



Introduction of an AHA Role Across Lymphoedema and Oncology Services At Monash Health

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An AHA role (0.5 EFT) was introduced across inpatient and outpatient lymphoedema and oncology services at Moorabbin Hospital in May 2017 in response to increased service demand.

What is Lymphoedema?

Lymphoedema is a chronic condition where excess protein-rich fluid accumulates in the tissues causing swelling of one or more regions of the body. It is usually diagnosed if there has been prolonged swelling for greater than three months. Lymphoedema is commonly caused by cancer and/or its treatments.

Lymphoedema Management

Lymphoedema requires lifelong management and supported self care, with regular reviews by a Lymphoedema Therapist.

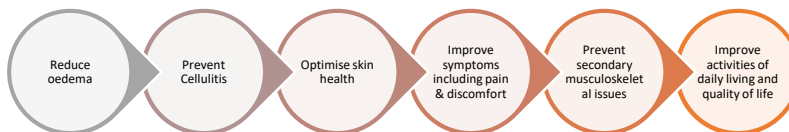


Figure 1: Aims of lymphoedema management

Lymphoedema and Oncology Services at Monash Health

Monash Health currently provides lymphoedema surveillance, prevention and management services at three sites across the acute and community sectors. At Moorabbin Hospital, the team are responsible for the assessment and treatment of oncology related lymphoedema in specialist breast oncology and lymphoedema clinics and the outpatient setting. Moorabbin Hospital also has an acute inpatient oncology unit (18 beds).

The multidisciplinary lymphoedema team:

- Lymphoedema Therapists (PT/OT)
- Doctor
- Social Worker
- Psychologist
- Allied Health Assistant



Figure 2 & 3: Leg and arm lymphoedema

With delegation and under supervision of a Lymphoedema Therapist or Physiotherapist, as per the Supervision and Delegation Framework for Allied Health Assistants¹, an AHA can play an integral role in specialist breast oncology and lymphoedema services as well as inpatient general oncology services.

AHA Role in Lymphoedema Assessment and Management at Monash Health

AHA clinical capabilities:

- Deliver patient education regarding pathophysiology, signs, symptoms and consequences of lymphoedema, skin care, lymphoedema risk reduction and management strategies including exercise
- Perform limb circumferential measurements using a Perometer and/or manual techniques to monitor lymphoedema
- Perform Bioimpedance Spectroscopy (BIS) readings: this test measures the difference in the extracellular fluid volume of either the upper or lower limbs to monitor lymphoedema
- Measure shoulder active range of movement using a goniometer
- Apply Intermittent Pneumatic Compression Pump therapy to assist lymphatic drainage of the upper limbs, lower limbs and/or chest wall

AHA non-clinical capabilities:

- Lymphoedema resource, equipment and stock cataloguing and ordering including compression garments and patient education material
- Workplace organisation and cleanliness

AHA Role in Exercise and Physical Activity at Monash Health

AHA clinical capabilities:

- Deliver patient education regarding recommended levels and benefits of exercise and physical activity across the cancer care continuum
- Provide individual and group-based exercise interventions to improve functional performance, reduce fatigue related to cancer and its treatments, improve quality of life and confer recurrence and mortality benefit (breast, colorectal and prostate cancer) as delegated by an Allied Health Professional.

Outcomes of AHA Role

Comparison of service data between January 1 – June 30 2017 and the same period in 2018 demonstrated the following increases in service provision at Moorabbin Hospital:

- 15% increase in total Lymphoedema Therapist and AHA occasions of service in breast surgical pre-admission clinic
- 10% increase in 1:1 lymphoedema outpatient occasions of service
- 23 fold increase in inpatient oncology AHA occasions of service

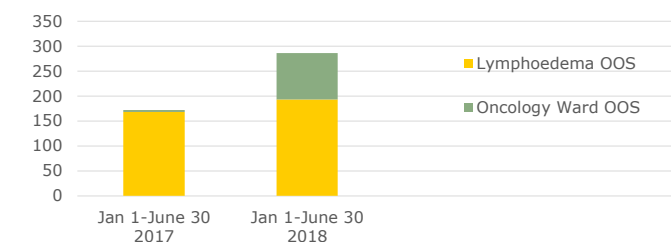


Figure 4: Lymphoedema and Oncology Service Productivity

Discussion

The introduction of an AHA role across lymphoedema and oncology services has improved service provision capacity and efficiency at Monash Health.

With appropriate education and delegation, the AHA working at their highest scope of practice supports Lymphoedema Therapists and Physiotherapists to deliver best practice lymphoedema surveillance, prevention and management interventions as well as exercise interventions across the cancer care continuum.

As a result of this role, a more diverse workforce capable of providing efficient services to meet growing demand and during periods of staff leave is evident.

The AHA is a valuable member of the multidisciplinary team at Moorabbin Hospital. We recommend other healthcare organisations who provide lymphoedema and oncology services adopt similar roles in the future.