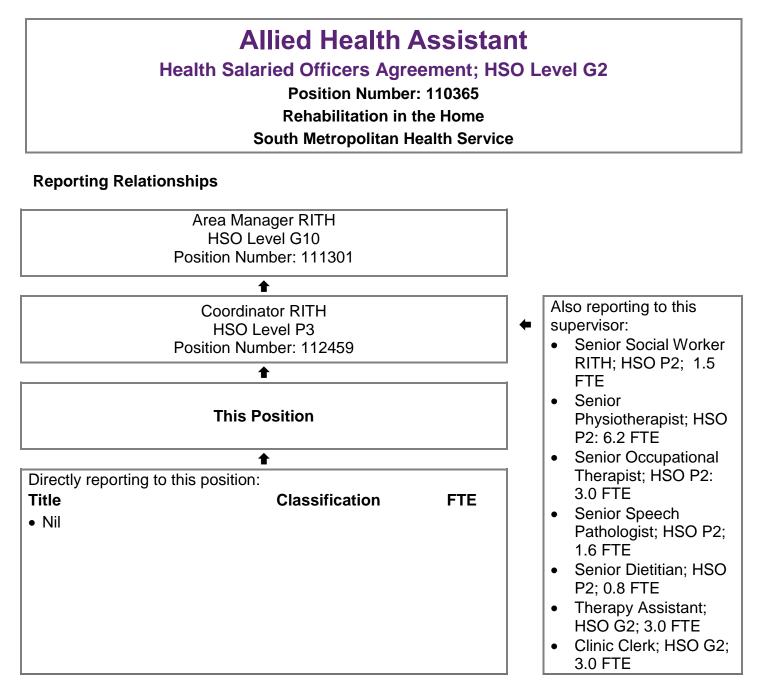


HSS Registered



Key Responsibilities

Implements therapy programs independently in patients' homes as directed by the Rehabilitation in the Home team of Physiotherapists, Occupational Therapists, Social Workers, Speech Pathologists and Dietitians

Excellent health care, every time

Care Integrity Respect Excellence Teamwork

Brief Summary of Duties (in order of importance)

1. Clinical

- 1.1 Implements, monitors and reinforces patient treatment programs for early supported discharged clients independently in the community as directed by the Allied Health Clinicians. This involves:
- 1.1.1 Exercise programs and gait education
- 1.1.2 Functional retraining programs
- 1.1.3 Programs involving carers/family
- 1.1.4 Speech pathology programs
- 1.1.5 Other duties as directed by therapists.
- 1.2 Liaises with relevant allied health within RITH and Coordinator regarding clinical treatment in an effective and timely manner.

2. Other

- 2.1 Organise collection and return of equipment to relevant areas.
- 2.2 Check, clean and maintain equipment.
- 2.3 Order equipment as required.
- 2.4 Record daily statistics.
- 2.5 Undertake routine clerical duties relevant to the department (filing, arranging appointments, answer telephone, record messages).
- 2.6 Maintain security of the vehicle and ensure maintenance and service schedules are followed.
- 2.7 Attends and participates in staff meetings, in services and other training.

3. SMHS Governance, Safety and Quality Requirements

- 3.1 Participates in the maintenance of a safe work environment.
- 3.2 Participates in an annual performance development review.
- 3.3 Supports the delivery of safe patient care and the consumers' experience including participation in continuous quality improvement activities in accordance with the requirements of the National Safety and Quality Health Service Standards and other recognised health standards.
- 3.4 Completes mandatory training (including safety and quality training) as relevant to role.
- 3.5 Performs duties in accordance with Government, WA Health, South Metropolitan Health Service and Departmental / Program specific policies and procedures.
- 3.6 Abides by the WA Health Code of Conduct, Occupational Safety and Health legislation, the Disability Services Act and the Equal Opportunity Act.

4. Undertakes other duties as directed.

Work Related Requirements

Essential Selection Criteria

- 1. Current knowledge, skills and experience in implementing a wide range of therapeutic treatment programs.
- 2. Demonstrated ability to independently carry out duties as directed by the multidisciplinary team members.
- 3. Demonstrated ability to function effectively as a member of a multidisciplinary team.
- 4. Ability to follow instruction and seek assistance when necessary.
- 5. Effective organisation and time management skills for patient caseload and other duties.
- 6. Demonstrated ability to communicate effectively with patients, family, carers and staff.
- 7. Current "C" or "C.A." class drivers licence.

Desirable Selection Criteria

- 1. Experience as an Allied Health Assistant in a community and hospital setting with elderly and disabled clients.
- 2. Completion of an approved Allied Health Assistant course or equivalent.
- 3. Current CPR Certificate.
- 4. Current knowledge and commitment to Equal Opportunity in all aspects of employment and service delivery.

Appointment Prerequisites

Appointment is subject to:

- Evidence of current "C" or "C.A." class drivers licence.
- Provision of the minimum identity proofing requirements.
- Successful Criminal Record Screening Clearance.
- Successful Pre-Employment Integrity Check.
- Successful Pre-Employment Health Assessment.

Certification

The details contained in this document are an accurate statement of the duties, responsibilities and other requirements of the position.

Lynsey Ross		-	He27559	30.07.2019
Manager / Supervisor Name	Signature	or	HE Number	Date
Rochelle Hoggan			He74666	30.07.2019
Dept. / Division Head Name	Signature	or	HE Number	Date

As Occupant of the position I have noted the statement of duties, responsibilities and other requirements as detailed in this document.

Occupant Name Effective Date		Signature	or	HE Numb	er Date
HSS Registration Created on	Details (to be co		SS) Last Upda	ted on	January 2021