

Rural Health Innovations: Grade 3 Allied Health Assistant in Diabetes

When Diabetes Educator services are in high demand

The local government areas of Warrnambool and Corangamite Shire have experienced an increased prevalence of Diabetes of 120% and 140% respectively between 2001 - 2011.

Demand for our local Diabetes Educators services has increased by 13% each year.

What's a possible solution to increase access to Diabetes services?

The Allied Health Assistant (AHA) workforce has been identified as a viable solution to meet the increasing demands on Allied Health services.

Given that Type 2 Diabetes accounts for 85% of people with Diabetes and that Type 2 Diabetes can usually be managed with diet, activity and oral medication, we hypothesised that the AHA workforce could play a pivotal role in the care of people with Type 2 Diabetes and increase the capacity of the Diabetes Educator (DE) Workforce.

The primary aim of our project was to pilot the use of a Grade 3 AHA working under the supervision and delegation of a Diabetes Educator.

Their primary scope of practice would be to complete Diabetes Annual Cycle of Care (DACC) reviews for clients with Type 2 Diabetes and Impaired Glucose Tolerance. For our 12 months pilot, we placed a 1 full time AHA at our Warrnambool campus, and a half time AHA at our smaller Camperdown Campus.

What was the Model of Care Used?

Model	Initial Ax	3 month review	6 month review	12 month review
Old	DE	DE	DE	DE
New	DE	AHA	DE	AHA

How did we do it?

Our clinical team mapped the DACC and came up with list of task to appropriate for the Diabetes AHA.

The teaching and training of the AHA was an essential element of the project and we draw heavily upon the DHHS Credentialing Competency and Capabilities Framework to guide us.

We employed Grade 3 AHA's, and then put them through a series of TAFE Units, internally developed competencies and other professional development activities to ensure they were competent across the spectrum of skills required.

A significant part of the role development was setting parameters or triggers that would indicate that the AHA would refer back to either the Diabetes Educator or Allied Health Professional to ensure the AHA's scope of practice was always maintained.

What did we find?

Service Outcomes

- 38% increase in the capacity for DE's to see new referrals in Warrnambool
- 35% increase in Camperdown for the same
- Improved response times to High Priority Referrals
- 87% of our staff agreeing that they experienced a collaborative working relationship with the AHA
- 100% of staff agreeing that the AHA was a valuable part of the patient team

Client Outcomes

- Adherence to DACC improved (Refer to chart on bottom right).
- Greater connectivity of care was achieved by more people seeing their dentist, optometrist, podiatrist, and Diabetes Educator then before the project.
- Number of services utilised per client reflecting an increase in connection of care (20% increase in clients accessing >5 services per year)
- Number of clients with up to date goal directed care plans increased by 44%
- Increased patient perception around our teams approach to care and our ability to work in collaboration with our clients (66% improvement in communicating with your healthcare team and relevant others, 41% increase in getting to know your needs, 48% increase in setting goals with you, 42% increase in providing relevant information and a 45% increase in monitoring your needs).
- 60% increase of clients rating themselves as being 'in FULL Control' of their diabetes

Cost Effectiveness

There is a 23% decrease in cost per hour delivered for an AHA to perform a DACC review



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What does a Diabetes Allied Health Assistant do?

DACC Review	Clinical Roles	Non- Clinical Roles
Review Care Plan and goals	Assist in Cardiac & Pulmonary Rehab Group	Medi-pro Program
Test blood glucose and HBAIC	Diabetes Early Intervention Group Programmes-	Ordering/Admin
Perform diabetes foot risk screen	Leap Forward for Life/Steps for Wellbeing	Keeping of HBA1c stats and quality data
Perform nutrition risk screen and provide basic education or referral	Attend ward round- Inpatient	National Diabetes Scheme Admin
Test Blood Pressure	MDT Handover/Feedback	
Review current physical activity levels and provide basic education or referral	Assist DE in Paediatric Clinic performing HBA1c testing under supervision	
Check recent GP, dental, optometry visits and cholesterol testing		
Review sleep and screen anxiety and depression (PAID scale)		
Measure Height/Weight/BMI		

