Sharing the Load
Consulting as a team with allied health assistants to improve client outcomes

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The issues

- Waiting time for a dietetic appointment was two months.
- Stakeholder priorities were not being met.
- The expectations of clients, their referring medical practitioner and the division of general practice were timely access to the service, individual consultation with a dietitian for all their needs including simple overweight or obesity, with follow up support.
- The health service priorities included preventing and managing chronic disease in the community and preventing hospital admissions.
The opportunities

- Recruitment to Deniliquin Community Health of two allied health assistants (AHAs)
- Piloting of the Rural Allied Health Assistants Project within the former area health service
- The Division of General Practice Lifestyle Modification Program Pilot and Seed Grant Funding to deliver group programs for people at risk of Type 2 diabetes
The Process

- Work task analysis (site specific)
- Identified tasks that could be completed by an allied health assistant i.e. no clinical judgement required
- Developed a training strategy
- Developed supporting documents including client care plan education resources and scripted power point presentations that guide both clients and AHA
The Process continued...

- Developed new procedures for dietetic clinics that shared appropriate tasks with the AHAs.
- Provided the necessary training and support.
- Modelled procedures and power point presentations, AHAs practiced with support, once competencies achieved, AHA worked independently.
What a joint clinic ‘looks like’ for new clients

- AHA sets up for clinic
- AHA completes client registration form
- AHA explains Information Privacy, Client Rights & Responsibilities and Consent & Information Forms Service Brochure
- AHA measures height and weight and calculates body mass index
- AHA asks who shares meals at home, ask about usual physical activity patterns and whether a smoker or non-smoker (completes details on form)
- AHA completes record of usual food and drink intake on form (including food frequency checklist ie whether eaten, how often)
What a joint clinic ‘looks like’ for new clients continued...

- Dietitian completes nutrition assessment, diagnosis, care plan and monitoring and evaluation plan.

- AHA educates clients with non-complex needs about care plan.

- AHA photocopies care plan for client, photocopies and posts referring practitioner report, files medical record.

- AHA reminds clients of upcoming appointments.
Client care plan education resources
Dinner

This is what your plate should look like

- Carbohydrate (Rice)
- Protein
- Vegetables
And this meal has $\frac{1}{2}$ the kilojoules........
......of this meal
What the RESET program ‘looks like’
Scripted power point presentations
Carrying extra weight, especially around the tummy tends to make blood glucose, blood pressure and blood fats, too high. These are all increase blood vessel disease.
Even losing a few kilos or cm of excess weight can make a real difference.

So it’s good to aim at small changes in weight first.
The outcomes

- Access to dietetic service reduced to one to two weeks
- Dietitian time for initial consultations reduced by 50%
- Non-complex reviews conducted independently by AHAs
- Audit of non-complex, individual consultation medical records indicates improved client outcomes at review as measured by intended weight loss (1.5 increase in average loss) and achievement of key nutrition care plan goals (1.9 increase)
- Lifestyle modification program sustainable even with gaps in dietetic service.