rate \geq 80%	83.9%
Progress reports (total number = 5) completed and submitted	100%	3 completed
Staff engagement forums	Total No. of forums incl. senior managers conducted (dates)	9
	No. staff attended (AHA and AHP) each session	Not recorded
Focus groups	No. of focus groups conducted	12/13
	No. staff attended (AHA and AHP) each small focus groups	97 (91 AHP/CC, 8 AHA)/ 171
TOTAL: Forums and Focus groups	% staff attended forums or meetings	Not recorded
	% staff attended focus groups	57%
Completed baseline data collection	100%	Completed
Baseline data finalised and entered into Access database	Yes	Completed
Data collection forms completed	Yes	Not commenced
Project quantification survey completed	Response rate \geq 80%	Not commenced
Quantification data entered into Access data base	Yes	Not commenced
FINAL Completed Access data base submitted to program team	Yes	Not commenced
Strategic goal setting completed	Yes	Not commenced
Strategic plan for integrating the AHA workforce completed	Yes	Not commenced
Steering committee endorsement of strategic plan	Yes	Not commenced
Steering committee report completed	Y or N	Not commenced
Steering committee presentation completed	Y or N	Not commenced
Hub Final report completed and submitted	Yes	Not commenced