D-SP02: Client education – community transport

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- provide standard education/information including supporting resources (where available) outlining options for community transport
- provide client-specific information/education, as defined by the health professional in the delegation instruction.

VERSION CONTROL

<table>
<thead>
<tr>
<th>Version:</th>
<th>V2.0</th>
<th>Author:</th>
<th>Cairns and Hinterland Hospital and Health Service</th>
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<tr>
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<td>3/11/2018</td>
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<td>Chief Allied Health Officer, Allied Health Professions’ Office of Qld.</td>
<td>Review date:</td>
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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac.


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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop
- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- A basic understanding of the community transport options for clients as relevant to the client’s health condition and local healthcare service including eligibility criteria and process for accessing each service e.g. Queensland Ambulance Service (QAS) transport, disability parking permit, Taxi Subsidy scheme, patient travel subsidy scheme.

The knowledge requirements will be met by the following activities:

- completing the training program/s (listed above)
- reviewing the Learning Resource
- receiving instruction from an allied health professional in the training phase.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- if relevant for the local service, competence or ability to attain competence in presenting information to clients from linguistically and culturally diverse backgrounds or who require use of a communication aid.

Safety & quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
  - Clients requesting information beyond that available in the standard education resource and this CTI, should be referred to the relevant health professional for follow-up. AHAs must not attempt to provide information that sits outside their scope of clinical knowledge and training. Offering information based on personal opinion or experience is not appropriate in a clinical setting.

Equipment, aids and appliances

- Nil
Environment
- Ensure environment is managed appropriately for effective communication e.g. minimise distraction, close door/curtain

Performance of Clinical Task

1. Delegation instructions
- Receive the delegated task from the health professional
- The delegating health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - specific transport information requirements of the client (or family/carer) e.g. taxi, disability parking permit.
  - factors impacting the delivery of information such as hearing or sight problems, English as a second language or neurological problems impacting communication.
  - specific information to be adjusted or highlighted or discussed during the education session.

2. Preparation
- Collect or print required education/information resource/s as indicated in the delegation instruction e.g. Community Transport Service, Disability Parking Permit application, Taxi Subsidy Scheme.

3. Introduce task and seek consent
- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, plus one of the following: hospital UR number, Medicare number, or address.
- The AHA describes the task to the client. For example:
  - “It has been identified that you may require some information regarding transport assistance/options (delegating health professional) has asked that I provide you with some information about (name of transport option)”.

4. Positioning
- The client’s position during the task should be:
  - in a position where they can read printed resources (where relevant) with the AHA and the client is able to converse with the AHA. Ideally, the client should be comfortably seated in a chair or sitting up in bed.
• The AHA’s position during the task should be:
  – in a position where they can read the information resource and converse with the client. Ideally, the AHA should be facing the client and at eye level. Positioning such that the client can clearly see the AHA is particularly important for clients with hearing or other communication problems.

5. Task procedure
• The task comprises the following steps:
  1. Provide the transport information/education resource to the client
  2. Present information/education including any variants to the standard information as requested by the delegating health practitioner e.g. a summary of the resource
  3. Review and eligibility criteria with the client
  4. Inform the client on how to access the transport option e.g. contact their General Practitioner to complete the relevant application/s.
• During the task:
  – check that the client understands the information provided by asking if he/she has any questions and by gauging whether the client appears confused or concerned about the information.
  – note any questions that the client has that are not covered by the printed resource or by the AHA’s training and indicate to the client that these questions will be provided to the relevant health professional for follow-up.
  – monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the “Safety and quality” section above including CTI D-WTS01 When to stop.
• At the conclusion of the task:
  – check the client is comfortable with the information given and is aware that he/she can contact the AHA or social worker for further clarification if required.
  – ensure the client is comfortable and safe.

6. Document
• Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.

7. Report to the delegating health professional
• Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents
# Assessment: Performance Criteria Checklist

## D-SP02: Client education – community transport

### Performance Criteria

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Knowledge acquired Date and initials of supervising AHP</th>
<th>Supervised task practice Date and initials of supervising AHP</th>
<th>Competency assessment Date and initials of supervising AHP</th>
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<tr>
<td>Demonstrates knowledge of fundamental concepts required to undertake the task.</td>
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<td>Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.</td>
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<tr>
<td>Completes preparation for the task including collecting the relevant information resources</td>
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<td>Introduces self to the client and checks client identification.</td>
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<td>Describes the purpose of the delegated task and seeks informed consent.</td>
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<td>Positions self and client appropriately to complete the task and ensure safety.</td>
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<td>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</td>
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<tr>
<td>a) Clearly explains the task, checking the client’s understanding.</td>
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<td>b) Provides client with information/education resource/s.</td>
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<td>c) Provides information/education, and if requested by the delegating practitioner, highlights key points or strategies.</td>
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<td>d) Supports the client to review their eligibility criteria.</td>
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<td>e) During the task, maintains a safe clinical environment and manages risks appropriately.</td>
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<td>f) Provides feedback to the client on performance during and at completion of the task.</td>
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<td>Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.</td>
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<td>Provides accurate and comprehensive feedback to the delegating health professional.</td>
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## Record of assessment of competence

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<th>Assessor name:</th>
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## Scheduled review

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Client education – community transport: Learning Resource

Background information/key principles

- The scope of this CTI is the provision of information to clients on transport options that they may be eligible to access. Clients are encouraged to read the material. Where relevant, clients should be encouraged to seek support with completing application processes e.g. liaise with their GP to complete disabled parking permit and taxi voucher applications.

- It is not in the scope of the CTI to complete transport support application forms on behalf of the client. If the client expresses a need for support beyond information on transport options, this should be discussed with the delegating health professional.

Example of local resources

Please note that this information is provided as examples for Queensland, Australia, and may be different to other states or countries. In all instances the local resources will need to be located and provided to support training.


- Other relevant local transport options and associated resources for the local healthcare setting e.g. community care program, local council options, Cancer Council Queensland.
Attachment 1: Example of a local transport assistance flowchart

**Transport Assistance:**
Allied Health Cancer Care, Cairns Hospital

1. **Distance to travel for treatment/appointments**
   - >50 km travel
     - PTSS indicated: Refer back to clinic nurse for PTSS form and information
   - <50 km travel
     - Ineligible for PTSS
     - Reports difficulty getting to appointments
     - Medically unfit for standard transport
       - Recommend GP attendance for ambulance transport to be arranged

2. **General assistance available for cancer patients**
   - CCQ provides car registration assistance if patient undergoing active cancer treatment – see SW for applications
   - Taxi Subsidy application (notes: strict criteria applies; final decision/eligibility/transport modalities)
     - Patient to receive assessment and approval by GP or OT.
   - Disability parking permit – may be eligible. Form can be provided to patients to take to GP for completion

**Patient indicates transport assistance/information required on AHCC screening tool**

**Provide local cancer care transport assistance brochure**

**Ensure transport brochure provided**

- If patient reports financial barriers, inform SW
  - SW to be informed
  - Seek HACC eligible transport assistance (e.g., bus services)

- Is the patient HACC eligible?
  - Age >75y or Health care card + final aged
  - Young disabled + health care card
  - Eligible
  - >55yo or Health care card
  - Not eligible

**Ensure transport brochure provided**

- If patient reports financial barriers, inform SW
  - SW to be informed
  - Seek HACC eligible transport assistance (e.g., bus services)