

Working with an Attendant Care Program

The Lifetime Support Authority (LSA) will pay for necessary and reasonable attendant care services for a participant requiring care as a result of motor accident injuries. All attendant care must be pre-approved and delivered by attendant care providers who are on the LSA's approved provider panel.

This information sheet answers some frequently asked questions about attendant care. If you have further questions, please contact the participant's Service Planner.

Roles in an attendant care program

There are many people involved in delivering an attendant care program, including the participant and their family, the attendant care provider (made up of the attendant care supervisor/coordinator and the attendant care worker/s), treating health professionals, and the LSA's Service Planner.

What is the role of an attendant care worker?

The attendant care worker implements the care program for a participant as outlined in the participant's service delivery plan. Attendant care workers are recruited and appointed to meet the participant's specific needs.

Can an attendant care worker help a participant with their rehabilitation goals?

Attendant care includes providing care to help a participant achieve their rehabilitation goals. This can include physical assistance, prompting and/or supervision.

The attendant care worker implements the program under the direction of a service professional. The worker cannot direct or change a program, but should report regularly to the service professional overseeing the program through the attendant care supervisor/coordinator.

What is the role of a registered nurse?

The LSA is guided by the Department for Communities and Social Inclusion's Disability Services Provider Requirements for the scope of what an attendant care worker is able to do and when a registered nurse is required. The LSA will pay for a registered nurse to do the following tasks:

- Administer any injection (IV, IM, SC)
- Change a suprapubic catheter
- Change an indwelling catheter
- Change a tracheostomy tube (with a second person also present)
- Attend complex wounds (as determined by a registered nurse)
- Attend PEG changes
- Fill a 'box' medication compliance aid
- Train attendant carers to undertake specific health tasks for participants.

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What is the role of the Service Planner?

The Service Planner has a responsibility to:

- act as the key point of liaison between the participant and their family, the attendant care supervisor/coordinator and the treating team
- to assist participants to select an approved attendant care provider
- inform all parties (including the participant and the attendant care provider) when care has been approved, including details of the approval
- provide a copy of the Care Needs Determination and Attendant Care Service Requirements to the selected attendant care provider
- review the service delivery plan to ensure care meets the participant's injury-related needs as identified in the Care Needs Determination
- ensure the service delivery plan is complete and signed by all parties, and retain a copy for the LSA
- monitor services and invoices to ensure care is delivered according to the service delivery plan
- be actively involved in any reviews of the attendant care program where required.
- monitor services to ensure care is delivered according to the service delivery plan
- address any issues that arise with attendant care program delivery with the attendant care supervisor/coordinator
- monitor the care plan period and initiate a Care Needs Review in time to ensure services for the next period can be assessed, requested, approved and implemented before the period starts

- consult with the attendant care supervisor/coordinator and the treating team to identify any training needs for attendant care workers, and facilitate the delivery of training from appropriate services
- help the attendant care supervisor/coordinator solve any issues with the attendant care program.

What is the role of the attendant care supervisor/coordinator?

The attendant care supervisor/coordinator has a responsibility to:

- review the Care Needs Determination and Attendant Care Service Requirements with the participant, the family and the LSA's Service Planner to develop the Service delivery plan
- ensure care is delivered as agreed in the Service delivery plan
- locate and employ attendant care workers with skills and attributes that match the participant's injury-related needs and where possible their preference for age, gender, cultural background, etc
- bring to the attention of the Service Planner any participant needs that are beyond the scope of the attendant care provider
- provide training to workers in relation to required skills such as manual handling, hygiene, infection control and occupational health and safety
- provide training to workers in injury-specific skills (e.g. spinal cord and traumatic brain injury)
- monitor service delivery and changing needs of participants and provide feedback to care needs assessors and the LSA Service Planner
- manage the provision of services, including supervising staff and ensuring continuity of service
- report back to the LSA Service Planner when issues with attendant care provision arise.

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Attendant care worker training

Does the LSA pay for attendant care worker training that is generic?

The LSA will not pay for generic training, as attendant care providers on the panel are expected to provide a minimum level of training to workers in required skills such as manual handling, hygiene, infection control and work health and safety. They are also expected to provide training to workers in generic injury-specific skills (e.g. spinal cord and traumatic brain injury).

Does the LSA pay for attendant care worker training that is specific to a participant?

The LSA will pay for 'participant-focused training', which is training for care that is specific to the individual participant and over and above the generic skills expected of an attendant care worker. Examples of this may include training on how to implement a behavioural management program to provide health support, dietary requirements when preparing meals for a participant, specific instructions on how to hoist a participant, how to use a tilt-table, and how to implement a cognitive program or a hand-stretching program.

Concerns about the level of training of an individual attendant care worker should be raised with the attendant care supervisor/coordinator.

Overnight care

What is an inactive sleepover?

An inactive sleepover shift is where an attendant care worker is in the participant's house, on call overnight. To provide this care, the attendant care worker requires a bed in a separate room.

With inactive sleepovers, is prior approval required for additional care overnight?

If the participant needs additional care during an inactive sleepover, prior approval is not required. The inactive sleepover allowance provides for two wakeup periods of less than 30 minutes' duration each.

Will the attendant care worker be paid if an inactive sleepover becomes active?

The attendant care worker is paid for any additional time of active duty beyond the first hour. If four hours or more of active duty are provided, the shift is then paid to the attendant care worker as an active eight-hour shift.

The attendant care provider reports any active duty on the Attendant Care Activity Statement, which is sent in with the invoice. The provider keeps a record of the time the attendant care worker spent in active duty. These records may be audited by the LSA.

Changing attendant care providers

Can a participant change providers, how long does it take, and who is involved?

Participants can exercise choice about their attendant care provider and can request a change in provider. The participant should discuss this request with their Service Planner. Changing providers usually takes up to four weeks but sometimes it may take longer, for example if there are problems recruiting workers or time is required for extensive training.

The Service Planner will help the participant choose another attendant care provider from the panel of approved providers. This will include helping the participant meet prospective providers to see if they have the capacity to take on the referral. Once a provider has been selected, this is communicated to the LSA. The LSA then makes a referral to the provider in writing.

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It is the role of the Service Planner to make an official referral to an approved attendant care provider. They also inform all parties (including the participant and their family, and the attendant care provider) when care has been approved, with details of the approval.

Managing supply of consumables (e.g. continence products)

Can the attendant care worker be responsible for managing supply of consumables?

If a participant or their family is unable to manage the supply of consumables, this can be incorporated into the role of the attendant care worker. It should be identified in the Care Needs Recommendation and included in the Service delivery plan as a regular task.

Can the attendant care provider make new requests for consumables?

The assessment of a participant's need for consumables is outside the scope of the attendant care provider. This assessment should be made by a suitably qualified health professional who is not involved in delivering the attendant care program.

General questions

Does the LSA pay for care while a participant is in hospital or another health facility?

No. The LSA does not pay for this as care is included in the bed day rate.

Can the treating team receive feedback on how the attendant care program is progressing?

The attendant care provider will have procedures for giving feedback to the Service Planner and treating team (e.g. checklists, monthly summaries). Where the team requires specific feedback (e.g. on a therapy program) this should be requested from the attendant care supervisor/coordinator, not individual attendant care workers (and workers should provide feedback to the team through their supervisor).

For more information contact the Lifetime Support Authority.