Changing Roles for Dietetic Allied Health Assistants – 2011 vs 2015.

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Background: Allied Health Assistants (AHA) in the profession of Dietetics are unique as they provide support to both Dietitians and Foodservices, straddling corporate structure and reporting lines. As such, they have probably existed in greater numbers, within other services across health facilities, for a longer period of time than in most Allied Health Professions.
Methods: A review of the Dietetic AHA Workforce in Queensland Health was conducted in 2011 via emailed questionnaires and phone calls. Results were collated and analysed. A repeat review is currently being conducted using the same methodology.
Results: In 2011 a total of 122.5 full time equivalent positions were identified across 29 facilities. Forty-four percent held a relevant qualification (Certificate 3 or higher) and 45% reported operationally to Dietitians with the remainder reporting to Foodservices. The most common tasks undertaken by all AHA's were taking meal choices from patients/residents, collating meal choices and notifying cooks of meal requirements. Those reporting to Dietitans were most commonly completing malnutrition screening, patient/resident food intake records and conducting nutrition and diet education to foodservice and nursing staff. Preliminary results from the 2015 review identified a significant increase in the number of clinical tasks being assumed by Dietetic AHAs. There is also an increase in the number of AHAs holding nutrition degrees from Universities. Barriers and enablers to Dietetic AHAs assuming more delegated clinical tasks were also identified.
Discussion: In the last four years there has been an increased focus within the organisation on delegating clinical tasks to AHAs. Many larger hospitals have also implemented foodservice information systems, allowing dietetic AHA's more time to spend with patients/residents. This has enabled the Dietetic AHA to assume more clinical support tasks. Dietetic AHA's reporting operationally to foodservices was identified as a barrier to increasing clinical task delegation.