Allied Health Future Directions

One referral tool for Allied Health Assistants - maintaining accountability. If it's not in the medical history, it didn't happen.

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Background

Allied Health Assistants (AHA), by definition work under the delegation and supervision of Allied Health Professionals (AHP). Delegation is the 'act of giving control, authority, a job, a duty, etc., to another person. Transferring to a competent individual the authority to perform a selected task in a selected situation. The health professional retains accountability for the delegation'. (Victoria DHHS 2012).

Historically, in busy health service environments, delegations have been delivered in an inconsistent manner and are generally delivered verbally as work instructions.

Medico-legal obligation suggests that all referrals and or delegations to Allied Health Assistants (AHAs) must be documented in the client's medical history.

'Documentation in health care records must provide an accurate description of each patient/client's episode of care or contact with health care personnel... A health record is available for every patient/client to assist with assessment and treatment, continuity of care, clinical handover patient safety and clinical quality improvement, education, research, evaluation, medico-legal, funding and statutory requirements' (NSW Health 2012, Victoria DHHS 2001).

Aim

To establish current forms of delegation utilised for AHAs and to establish an appropriate standardised written referral tool that allows for written support of delegation to all AHAs across Monash Health. This referral tool needs to align with broader MonashHealth practices around referral and follow ISBAR format while meeting medico-legal requirements.

Method

A small working party was established within the AHA workforce. Referral tools were collated from internal programs and departments and some external benchmarking took place. AHPs were consulted via electronic survey to establish their needs and preferences. One written referral tool was developed for trial across MonashHealth.

Results

External benchmarking established that very few other health networks nationally utilise a written referral format for AHAs. Verbal delegation was the most commonly reported form of delegation/referral to this workforce. Internal workforce review established multiple modes of referral for AHAs across MonashHealth; verbal, via pager, via generic shared drive, via email, via progress note, via referral form. No one uniform method.

On network survey of AHAs in July 2016, 72% of respondents receive their referrals verbally from an AHP; 36% of respondents reported that referrals are stored in the medical record.

On network survey of all AHPs in December 2016, 77% reported verbal referrals to AHAs with only 13% of referrals (See Table above) documented in the medical record.
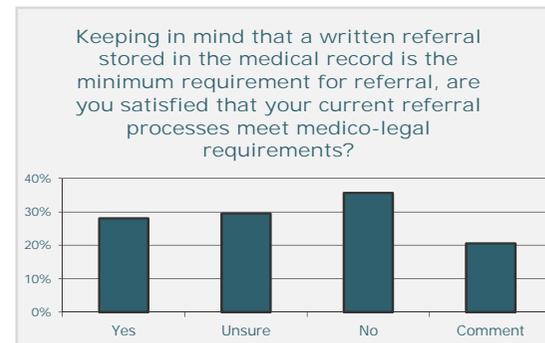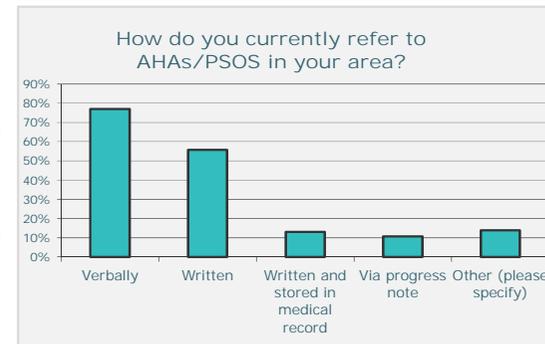
72% of AHPs surveyed reported being unsure that their referrals to AHAs meet medico-legal minimum standards (See Table below).

Survey respondents ranked the following information in level of importance for inclusion in a written delegation/referral; Bradma; Delegation, Signature and date; Situation; Admission Diagnosis; Relevant medications; Bed mobility; Transfers; Mobility; Aids; Weight bearing status; Distance; Falls risk; Precautions/Indications; Request for treatment details; Number of sessions per week; Groups; An area to update form with date and signature section; Treatment goals.

The preferences expressed by AHAs and AHPs on survey were collated to inform a draft referral tool for all AHAs across MonashHealth inclusive of the details respondents deemed imperative.

Limiting this to one tool allows all parties across MonashHealth to be aware of the expectation and the information required for appropriate delegation.

In line with other MonashHealth internal referral forms, a referral form was formulated using the ISBAR format. This referral form was developed and will be trialled across the network in several programs between March and August 2017 on the premise that all referrals must be written and stored in the medical record.

How do you currently refer to AHAs/PSOS in your area?

(Bar chart: Verbally ~78%, Written ~56%, Written and stored in medical record ~14%, Via progress note ~11%, Other (please specify) ~14%)

Keeping in mind that a written referral stored in the medical record is the minimum requirement for referral, are you satisfied that your current referral processes meet medico-legal requirements?

(Bar chart: Yes ~28%, Unsure ~30%, No ~36%, Comment ~21%)

Significance of the findings to Allied Health

It is a medico-legal requirement that referrals are documented in the medical record and are written in order that the patient and their care team are clear as to what is expected. The work conducted at MonashHealth exposed a large risk and indicates a large gap in communication for referrals to the AHA workforce. It is important that while a reciprocal conversation is encouraged for delegation to AHAs that it must be supported in written form.

Key Outcomes

* Raised awareness of medico-legal obligations for referral and delegation to AHAs.
* One written referral tool being trialled in various sections of MonashHealth for evaluation in July 2017.
* Consultation around the possibility of an electronic referral form is underway.
* Maintaining accountability for written referrals is a joint responsibility between the AHP and AHA which will ensure compliance with mandatory requirements.

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