1 of 35

WELCOME SLIDE
(1 of 5; 5-10 minutes)

FACILITATOR NOTE
If this topic is being presented in the same session/following on from Topic 2 The delegation process, then this slide can be skipped.
Otherwise facilitators to personalise for local area – this might include providing a local background on the history of allied health assistants in the health service.

Acknowledgement of Country

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2 of 35

WELCOME SLIDE
(2 of 5; 5-10 minutes)

ACTION
Facilitators to personalise for local area for example: Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past, present and future.

Workshop outline

Schedule	Topic 3 Content
5-10 minutes	Welcome and introductions
10 minutes	The healthcare team
10 mins	Steps in team-based decision making in delegation: Steps 1-2
35 mins	Steps in team-based decision making in delegation: Steps 3-5
5 mins	Knowledge check questions

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3 of 35

WELCOME SLIDE
(3 of 5; 5-10 minutes)

ACTION
Welcome everyone to today's *Foundations of delegation* workshop (may be skipped if topic is being presented in the same session/following on)

- Introductions among participants
- Housekeeping notifications – tailor to suit local requirements (Consider: amenities, breaks etc)

Using the slides

Administration

Learning content

Learning activities

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4 of 35

WELCOME SLIDE
(4 of 5; 5-10 minutes)

FACILITATOR NOTE:
A note on the colour of the slides
- blue: administration
- red: learning content
- green: learning activities

ACTION
If this topic is being presented in the same session/following on from Topic 2, then this slide can be skipped.

Learning outcomes

By the end of this topic, you will be able to:

- Outline the principles a team should adopt when making decisions relating to delegation in their service model.
- Outline the common risk management strategies associated with delegation in the delivery of client care by a service and apply to a scenario.

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WELCOME SLIDE
(5 of 5; 5-10 minutes)

ACTION
Content as per slide

6 of 35

THE HEALTHCARE TEAM
(1 of 6; 10 minutes)

SCRIPT
Teams are critical for the delivery of effective, high quality, contemporary healthcare to clients, and this includes the partnerships between allied health assistants and allied health professionals.

ACTION
Ask the question 'Can anyone describe a local delegation model that they have worked in?'
Prompting questions:

- 'What were the key features?'
- 'Why was it introduced?'

Click to reveal definition on screen

DISCUSS
Teams can develop systems and processes to optimise delegation practice, the performance of delegated tasks and to enhance client outcomes. This can be described as a '**local delegation model**' that is supported by a range of resources and processes

such as work instructions, protocols, clinical task instructions, training records, and orientation materials for new staff. The local delegation model defines how the team expects delegation to occur in their setting, for tasks that are frequently performed, and the ways that the team support clinical quality and safety, and operational and administrative efficiency. Development of a local delegation model takes time, so teams will need to carefully consider all of the relevant aspects of delegation.

7 of 35

THE HEALTHCARE TEAM
(2 of 6; 10 minutes)

SCRIPT

Remember from Topics 1 and 2, allied health professionals are responsible for determining whether to delegate a task in a given situation, and allied health assistants are responsible for deciding whether to accept the delegated task.

A local delegation model assists the team to implement safe and effective delegation practice, but individual allied health professionals and allied health assistants remain accountable for their decisions.

The healthcare team and their local delegation framework

Why is this important?

A local delegation model is a guide, not a recipe or a regulation.

1. An allied health professional can delegate a task that is not described in the local delegation model, but potentially will need to provide more direction, training and support to the allied health assistant to deliver the task.

2. Including a task in a local delegation model does not mean that it is appropriate to delegate in all situations.

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THE HEALTHCARE TEAM
(3 of 6; 10 minutes)

SCRIPT

As per slide

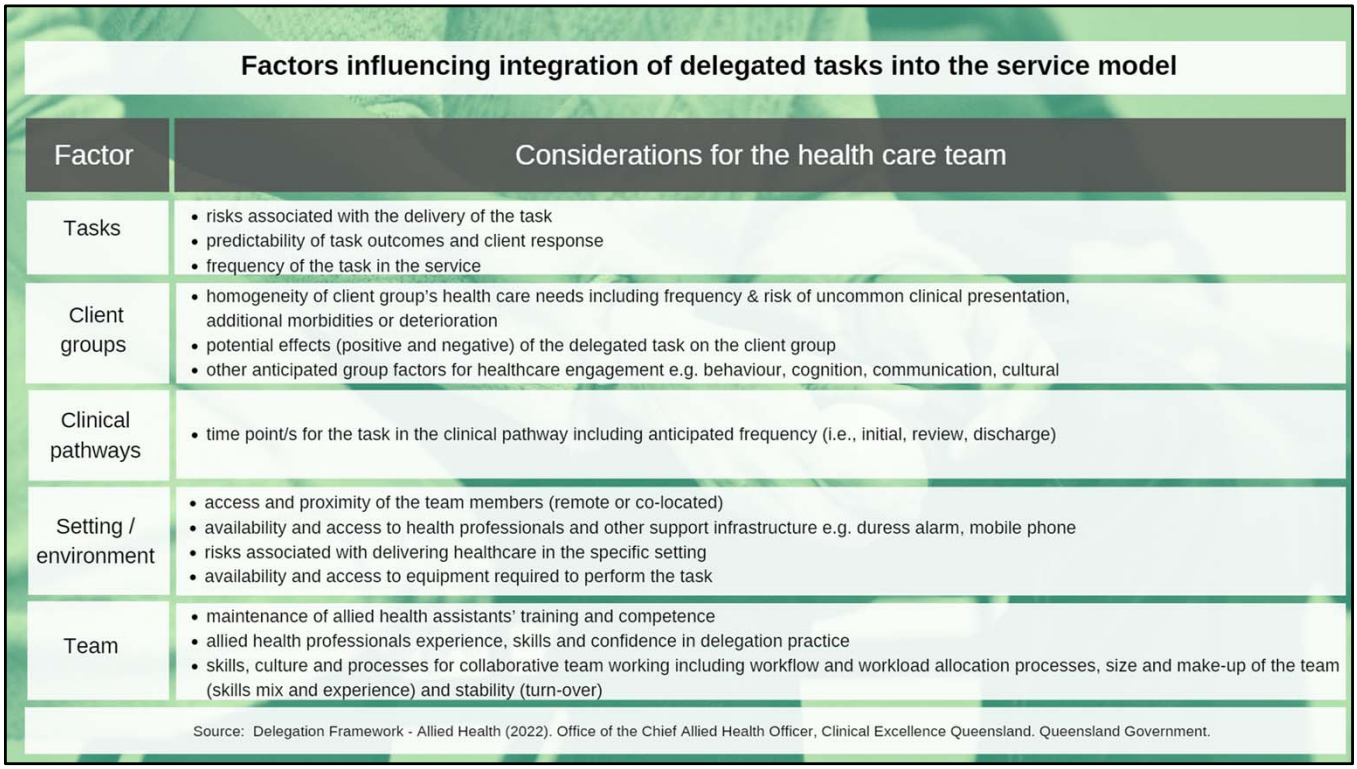
6 of 35

THE HEALTHCARE TEAM
(4 of 6; 10 minutes)

SCRIPT
The following image has been created from the *Delegation framework – allied health* and outlines the guiding principles for developing a local delegation model.
ACTION
Click to reveal image
FACILITATOR NOTE
It is acknowledged that this slide has lots of content. You may like to refer participants to printed copies of the *Delegation framework – allied health* or open the Delegation framework-allied health PDF file to optimise the viewing of content. Delegation framework- allied health:
https://www.health.qld.gov.au/__data/assets/pdf_file/0017/1170503/Delegation-Framework.pdf

DISCUSS
Most teams commence the process of integrating delegation into a service model by

determining the tasks that will be appropriate and valuable to delegate or have risk factors that will need to be managed.



Factors influencing integration of delegated tasks into the service model

Factor	Considerations for the health care team
Tasks	• risks associated with the delivery of the task • predictability of task outcomes and client response • frequency of the task in the service
Client groups	• homogeneity of client group's health care needs including frequency & risk of uncommon clinical presentation, additional morbidities or deterioration • potential effects (positive and negative) of the delegated task on the client group • other anticipated group factors for healthcare engagement e.g. behaviour, cognition, communication, cultural
Clinical pathways	• time point/s for the task in the clinical pathway including anticipated frequency (i.e., initial, review, discharge)
Setting / environment	• access and proximity of the team members (remote or co-located) • availability and access to health professionals and other support infrastructure e.g. duress alarm, mobile phone • risks associated with delivering healthcare in the specific setting • availability and access to equipment required to perform the task
Team	• maintenance of allied health assistants' training and competence • allied health professionals experience, skills and confidence in delegation practice • skills, culture and processes for collaborative team working including workflow and workload allocation processes, size and make-up of the team (skills mix and experience) and stability (turn-over)

Source: Delegation Framework - Allied Health (2022). Office of the Chief Allied Health Officer, Clinical Excellence Queensland. Queensland Government.

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THE HEALTHCARE TEAM
(5 of 6; 10 minutes)

SCRIPT

The following image is an adaptation of Figure 2 'Factors that influence integration of delegated tasks into the service model from the *Delegation framework – allied health*, and it has been included on this slide as a reference point only.
One thing to point out in this table, are the factors in the left hand side column.

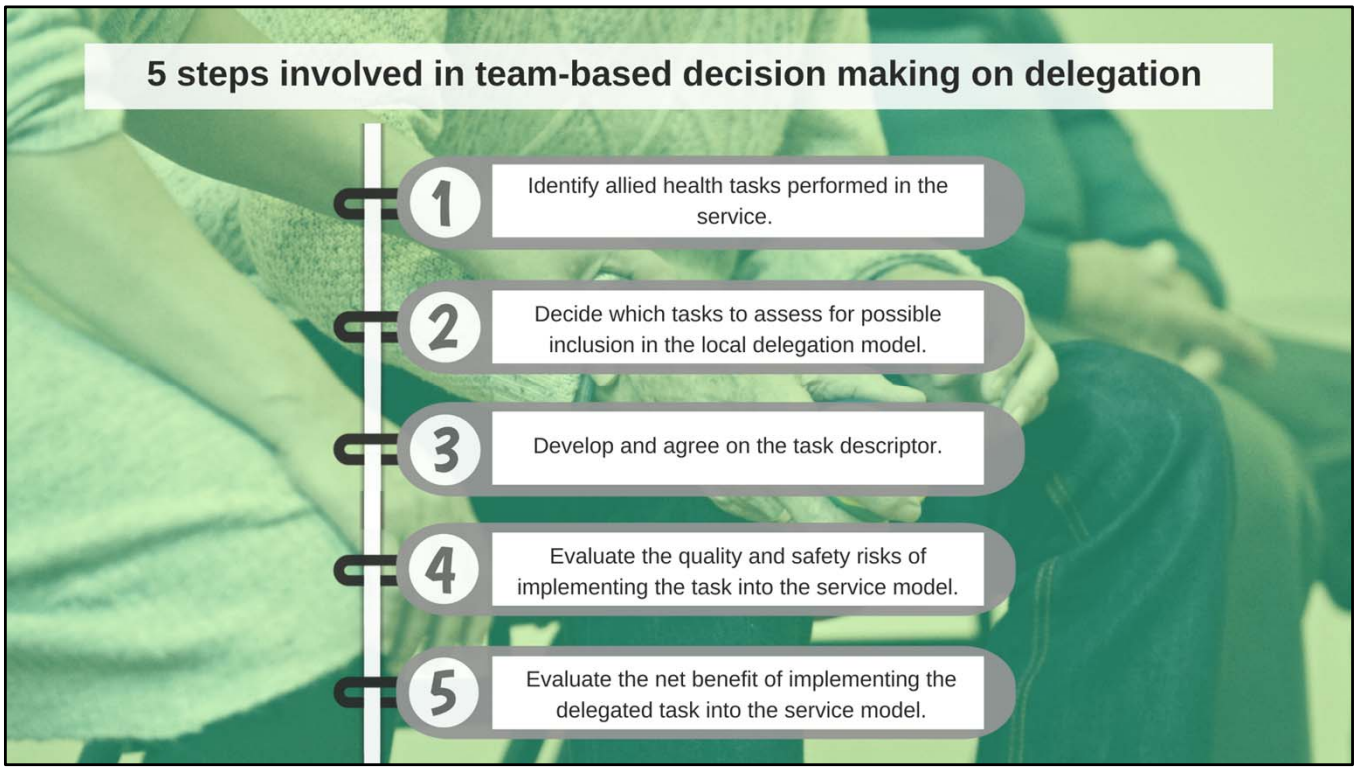
ACTION
Click to reveal image

FACILITATOR NOTE
It is acknowledged that this slide has lots of content. You may like to refer participants to printed copies of the Delegation framework – allied health or open the Delegation framework-allied health PDF file to optimise the viewing of content. Delegation framework- allied health:

https://www.health.qld.gov.au/__data/assets/pdf_file/0017/1170503/Delegation-Framework.pdf

SCRIPT

You will see the 5 factors include: Task, client, pathways (careplans), settings/environment, and the team. You may remember that these 5 factors were also considered in the delegation process between an individual allied health assistant and an individual allied health professional.



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THE HEALTHCARE TEAM
(6 of 6; 10 minutes)

SCRIPT
In addition to considering the factors on the previous slide, teams can also follow a five step process to guide this determination.
ACTION
Click to reveal image

DISCUSS
- Team-based decision-making is key to developing a local delegation model that all team members support and understand. The team understands their clients' needs, service priorities, team member skill mix, enablers and constraints for delegation, and this expertise is critical to the success of a local delegation model.
- To encourage different perspectives, a range of team members should participate in the decision-making process. Early career and experienced allied health professionals and allied health assistants should be included. In larger teams, it may be inefficient to include all staff in a working group that will develop the delegation model, but individuals from a range of clinical areas, locations/facilities and settings should

participate.

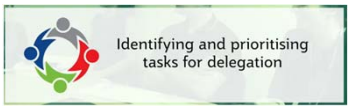
- It is also valuable to include health professions or workforce groups that do not perform the tasks, or managers or administration officers that bring a different perspective to decision-making.

SCRIPT

We will now look at each of the 5 steps in more detail (next slides)

Step 1: Identify allied health tasks performed in the service

What are some methods teams can use to understand the tasks that are performed by the service?



Video URL: Topic 3: Identifying and prioritising tasks for delegation (vimeo.com)

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 1-2)
(1 of 2; 10 minutes)

ACTION

- Pose the question on the slide to the group.
- In small groups/pairs (tailor to local need), ask participants to spend 5 minutes jotting down some ideas they have for approaching this question
- Ask participants for their ideas. You may like to write these on a whiteboard.

DISCUSS their answers in the context of the examples provided below:
Some methods identified could include:
•Brainstorming – as individuals, professions/workforce groups and then as an entire team.
•Time and motion activities that involve team members recording all the **clinical tasks** that are conducted over a set timeframe (e.g., 2 weeks).
•Client journey/process mapping to identify tasks undertaken at each point
•Reviewing service data and chart audits which records occasions of service, tasks performed and by which team members.

•Benchmarking with similar services
•Identifying available resources that support training in a delegated task
•Collecting ideas from the literature, professional associations, other healthcare providers or jurisdictions.

FACILITATOR NOTE
•You may also like to watch a video 'Identifying and prioritising tasks for delegation' which provides one example and could be used as stimulus for the group.
•This video is considered optional viewing. Depending on time, you may decide to refer participants to the online training package should they wish to hear stories from Queensland health services.
•You may also consider presenting a local example in place of this video.

OPTIONAL SCRIPT
In this video, we hear how the team at Gayndah identified and prioritised their tasks for delegation

ACTION
Video URL: Topic 3: Identifying and prioritising tasks for delegation (vimeo.com)
(Video run time: 00:04:35)

OPTIONAL SCRIPT (to follow video)
- As you have seen in the video, delegation was established as an integrated feature of the service model. For Kellie and Sheree, team-based decision-making was about understanding their clients' needs and identifying the tasks required for the service. The Gayndah team were gaining new allied health assistant roles, so their focus was on the decision about the tasks that the allied health professionals performed, which might be appropriate for delegation.
- In teams that have existing allied health assistants, reviewing or expanding the local delegation model may include examining the tasks performed by both the professionals and assistants in the current service model.

Step 2:
Decide on the tasks to assess for possible inclusion in the local delegation model

Tasks not considered past this step:

- are considered advanced practice or require special training for health professionals.
- are subject to legislation or regulation where the provider is defined e.g., prescribing or supplying medicines.
- have operational or business restrictions to delegation, such as tasks with providers defined by funding schemes (e.g., Medical Aids Subsidy Scheme; MASS designated prescriber).
- are rarely performed in the setting, or they are already performed by another workforce or provider e.g., student clinic, nursing staff, public-private partnership / external provider.

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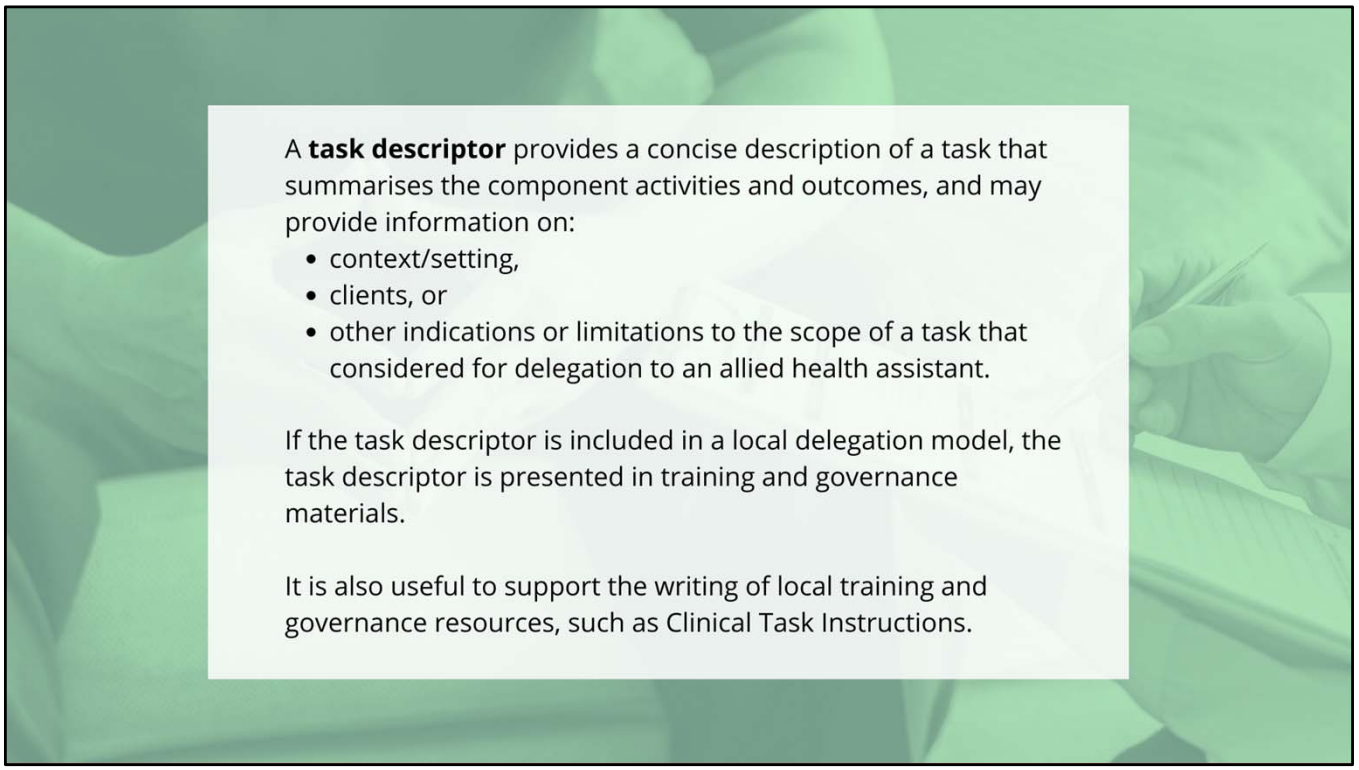
STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 1-2)
(2 of 2 ; 10 minutes)

SCRIPT

- Not all tasks performed by the team need to be assessed in detail for their integration into the local delegation model. This second step is basically a ‘first cut’ of the tasks identified in Step 1.
- Note: It may also be difficult for allied health assistants to maintain competence if tasks are performed infrequently (e.g., less than monthly). However, if the team’s strategic plan is to increase access to a particular task or service, these tasks should be considered.



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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(1 of 12; 35 minutes)

ACTION
Ask: 'Does anyone know what the purpose of a task descriptor is?'

DISCUSS their answers, covering the following points
- The purpose of a task descriptor is to provide a shared understanding of the task so that the team can assess whether the task is appropriate to include in the delegation model.
- Descriptors that are overly technical, vague, or unclear may lead to poor decisions as team members will have a different understanding of what the task involves.

ACTION
Click to reveal summary of task descriptor

Developing and evaluating task descriptors

TASK DESCRIPTOR 3: Meal preparation practice

Training of safe and efficient ways to prepare basic meal (e.g. tea and toast) to optimise function. Can include practice with instruction and demonstration, prompting, assistance or supervision with the emphasis on encouraging independence. Training may include use of one handed - techniques, compensatory strategies, positioning, adjustment of environment, cognitive and perceptual training techniques. Where relevant / possible, training to include client's carer.

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(2 of 12; 35 minutes)

FACILITATOR NOTE

- There are 3 good task descriptor examples and 3 poor task descriptor examples over the next 6 slides.
- If you feel that the group understands this concept and/or you need to manage workshop timelines, then there is no obligation to work through all six examples.

SCRIPT

In the next series of slides, you're going to read a series of task descriptors. Some of them will be considered 'good' and some will be considered 'in need of improvement'.

ACTION

Click to reveal the first task descriptor example.

Ask for a show of hands: "Who thinks this is a good example?", "Who thinks this is a bad example?"

Prompt questions:

- "What made you come to that decision"
- "Can you highlight the elements in the descriptor that makes it a good/bad example?"

DISCUSS

This task descriptor is a good example.

- Concise
- Identifies the activity and the outcomes
- Identifies the context
- Identifies the indications or limitations to the scope of the task that is delegated to an allied health assistant

Developing and evaluating task descriptors

TASK DESCRIPTOR 1: Dysphagia rehabilitation

Implement dysphagia postural compensatory strategies by introducing and explaining the exercise / strategy to the clients including written materials where required; ensuring the client is in a supported sitting position; supervise practice of either 10 reps or 2 mins of each of the strategies in sequence: chin tuck, head turn, head tilt, effortful swallow and supraglottic swallow; provide feedback during and after each strategy, and encourage practice at least twice a day between sessions.

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(3 of 12; 35 minutes)

ACTION
Read this task descriptor
Ask for a show of hands: "Who thinks this is a good example?", "Who thinks this is a bad example?"
Prompt questions:

- "What made you come to that decision"
- "Can you highlight the elements in the descriptor that makes it a good/bad example?"

DISCUSS
This task descriptor is not a good example:

- Too detailed and prescriptive.
- Factors like repetitions, specific strategies / exercises in a program and their sequence, practice requirements etc will be defined in the delegation instruction as they will be influenced by a speech pathologist's clinical reasoning.

Developing and evaluating task descriptors

TASK DESCRIPTOR 3: Foot screening

Check for signs of high-risk foot and record information collected.

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(4 of 12; 35 minutes)

ACTION
Read this task descriptor
Ask for a show of hands: "Who thinks this is a good example?", "Who thinks this is a bad example?"
Prompt questions:

- "What made you come to that decision"
- "Can you highlight the elements in the descriptor that makes it a good/bad example?"

DISCUSS
This task descriptor is not a good example.

- It is too vague – unclear what the task involves other than 'checking', who is being checked, for what purpose outcome etc.

Developing and evaluating task descriptors

TASK DESCRIPTOR 2: Carer burden

Administer a screening tool to identify carer stress and support triaging (e.g., Carer Burden Scale, Zarit Carer Burden). Provide education to support the carer to engage with suitable services for support including information about the service and pathways to access.

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(5 of 12; 35 minutes)

ACTION
Read this task descriptor
Ask for a show of hands: "Who thinks this is a good example?", "Who thinks this is a bad example?"
Prompt questions:

- "What made you come to that decision"
- "Can you highlight the elements in the descriptor that makes it a good/bad example?"

DISCUSS
This task descriptor is a good example.

- Concise
- Summarises the task components
- Includes the tool that will be used and the intended outcomes
- Identifies the client (carers in this instance)

Developing and evaluating task descriptors

TASK DESCRIPTOR 3: Client education – financial assistance

Provide standard education / information to clients and carers, including resources where available, on options for financial assistance; for clients that are delegated to the allied health assistant by the social worker, and referring any questions or requests for further information back to the social worker and not providing additional information that is outside the training and knowledge of the allied health assistant.

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(6 of 12; 35 minutes)

ACTION
Read this task descriptor
Ask for a show of hands: "Who thinks this is a good example?", "Who thinks this is a bad example?"
Prompt questions:

- "What made you come to that decision"
- "Can you highlight the elements in the descriptor that makes it a good/bad example?"

DISCUSS
This is not a good example of a task descriptor

- The descriptor describes the standard delegation process i.e. delegation instruction, feedback, AHA working within their scope. This does not need to be specified the description of each task considered for delegation.
- Fundamental concepts like scope of practice, responsibilities and accountabilities and the anatomy of delegation are assumed to apply to any task that may be

delegated.

Developing and evaluating task descriptors

TASK DESCRIPTOR 3: Compression garment

Support the re-supply of a compression garment by collecting and comparing subjective and objective information to previous assessment outcomes for clients with known stable lymphoedema. This usually includes standard subjective information (review of symptoms, function), circumferential measures with measuring tape, skin integrity and condition check, and range of motion (ROM) and review of function use of limb / affected body part in activities of daily living.

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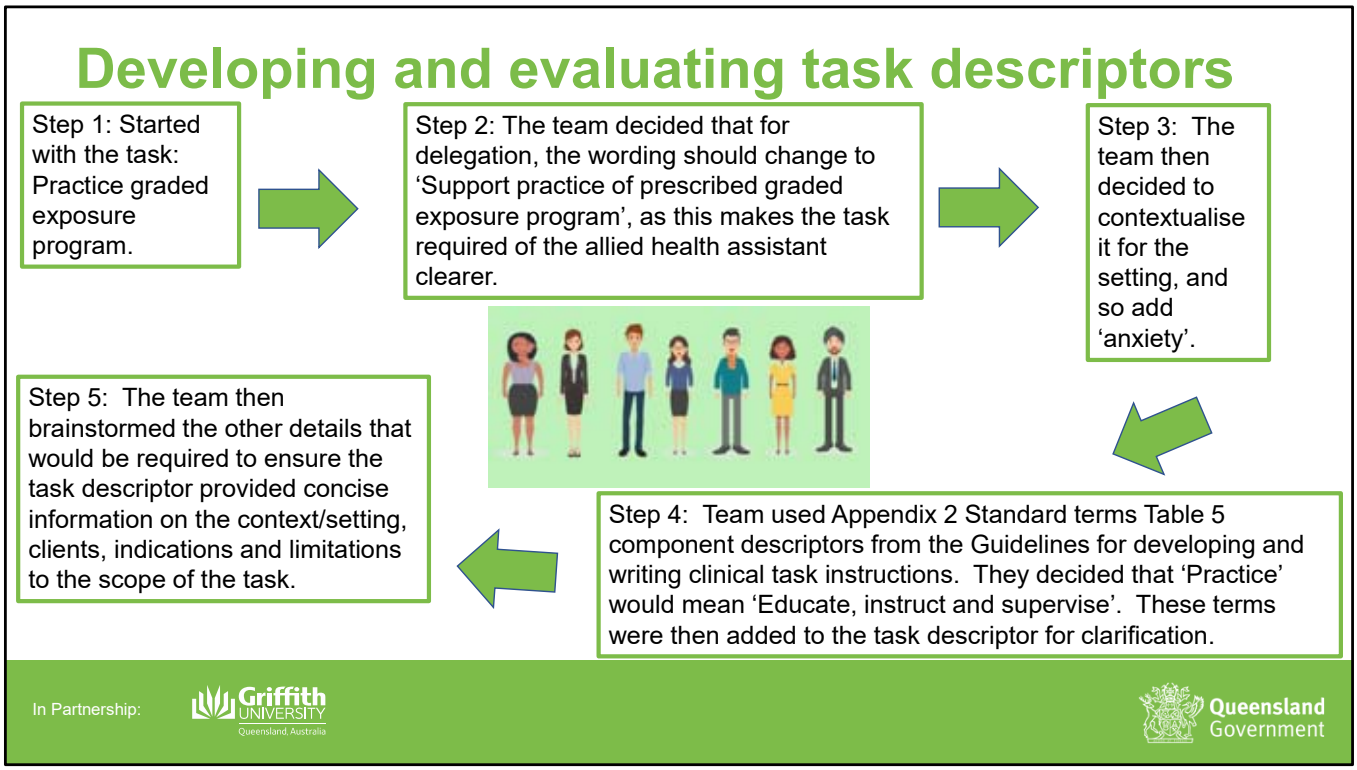
STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(7 of 12; 35 minutes)

ACTION
Read this task descriptor
Ask for a show of hands: "Who thinks this is a good example?", "Who thinks this is a bad example?"
Prompt questions:

- "What made you come to that decision"
- "Can you highlight the elements in the descriptor that makes it a good/bad example?"

DISCUSS
This task descriptor is a good example.

- Concise
- Identifies the client
- Identifies the context
- Identifies the indications or limitations to the scope of the task that is delegated to an allied health assistant



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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(8 of 12; 35 minutes)

SCRIPT

This slide illustrates the process a team can follow to develop and evaluate task descriptors. To provide some context, let's assume this team provide inpatient and outpatient services to adult clients with a mental illness, and are developing a task descriptor for the delivery of a graded exposure program that targets anxiety.*

**Note for learners – Graded exposure therapy is where the client is supported, in a safe environment, to expose themselves to the things that they fear and avoid (objects, activities or situations) beginning with mild or moderate exposures, then progressing to more difficult ones. To manage their symptoms of anxiety during the exposure, the client is taught strategies to reduce their anxiety (e.g., body scanning, breathing control). Examples may include graded exposure programs for busy/noisy/ crowded environments, or enclosed space*

ACTION

- Talk through each of the steps

- At step 5, ask the group to consider what other details might be required, covering the following points:
    - They could consider adding 'self management' (this is because this task is typically encouraged, so clients can implement it when it is required, it is important that ownership context is provided)
    - The words 'educate' and instruct' were added in Step 4. These terms might mean different things to different people. The team might add a clarifying sentence so the allied health assistant will understand what is meant by these terms. An example could be: 'This includes explaining the purpose and procedure for the gradual exposure program and facilitating practice.'
    - They could add a list of strategies that could be provided by the graded exposure program, so that the allied health assistants are fully aware of what is considered within their scope of practice for this task. An example could be: 'The program may include use of body scanning, breathing control, mindfulness…..'
    - They might also consider adding settings where clients might use the graded exposure program so the allied health assistant can provide these examples to the client.

Developing and evaluating task descriptors

The task descriptor that the team then decide on is:

"Educate/ instruct and supervise a client undertaking a graded exposure program as part of their self-management for anxiety. This includes explaining the purpose and procedure for the graded exposure program and facilitating practice. The program may include the use of body scanning, breathing control, meditation, mindfulness, progressive muscle relaxation, reality checking, sensory strategies, thought evaluation and/ or visualisation techniques. The treatment may be delivered in the client's home, or in the community".

- Guidelines to developing and writing clinical task instructions
- Clinical Task Instructions
- GNARTN Project report - Rural and remote generalist: Allied Health project December 2013.

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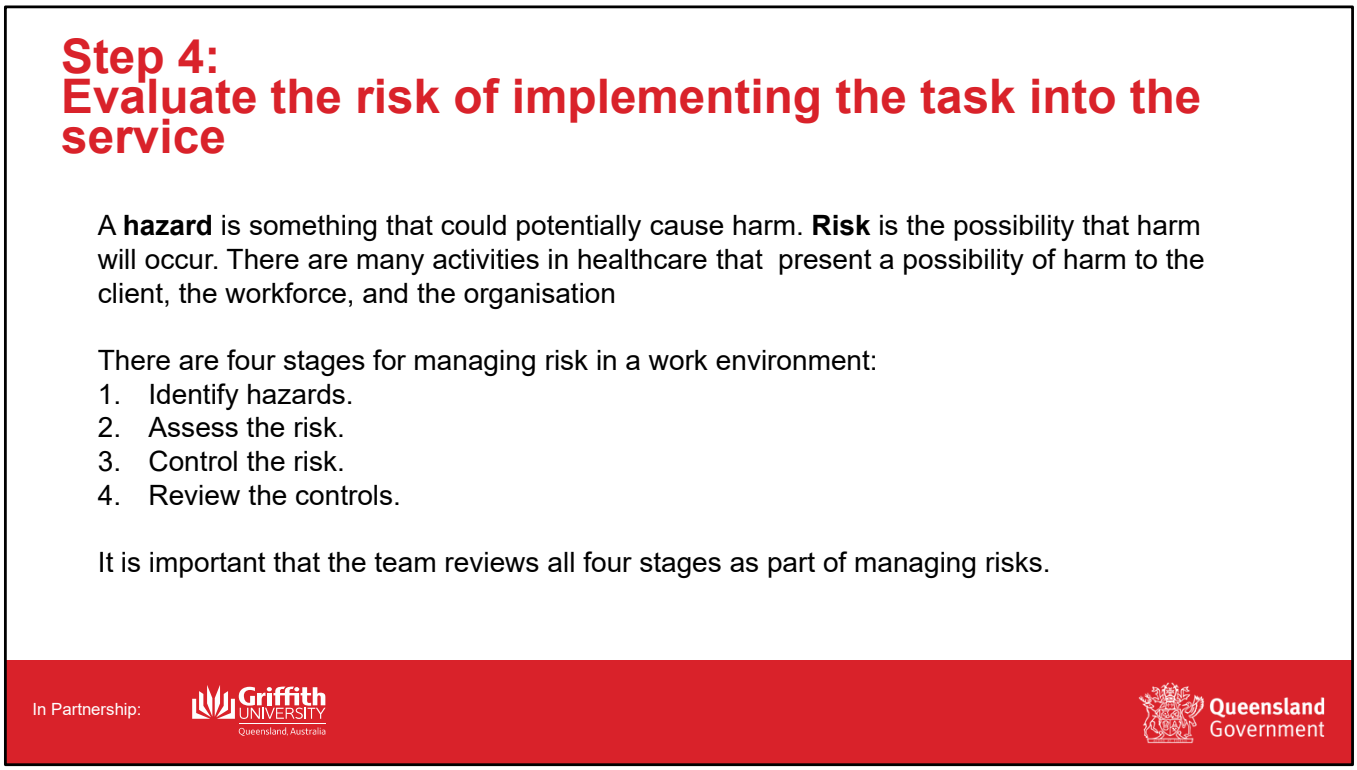
STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(9 of 12; 35 minutes)

ACTION

- Read or paraphrase slide content:
- Participants can use the resources on the right hand side to support development of task descriptors



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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(10 of 12; 35 minutes)

SCRIPT
The fourth step is for the team to evaluate the risk of implementing the task into the service. When evaluating risks, it's important to consider what risk management processes exist and for which tasks.

ACTION
Ask the group to brainstorm tasks that they have been involved in as part of delegation. Record these on the white board.
Then, go through the suggested tasks, and get the participants to categorise the list into those tasks that are 'clinical' and those tasks that are not 'clinical'

- Examples of non clinical tasks: Operational and administrative tasks
- Examples of clinical tasks: Tasks with direct client care involved

FACILITATOR NOTE
Would be good if the group identifies tasks that involve clients, but not the delivery of care (for example, checking a client into an appointment – although this involves client

care, it is an administrative tasks) It is covered later in the workshop, so it is not obligatory – just good for discussion!

DISCUSS their answers, covering the following points:

- Looking at the non clinical tasks used in delegation – are there existing risk management processes that can be used:
- Examples: manual handling risk assessment, home visit/isolated worker safety risk assessment, personal safety risk assessment, cyber security risk assessment, occupational health and safety risk assessment
- Looking at the clinical tasks used in delegation – the 'Task review form' from the *Delegation framework – allied health* can be used by teams to evaluate risk.
- When working through the 'Task Review form', team-based discussion should consider the average patient in a routine setting with the current or usual workforce.
- Teams also need to consider the risks associated with the delegation of a task may vary from setting to setting. This means that a risk assessment must be completed in each setting where the delegation may occur.

Step 4:
Evaluate the risk of implementing the task into the service

How would risks change if the graded exposure program was targeted to children who are experiencing anxiety when they attend the hospital for their cancer treatment?

Video URL: Topic 3: Risk identification and management (vimeo.com)

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(11 of 12; 35 minutes)

SCRIPT
We are now going to revisit the graded exposure graded exposure program that targets anxiety to review the use of the 'Task review form'.

ACTION
- Divide into small groups/pairs (tailor to local need)
- Refer participants to the appendix in their workbooks (pages 29-31) for the completed Tidy Town Task review form.
- Distribute felt pens/highlighters
- Give the groups time to review the form's completion
- Ask groups to consider how the risks associated with the task, client, care plan, setting and team would differ in this new scenario, and whether the identified risk management strategies need to change.
- Use the highlighter/felt pen to indicate where changes would be required, and make notes in the margins of these changes
- Use the highlight/felt pen to indicate if the risk assessment continuum rating would

change for any element

DISCUSS
Below are some questions that can be used as prompts for discussion:

Question 1: How might the task descriptor change?

The task descriptor would need to be reviewed to ensure it reflects the needs of paediatric clients, and their parents / carers. Setting-related factors may also change. A new example might be:

"Educate/ instruct and supervise a paediatric client and/or their parents/carers undertaking a graded exposure program as part of self-management for anxiety in the chemotherapy or radiation therapy environment. This includes explaining the purpose and procedure for the graded exposure program and facilitating practice. The program may include the use of body scanning, breathing control, meditation, mindfulness, progressive muscle relaxation, reality checking, sensory strategies, thought evaluation and/ or visualisation techniques.

Question 2: Would the clinical task descriptor or clinical procedure need to change?

The available training resources and client handouts will need to be reviewed to ensure they are context suitable for the paediatric, cancer service group. This might include appropriate language for children, resources for parents/carers, and the inclusion of strategies/instructions specific to a paediatric population (for example, the use of toys, books as part of the graded exposure) and/ or information about paediatric oncology treatments/services.

Question 3. The client group has changed. What impact will this have on clinical risk? And what will this mean for task training? E.g. Complexity of health care needs

There may be additional factors and/or health care needs for paediatric clients and the role of parents/carers in supporting the intervention. In addition to the training identified in the first scenario (when to stop, mental health learning, CTI D-SPO07: Support a graded exposure program for anxiety), additional training may be required for allied health assistants to ensure they understand:

- common terms used in cancer care and treatment,
- additional safety precautions for working with cytotoxic patients,
- common patient monitoring processes used in cancer care and treatment. For example, heart rate monitors. Consider: D-CM01: Pulse oximetry recording and D-SM02: Heart rate measuring, and
- strategies commonly used to engage with children e.g. the use of games, play and toys

Question 4: How might the care plan differ for the paediatric client group? Are there different risks?

The client's journey through cancer treatment may vary from that of mental health care.

Additional consideration should be given to the cancer care journey, from diagnosis, through to post treatment, survivorship and palliative care and implications for the task. For example, when the task may be required and the health needs of the client.

Question 5. How is the setting/environment different? Does this affect clinical risk?

The inpatient oncology treatment setting is quite different from a community mental health care setting. Support and direction from health professionals is likely to be more accessible compared to a community setting.

The emergency and communication procedures will be different (for example nurse alert buzzer in the hospital setting versus mobile phone and ambulance in the community). The risk management strategies need to be included in task training and instruction.

Question 6. In this different setting, is the clinical risk associated with task training, experience and competency different?

The training plans and records, procedures and workplace instructions for communication will be site specific and will require review to ensure alignment to the planned task. If not, already available these will need to be developed.

FACILITATOR NOTE
•You may also like to watch a video 'Risk identification and management' to provide stimulus for the group.
•This video is considered optional viewing. Depending on time, you may decide to refer participants to the online training package should they wish to hear stories from Queensland health services.
•You may also consider presenting a local example in place of this video.

OPTIONAL SCRIPT
In this video we will hear example strategies that have been used to identify and manage risks in their local setting.

ACTION
Video URL: Topic 3: Risk identification and management (vimeo.com)
(Video run time: 00:03:52)

Step 5:
Evaluate the net benefit

- Outcomes for the clients
- Frequency
- Resource and Training investment

Video URL: Topic 3: Service and quality improvement (vimeo.com)

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STEPS IN TEAM-BASED DECISION MAKING IN DELEGATION (STEPS 3-5)
(12 of 12; 35 minutes)

SCRIPT

The last step in the process is to evaluate the net benefit of introducing the delegated task. This should consider any residual risks, given the proposed risk management strategies and likely value of delegating the task for clients e.g. improved outcomes, increased or more timely service access.

The resourcing required to include the task in the local delegation model should also be considered. This may include:

- investment of staff time to develop and implement training, and
- any direct costs of such as additional equipment required to enable the allied health assistant to deliver the task.

Service impacts should also be considered. Tasks that are performed frequently may improve service efficiency if delegated. Sometimes tasks that are less frequently performed but are time consuming or high-value may still be good options for

delegation.

FACILITATOR NOTE

•You may also like to watch a video 'Service and quality improvement' to provide stimulus for the group.

•This video is considered optional viewing. Depending on time, you may decide to refer participants to the online training package should they wish to hear stories from Queensland health services.

•You may also consider presenting a local example in place of this video.

OPTIONAL SCRIPT

In this next video, we'll hear stories from staff who share strategies they've used to improve the quality and safety of delegation.

ACTION

Video URL: Topic 3: Service and quality improvement (vimeo.com)

(Video run time: 00:07:02)

Knowledge checking for Topic 3

Place the steps involved in team-based decision making on delegation in the order in which they should occur:

- Evaluate the net benefit of implementing the delegated task into the service model.
- Develop and agree on the task descriptor.
- Decide which tasks to assess for possible inclusion in the local delegation model.
- Evaluate the quality and safety risks of implementing the task into the service model.
- Identify allied health tasks performed in the service.

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TOPIC 3 KNOWLEDGE CHECK
(1 of 6; 5 minutes)

SCRIPT
We've reached the end of the first topic. On the next few slides we have included some quiz questions that give you an idea of what questions might be asked in the iLearn assessment for this learning package.

ACTION
Read the question and consider which of the MCQ responses is most correct
Participants can complete these questions in their workbooks (pages 17-18)
Click to the next slide to reveal the answer

Knowledge checking for Topic 3

Place the steps involved in team-based decision making on delegation in the order in which they should occur:

- Identify allied health tasks performed in the service.
- Decide which tasks to assess for possible inclusion in the local delegation model.
- Develop and agree on the task descriptor.
- Evaluate the quality and safety risks of implementing the task into the service model.
- Evaluate the net benefit of implementing the delegated task into the service model.

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TOPIC 3 KNOWLEDGE CHECK
(2 of 6 ; 5 minutes)

DISCUSS
Feedback on quiz answer:
This slide shows the correct order

Knowledge checking for Topic 3

The dietetics team review the list of tasks for delegation to an allied health assistant. Included in the list is a task that the team have described as: “Client reception including recording the attendance on the booking system, collecting/checking client details (name, address, date of birth), and accessing test results from a clinical information system and recording / printing them for the paper chart for the dietitian to review on initial assessment.”

To determine if the task should be included in the local delegation model, the team decide to review the clinical risks associated with this task by completing the Delegation Task Risk Assessment Tool.

Do you agree?
a) Yes
b) No

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TOPIC 3 KNOWLEDGE CHECK
(3 of 6; 5 minutes)

ACTION
Read the question and consider which of the MCQ responses is most correct
Click to the next slide to reveal the answer

Knowledge checking for Topic 3

The dietetics team review the list of tasks for delegation to an allied health assistant. Included in the list is a task that the team have described as: “Client reception including recording the attendance on the booking system, collecting/checking client details (name, address, date of birth), and accessing test results from a clinical information system and recording / printing them for the paper chart for the dietitian to review on initial assessment.”

To determine if the task should be included in the local delegation model, the team decide to review the clinical risks associated with this task by completing the Delegation Task Risk Assessment Tool.

Do you agree?

b) No

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TOPIC 3 KNOWLEDGE CHECK
(4 of 6; 5 minutes)

DISCUSS
No – the task does not include clinical skills or the application of clinical knowledge. The Task Risk Assessment Tool assists the team to evaluate clinical risks and is unlikely to assist the team to examine this administrative / operational task. The team may consider operational factors to determine whether the task should be part of the AHA’s role. If the AHA was to deliver the task, it would not be through delegation from an allied health professional, and therefore would not need to be detailed in a local delegation model.

Knowledge checking for Topic 3

All tasks delegated by allied health professionals in a service must be listed in the local delegation model that is approved by the relevant team Director/Manager.

a) True
b) False

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TOPIC 3 KNOWLEDGE CHECK
(5 of 6; 5 minutes)

ACTION
Read the question and consider which of the MCQ responses is most correct
Click to the next slide to reveal the answer

Knowledge checking for Topic 3

All tasks delegated by allied health professionals in a service must be listed in the local delegation model that is approved by the relevant team Director/Manager.

b) False

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TOPIC 3 KNOWLEDGE CHECK
(6 of 6; 5 minutes)

DISCUSS
False - A local delegation model assists the team to implement safe and effective delegation practice but does not provide an exclusive list of tasks that can and should be delegated in the service. Individual allied health professionals and allied health assistants remain accountable for their decisions to delegate and accept a delegated task respectively.

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CONCLUDING SLIDES
(1 of 3; 5-10 minutes)

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CONCLUDING SLIDES
(2 of 3; 5-10 minutes)

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CONCLUDING SLIDES
(3 of 3; 5-10 minutes)

(unless combining with following topics, then click to break card on next slide).

Break

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OPTIONAL

FACILITATOR NOTE

Only use this slide if you are combining the workshop with another topic from the *Foundations of delegation training package*