

Allied health

Introduction

This section describes the requirements for HACC funded allied health. Readers should also refer to:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 2: 'Service coordination, assessment and care planning'.

Allied health services provide clinical expertise, care and treatment, education, advice and supervision to improve people's capacity to:

- independently manage everyday activities
- manage chronic disease
- attain or maintain good health, nutrition, mobility and safety at home and in the community.

Allied health services are important in the implementation of the active service model and integrated chronic disease management.

Scope

HACC allied health includes services provided by the following allied health professions (and in certain circumstances by allied health assistants):

- podiatry
- physiotherapy
- occupational therapy
- speech pathology
- dietetics
- counselling from a qualified social worker or psychologist.

For a description of each allied health profession, refer to the table at the end of this section.

Allied health services focus on restoring, improving, or maintaining people's health and wellbeing through:

- clinical allied health assessment, treatment and therapy
- the provision of health management advice, information and support for self-management
- the development, implementation and monitoring of allied health care plans
- monitoring the person's health status in relation to specific allied health disciplines
- training and supervision of allied health assistants who may, under supervision, provide assistance with allied health programs
- provide training and supervision to a community care worker in order for them to provide assistance with an allied health intervention, for example an exercise or therapy program. For further information and the specific requirements that apply, see Part 3: 'Personal Care Policy'.

Within this scope, HACC funded allied health services:

- support the continued ability and independence of the person by providing treatments and therapies that restore, attain or maintain optimum levels of health, wellbeing and independence
- work in partnership with the person, their carer and other service providers to provide coordinated and integrated care to improve or maintain the person's health, self-management capacity and independence
- may be provided in a variety of venues such as the person's home, which can include disability supported accommodation or an SRS, in a community health service or other community venue
- may be provided during weekdays, evenings and weekends so that an appropriate level of service is available at the time and frequency indicated by each person's clinical assessment; this can include the provision of some services after-hours and/or on weekends
- may be provided to a person or to a group of people, such as during a planned activity group or strength and balance training group.

Assessment and care planning

Allied health intervention commences with an assessment of the person's strengths, capacities, needs and goals.

Some assessments such as occupational therapy assessments will be home-based in order to:

- identify safety concerns and falls risks
- prescribe aids and equipment
- promote skills development including conservation techniques to enhance independence in everyday activities.

Assessment should identify opportunities for early intervention and preventive health care, for example, physiotherapy strength, balance and flexibility training programs to improve and maintain mobility and functional capacity

Where a person has unstable health or complex care needs the relevant allied health professional may need to undertake a personal care assessment to determine if it is appropriate that personal care be provided by a community care worker, enrolled nurse or registered nurse. For further information and the specific requirements that apply, see Part 3: 'Personal Care Policy'.

In collaboration with the person and/or carer, a care plan is developed and documented.

The care plan:

- lists the person's overall goals
- details the allied health intervention to be provided
- describes how the care plan will assist the person to enhance their health and independence
- includes descriptions of agreed strategies and timeframes for achievement including review dates.

Sharing information about the person's care and treatment goals with health and HACC service providers, in particular HACC assessment services, is critical to the implementation of the active service model.

Care coordination and shared care planning is provided as needed, for example, for a person with multiple and complex needs receiving support from more than one health practitioner or organisation.

Strategies and interventions to enhance the person's health and independence may include:

- working in multidisciplinary allied health teams (for example within health or community health services)
- providing secondary consultations, case conferences, or joint assessment
- working across the continuum of needs from those requiring early intervention to restore independence or minimise the impact of early-stage chronic disease, to those with more complex and chronic needs and ongoing self-management issues
- capacity building such as self-management education in relation to chronic disease
- providing health promotion, education, and information provision on a one-to-one basis or through group programs such as planned activity groups or strength and balance groups to promote, for example, healthy eating or the benefits of physical activity
- supervision of an allied health assistant or community care worker implementing a specific allied health program or intervention that has been designed by the practitioner to support the person's goals. Where assistance is provided by a community care worker this must be in accordance with the 'Personal Care Policy' see Part 3.

Working in partnerships

Allied health services work in partnership with other health and HACC services, particularly HACC assessment services, nursing services and planned activity groups.

Partnerships ensure a timely and coordinated approach, reduce duplication and support the achievement of the person's goals.

Allied health practitioners are encouraged to work in interdisciplinary teams with HACC assessors, in order to implement interdisciplinary practices such as secondary consultation, joint assessments, case conferences, shared orientation and professional development.

Practitioner co-location has been demonstrated as an effective means of promoting interdisciplinary practice.

A partnership approach between allied health practitioners and nurses maximises clinical expertise and ensures an integrated approach to the person's health and wellbeing.

Likewise, a partnership approach between allied health services and planned activity groups ensures timely clinical expertise and access to advice and assistance in the provision of restorative and capacity building programs for group members.

Staffing statement

National registration system

With the exception of dietitians, social workers and speech pathologists, all health professionals must comply with the registration requirements specified by the Australian Health Practitioner Regulation Agency.

Dietitians must be eligible to participate in the Accredited Practising Dietitian (APD) program, a self-regulated professional program run by the Dietitians Association of Australia (DAA).

Social workers must be eligible for membership of the Australian Association of Social Workers.

Speech pathologists must adhere to the Speech Pathology Australia's requirements for professional self-regulation (PSR).

Allied health assistants

Developments in vocational education, training and job design have led to the expansion of allied health assistant roles for dietetics, occupational therapy, physiotherapy, podiatry and speech pathology.

HACC funded organisations receiving HACC allied health unit price funding for any or all these five allied health services are permitted to use this funding to employ a mix of allied health professionals and allied health assistants that will best meet the needs of HACC clients.

All allied health assistants employed with HACC allied health funding must hold relevant qualifications. Relevant competency units are listed below. As national training packages change over time, any new relevant competency units will be documented on the Victorian HACC website.

HLT07 Health Training Package Version 4

- HLT42507 Certificate IV in Allied Health Assistance

HLT07 Health Training Package Version 5

- HLT42512 Certificate IV in Allied Health Assistance

Allied health assistants must also hold the specialisation competency unit electives for the allied health profession they assist. For example the specialisation electives for physiotherapy must be held for assistance to be given to a physiotherapist.

Allied health assistants must be provided with adequate guidance, supervision and instruction by a designated allied health professional with the relevant allied health qualification. For example a podiatrist must supervise a podiatry allied health assistant.

People using HACC services must receive adequate and appropriate clinical assessment, review and care planning from the relevant allied health professional.

For more information see:

- *Supervision and delegation framework for allied health assistants* (Department of Health 2012)
- *Growing your allied health assistant workforce planning tool* (Department of Health 2012)
- *Supervision and delegation framework for allied health assistant case studies* (Department of Health 2012).

Reporting requirements

Organisations funded for HACC allied health are required to participate in the quarterly collection of the HACC minimum data set (MDS).

For details, see Part 1: 'Reporting and data collection'.

The HACC MDS is used to record individual clients receiving direct and indirect hours of allied health by discipline.

Countable time includes time spent:

- in contact with the client, their family or carers
- writing case notes
- attending case conferences
- monitoring and reviewing plans
- making SCTT referrals
- undertaking care coordination, that is, developing Shared Support Plans, attending inter-agency meetings, assisting people to obtain other necessary services.

Reporting of allied health assistant hours for the purposes of the HACC MDS should be recorded within the hours of the profession they support. For example, the time spent by an occupational therapy assistant should be recorded on the client's record as hours of occupational therapy. These hours will count towards the organisation's target hours of HACC allied health in the service agreement with the Department of Health.

If targets need to be varied, allied health organisations should advise their Program and Service Advisor (PASA) to ensure a shared understanding of the mix of allied health disciplines being provided.

Secondary consultations

Total time spent by an allied health professional on secondary consultations for clients of other HACC organisations can be reported through the MDS. New instructions for how to report secondary consultations will be provided in a *HACC MDS guidelines update* in 2014.

Allied health description

Profession	Description (adapted from the Better Health Channel)
Dietetics	Dietitians assess people's nutritional status and provide food and nutrition information to improve health and wellbeing. Dietitians provide information about modified diets to manage conditions such as malnutrition, dysphagia, diabetes, heart disease, obesity, cancer, food allergies and intolerances. Dietitians assist HACC-eligible people by providing dietary and nutritional advice to assist nutritional wellbeing and thus support independent living.
Physiotherapy	Physiotherapists provide assessment, manual therapies, exercise programs and other techniques to treat a range of conditions. Physiotherapists assist HACC-eligible people with their physical functioning, mobility and capacity to perform the necessary activities of daily life and thus support independent living.
Podiatry	Podiatrists treat foot conditions through prevention, diagnosis, treatment and rehabilitation. Podiatrists assist HACC-eligible people with their personal foot care, mobility and functioning and thus support independent living.
Occupational therapy	Occupational therapists assist people to overcome various limitations in order to live more independent lives. Occupational therapists assist HACC-eligible people with activities of daily living, general functioning, mobility, aids and equipment, and home safety and thus support independent living.
Speech pathology	Speech pathologists work with people who have communication or swallowing difficulties. Speech pathologists use a wide variety of communication and swallowing therapies with HACC-eligible people to enhance their communication and independence and thus support independent living.
Counselling	HACC funded counselling may be provided by social workers or registered psychologists. Counselling assists people to resolve their problems in a positive way by helping to clarify the issues, explore options, develop strategies and increase self-awareness. Examples include grief counselling, support to carers, counselling for depression or other emotional and psychological conditions. Social workers or registered psychologists work with HACC-eligible people to manage their situation and enhance emotional wellbeing and thus support independent living.

Links

Supervision and delegation framework for allied health assistants (Department of Health 2013)

<http://www.health.vic.gov.au/workforce/reform/assistant.htm>

Resource for providers of HACC and primary health services: how the ASM and ICDM policies align

(Department of Health 2010) http://www.health.vic.gov.au/pch/downloads/hacc_icdm_alignment.pdf

Well for Life <http://www.health.vic.gov.au/agedcare/maintaining/wellforlife.htm>

Australian Health Practitioner Regulation Agency <http://www.ahpra.gov.au/>

Community Services and Health Industry Skills Council www.cshisc.com.au

National Training Package information <http://training.gov.au>