Allied Health Referral Pathways Project:

Investigating the use of telehealth audiology service provision in Cairns and Hinterland Hospital and Health Service

Tele-audiology Resource Kit

- **Tele-audiology Clinic Manual**

- **Role Description: Allied Health Assistant (Audiology)**

Tele-audiology Clinic Manual

Cairns and Hinterland
Hospital and Health Service

University of Queensland

Abridged and adapted from manual developed by Audiology Students, University of Queensland, 2017

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1.0 Tele-audiology Model of Care

The tele-audiology model will deliver standard audiology assessments to children (over the age of 5) and adults. Assessments are delivered via telehealth by a trained allied health assistant (AHA) at Cairns Hospital who is working with the patient under the direction of an audiologist or supervised audiology or speech pathology student at the University of Queensland's (UQ) Telerehabiliation Clinic (TRC).

The tele-audiology clinic is a co-located service that aims to offer audiology appointments on the same day as ENT specialist outpatient appointments to allow a singe attendance at hospital. For many patients, the aim is for the patient to access their ENT specialist appointment immediately following their audiology appointment.

Eligibility for tele-audiology:
- Adults and children ≥ 5 years who have been referred to the CHHHS ENT or General Paediatric Service
- Patients who require an audiology assessment pre- or post-specialist appointment
- Patients triaged as suitable and referred to the tele-audiology service by CHHHS ENT or General Paediatrics

Ineligible for Tele-audiology:
- Children <5 years
- Referrals from sources other than CHHHS ENT or General Paediatric Specialists
- Patients who require vestibular testing or specialised audiology assessments

The TRC at UQ will provide audiology services to Cairns Hospital using real-time videoconference telehealth. The service is provided by students under the supervision of a qualified audiologist based at the UQ St Lucia Campus in Brisbane. In accordance with the Queensland Health *Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals,* clinicians are not required to be credentialed if operating within an ethics approved research project.

Equipment is provided and maintained by UQ. Cairns Hospital provides the clinical consumables (tympanometry and otoscopy tips).

Three audiology clinics operate each week in parallel with scheduled ENT and general paediatric clinics. All patients with ear related conditions are triaged by a paediatric / ENT consultant or registrar for audiology assessment requirements. Suitable patients are referred to the Cairns Hospital Tele-audiology Clinic. Patients with an ENT appointment are scheduled to see the audiologist prior to the ENT appointment, and if their hearing is normal they are discharged (unless documented otherwise by the triaging specialist).

Any patients with normal hearing post audiology assessment and marked as suitable for discharge are discussed with the ENT consultant at the end of the clinic day. This ensures appropriate clinical governance prior to discharge from ENT, removal from the waiting list, and referral back to the GP. The clinic has capacity (1-2 appointments per session) for additional testing that the ENT consultant requires, and for suitable post grommet insertion review and discharge appointments (as an alternative to a review with consultant as deemed suitable by the ENT consultant or registrar).

The audiologist/audiology students dial into the Cairns Hospital clinic room to interact with the patient and the local facilitator via the eHAB® Telerehabilitation platform. Cairns Hospital utilise an AHA who has undergone appropriate training by UQ TRC staff. The AHA acts as the facilitator at the Cairns end for patient testing (providing any hands on assistance that the audiologist or patient requires at the direction of the audiologist). The AHA also supports patient scheduling and data entry.

A suitable room at Cairns Hospital has been identified to accommodate the Tele-audiology Clinic. The audiologist remotely accessed software loaded onto a laptop (provided by UQ) located in the room with the patient, and with the directed assistance of the Cairns AHA remotely conducts the following audiological assessments as part of the standard audiology consult:

- Video-otoscopy
- Pure tone audiometry, including air and bone conduction (as required) +/- masking
- Immittance testing, including tympanometry and reflexes (as required)
- Otoacoustic Emissions OAEs – screening (as required)

Immediate results and reporting are provided by UQ audiologists to Cairns Hospital staff inclusive of audiogram results (right and left ear), a brief summary of results, and further testing recommendations. The report is printed at the Cairns site for ENT perusal during the appointment and scanned into the patient's electronic medical record following the appointment (the AHA is responsible for ensuring the reports are sent for scanning).

2.0 Validity of Tele-audiology

Tele-audiology is a solution to a number of issues facing contemporary healthcare. Taking advantages in advances in information and communication technology, tele-audiology can address the inequitable distribution of healthcare delivery, address the lack of audiologists, and do so efficiently and economically (Swanepoel et al., 2010). Indeed, professional bodies such as Audiology Australia support the use of tele-audiology for the delivery of audiology services. Given the remoteness of regional communities in Australia, coupled with the prevalence of hearing loss in Indigenous communities, tele-audiology has the potential to shape the way audiology services are delivered (Audiology Australia, 2013).

The evidence justifying the efficacy of tele-audiology is strong. Current literature suggests that clinically equivalent results exist for diagnostic audiology outcomes when compared with traditional face-to-face consultations. Diagnostic procedures reviewed in the literature include video-otoscopy, immittance, pure-tone audiometry and otoacoustic emissions. Research on the validity of video-otoscopy has shown high concordance rates (88%) in comparison to face-to-face otoscopy (Swanepoel & Hall, 2010). Similarly, emittance audiometry in tele-audiology has been shown to be a reliable technique in synchronous tele-audiology delivery (Smith et al, 2008; Kokesh et al, 2008). Synchronous delivery of pure tone audiometry has shown insignificant differences between the obtained thresholds when compared to traditional face-to-face consultations (Givens & Elangovan, 2003). Similarly, otoacoustic emissions measured remotely have been shown to be in 97-99% agreement with face-to-face assessments (Krumm, 2007).

3.0 Telerehabiliation Clinic (TRC)

The TRC was established in 2015following a generous donation by the Bowness Family Foundation. Its development was based upon the past 10 years of research by UQ academics Professor Deborah Theodoros (Speech Pathology) and Professor Trevor Russell (Physiotherapy). The TRC aims to provide allied health services to people who otherwise may not be able to access them. This may be due to reasons such as poor health, mobility restrictions or geographical location. Over 34% of Australians live outside of metropolitan areas and research shows that these people tend to have poorer health outcomes and overall quality of life measures. Research has shown comparable outcomes between traditional methods of service delivery and Telerehabilitation. The TRC uses specially designed software to deliver services and has the capacity to perform objective measurements not available with other platforms. Students of UQ's Health and Rehabilitation Clinics (UQHRC) students are the first graduates in Australia to have exposure and experience in Telerehabilitation as a form of service delivery.

4.0 eHAB®
eHAB® is a software program that has been specifically designed to deliver allied health assessment and treatment over the Internet. Unlike other telecommunication platforms, it has the capacity to perform accurate and objective measurements in real-time. Practitioners can perform thorough consultations, no matter where their client is. This allows for clients to access services at a time and place that is convenient for them.

eHAB® has many specific measurement tools including linear distance and circumference, range of motion, vectors, and sound pressure level. It also has the ability to take a snapshot, record a video or audio clip, playback video to a patient, perform multi-point conferencing (up to 6 end-points), allow the practitioner and/or patient to draw and type, and play media files. All of this occurs across a secure network. Requirements for eHAB® include a computer or laptop (with webcam), or iPad, an internet connection.

5.0 Booking in a client

When booking in a client, please adhere to the following guidelines:
- All appointments delivered by a student audiologist or speech pathologist are booked for 45 minutes
- Due to a high rate of "did not attends" (DNAs), appointments may be double booked
- Lunch is from 12 – 1pm;appointments are not booked during this time
- If a client is late to an appointment and cannot be seen, please refer to ENT for their advice on rebooking.

Each week, the AHA inputs referrals and bookings into the folder/file on the laptop.
The UQ-based audiologist can check daily bookings prior to clinic commencement.

6.0 Audiology and Speech Pathology Students

Learning Objectives:
Audiology students (year 1) and speech pathology students
- To gain experience screening children and adults using pure tone audiometry, otoscopy and tympanometry procedures via telerehabilitation.
- To learn how to condition children to perform basic 'Play Audiometry'.
- To learn how to modify communication methods/styles and instructions for different populations across telerehabilitation.
- To gain exposure to a wide range of otological and middle ear conditions common to different populations.
- To gain experience working with diverse and varied populations.
- To learn how to recognise inaccurate results and troubleshoot potential causes of this with the assistance of the supervisor.
- To gain experience in accurately interpreting and recording audiological results and making appropriate recommendations under the guidance of a supervisor.
- To gain experience working with different health professionals such as ENTs, therapy assistants and speech pathologists.
- To learn how to modify testing procedures to work with an individual's needs and behaviours via telerehabilitation.
- To learn good time management skills to ensure effective assessments are completed in a timely manner.

Learning Objectives:
Audiology students (2nd year)
- To gain more independent experience screening children and adults using pure tone audiometry, otoscopy and tympanometry procedures via telerehabilitation.
- To be able to condition difficult children to perform basic 'Play Audiometry'.
- To be able to modify communication methods/styles and instructions for different populations across telerehabilitation.
- To gain more independent exposure to a wide range of otological and middle ear conditions common to different populations.
- To gain further experience working with diverse and varied populations.
- To learn how to recognise inaccurate results and troubleshoot potential causes of this more independently.

- To gain experience in accurately interpreting and recording audiological results and making appropriate recommendations with less support from the supervisor.
- To gain experience working with different health professionals such as ENTs, therapy assistants and speech pathologists.
- To be able to modify testing procedures to work with an individual's needs and behaviours via telerehabilitation.
- To gain experience in mentoring first year students and speech pathology students on how to conduct diagnostics and assist them with the interpretation of results.
- To be able to demonstrate good time management skills to ensure effective assessments are completed in a timely manner.

7.0 Allied Health Assistant Guide

The AHA's role is to help facilitate the therapy session at the client end, by acting as the 'hands' of the therapist. This may involve activities such as:
- Turning on and setting up the equipment.
- Plugging in and adjusting the headphones.
- Using equipment as instructed by the audiologist.
- Assisting the patient at the audiologist's direction.

It is important that the AHA is present throughout the whole session and has a direct phone line (landline or mobile) so that contact can be made with the audiologist if there are any issues during the session.

Preparation prior to connection:
- Ensure adequate internet connection.
- Landline or mobile phone available (phone number supplied to TRC).
- Ensure training has been completed
- TRC contact person made aware of any appointment cancellations or changes
- Ensure session is set up in a quiet room, with minimal distractions and appropriate furniture
- All therapy documentation/worksheets have been printed

Weekly clinic preparation:
- Print schedule for following three clinic days; request administration officer to print the patient list for the next three clinic days to use as a reference
- Locate electronic medical referrals for each patient to save on USB for transfer to audiology laptop. If previous audiology reports are available, transfer them also. Rename files with patient time of appointment in 24 hour time followed by patient name. *e.g. 0900 John Smith*
- Use referrals and reference schedule sheet to pre fill "Data Collection Tool" sheet where possible. Some details cannot be pre-filled and will need to be done on the day of appointment or post appointment.
- Phone near future patients to remind them of their appointments and give directions to clinic. (B Block, 4th Floor, Cairns Hospital, The Esplanade).

Daily Clinic Preparation
- Set up equipment, calibrate the titan
- Dial in to eHab at 8:30am. Advised to use QH computer where able (due to WiFi connection reliability). https://api.neorehab.com/room/client Add client number 008-360-9226 and press "start."
- Open TeamViewer and give the audiologist the password. (4 digit code)
- Check your printed schedule is same as schedule on the laptop
- Take daily schedule to nurses and check against ENT schedule. Write audiologist appointment times on relevant patients on ENT list
- Check new referrals in referrals folder and ensure that they meet the eligibility criteria
- Complete details in referral record book and give referral to administration officer for booking, each referral should have a booking sheet.

Fortnightly Audit
- Check reports are scanned into ieMR for the previous month. Following confirmation of scanned report, delete from UQ daily results folder.

Ordering equipment:
- To order equipment please email administration fficer. Please allow three weeks for equipment ordered via the vendor.
- Please allow 1-2 weeks for equipment ordered via reservations.

Requisitions				
Vendor	Item number	Description	Quantity	Price
319334 (Sanibel)	8102656	MO select ear tips 8mm/green bag 100pc	1	$70
	8102657	MO select ear tips 9mm/yellow bag 100pc	1	$70
	8102659	MO select ear tips 11mm/blue bag 100pc	1	$70
	8102660	MO select ear tips 12mm/green bag 100pc	1	$70
	8102662	MO select ear tips 14mm/reg bag 100pc	1	$70
	8102663	MO select ear tips 16mm/blue bag 100pc	1	$70
Reservations				
For Children	10006245	Speculum, 0toscope:WLC	5	$85
For Adults	10006246	Speculum, 0toscope	10	**$85**

List of Equipment

Video otoscope – 'Welch Allyn'

Otoscope + charger

Tympanometer (tymp) & Otoacoustic Emissions (OAEs) – 'Titan'

Tymp tips (Colours indicates size)
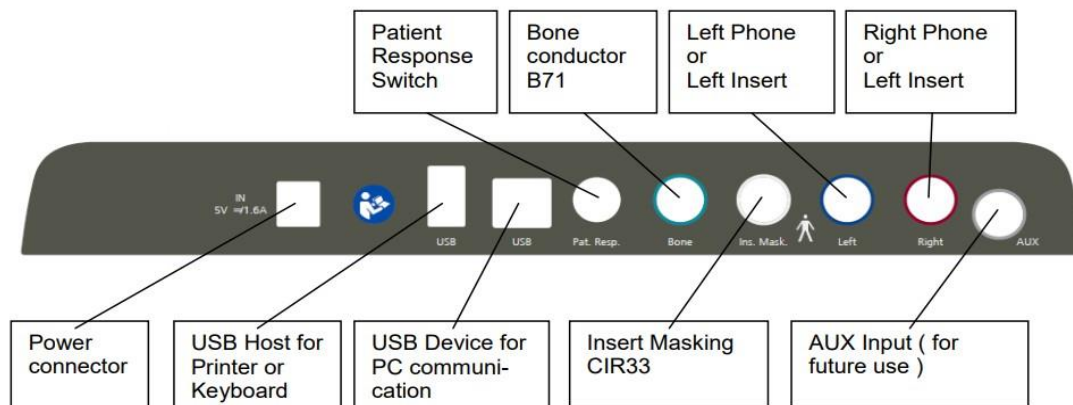
Titan (tymp)

Tymp probe

Testing cavity

Pure Tone Audiometry (PTA)

Patient responder

Bone conductor inserted here

Patient Response Switch

Bone conductor B71

Left Phone or Left Insert

Right Phone or Left Insert

Power connector

USB Host for Printer or Keyboard

USB Device for PC communi-cation

Insert Masking CIR33

AUX Input (for future use)

Equipment checks

1. Remove all equipment from case
2. Align all equipment on corresponding calico
3. Ensure all equipment is accounted for

Set up

1. Plug laptop charger (blue) into 1. Connect at wall & turn power on
2. Connect video otoscope (yellow) into USB 2.
   Connect end of cord into head of otoscope.
   Connect power (yellow) to otoscope stand and at wall.
3. Connect tympanometer (red) into USB 3.
   Connect end of cord into base of Titan
4. Connect PTA USB (green) into USB 4.
   Connect end of cord into USB at back of audiometer (green sticker).
   a. At rear of audiometer
      i. Headphones – connect blue into blue and red into red
      ii. Responder (black) – connect to 'pat. resp'
      iii. Bone conductor – found in hard plastic container. Connect to 'bone'

** Ensure all plugs are fully inserted.

Using the equipment

Video otoscope

1. Lift off black cradle. Find green button on handle – push in & turn clockwise until it stops. Ensure white light is visible from tip (hover over your hand).
2. Ensure green line (L) side of otoscope head aligns with green dot.
3. Place new otoscope black tip on for each client -- push in and turn clockwise until tip locks into place (on front of otoscope head).To remove, turn front black dial anticlockwise (will release tip automatically).

Turn dial to release

Ensure the green line is aligned

Hold and turn clockwise

To use:

1. Hold otoscope as if holding a pencil.
2. Look into client's ear & visualise ear canal. You may need to pull the outer ear back (not up) gently (helps to straighten canal).
3. Place your little finger across client's cheek so that if they move, the otoscope will also move. This is important for safety. It is important to note the outer canal is made of cartilage and does not have much sensation, therefore unlikely to cause any discomfort.
4. Slowly insert otoscope tip into client's ear canal. Try to avoid touching the ear canal walls as much as possible.
5. The audiologist will give you feedback about the image. You can also look at the laptop screen to help guide you.
6. Once audiologist is happy with the image, they will instruct you to slowly remove from the ear.
7. Clean tip for each client.
8. Turn off when not in use & replace in cradle to charge.

Tympanometry – Middle Ear Test

1. Pick up 'Titan' and press (R) right button to switch device on.
2. Check the client's ear size and pick a tip that corresponds to the ear size (slightly larger tip is better than a smaller).
   Young children will commonly require a small blue or grey tip.
   Adults will commonly require orange or green tip.
3. Locate the probe (with clear tube) – push tip onto probe with thumb (cover clear tube entirely).
4. Visualise client's ear canal hole and place probe straight into right ear – apply firm pressure (as if you are plugging a hole to prevent water coming out).
5. The light on the probe should turn from red to green when you have a good seal. The audiologist will advise on any adjustments to be made
6. Repeat for left ear.
7. Yellow light = issue. Audiologist will help to troubleshoot.

Press to turn on

Otoacoustic Emissions (OAE)

1. Keep same tip as for tympanometry.
2. Place probe into right ear canal hole (firm pressure not required for this test). The audiologist will advise when to change ears.
3. To remove probe tip, ensure you hold the black part of the probe attached to the clear tube firmly while you pull the tymp tip off. Try to avoid twisting the probe head.
4. Clean tip for each client.

Hold firmly while removing tip

Pure Tone Audiometry (PTA)

1. Turn power button – will turn PTA screen on.
2. *Audiologist will instruct client and will black out computer screen. Inform the audiologist if you can see the laptop screen.* Children do 'play' audiometry. Hold the black responder in front of the child (or child can hold). Adults to hold responder.
3. Place headphones on client. Internal ear pieces must be placed directly over the client's ears. You may need to lift and reposition to ensure coverage. Red = right ear; Blue = left ear Once on client's head you can tighten by pushing black headpiece down towards ears.
4. Audiologist will help guide you on the procedure.
5. Remove headphones from client carefully once complete.

Power Button

6. If required, the audiologist will guide you to remove the headphone and place the bone conductor behind client's ear. Ensure that the bone conductor does not touch the ear and does not sit on too much hair as it can affect the results. The headband should sit right across the top of the head.


During Tele-audiology Clinic
- Introduce yourself and the tele-audiology service.
- Patients are usually seen by ENT or ENT nurse before clinic to check if patient has wax in their ears.
- The audiologist will also check the patient's ears with the Otoscope. If the patient has wax in the ears, the audiologist may complete the tympanometry test, however, the patient MUST be taken to ENT nurse/ENT for removal of wax before further testing of hearing
- The Audiologist will complete the full report and print copy for review by ENT. Add cover page (write Cairns Hospital and tick Cairns Hospital Audiology Service) and ID stickers to each page (nurse will have a page of stickers). Give the report to the patient/nurse and advise the nursing staff when report has been completed and patient is ready for ENT.
- Wipe down equipment with Clinell wipes.
- Make a note of the duration (time from arrival of patient to completion of the report) to the clinic.

After audiology clinic

- Complete summary of audiology results in ieMR: Type: Outpatient Audiology, Title: Tele-Audiology Clinic/AHA/Report Summary, Progress Note: Audiology Telerehabilitation Hearing Report template. Enter Audiologist summary from report. (check enabled macros)
- If patient fails to attend use FTA template to update ieMR: Type: Outpatient Audiology, Title: Tele-Audiology Clinic/AHA/FTA
- Update outpatient clinic timetable spreadsheet with attendance

8.0 Forms

Audiology Results Sheet
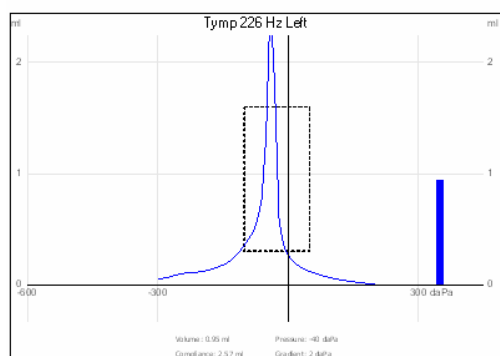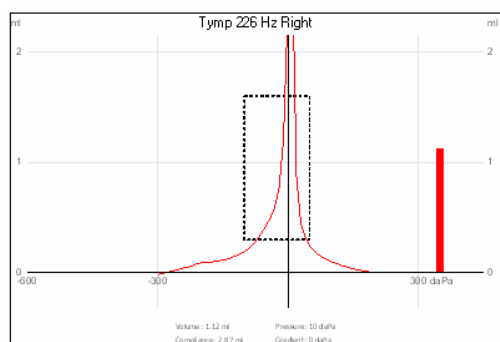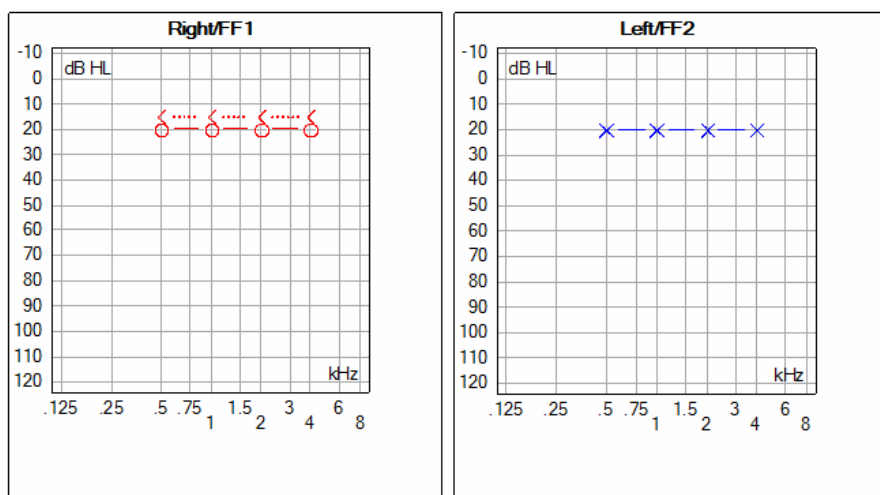
Audiology Telerehabilitation Hearing Report

1. Double click the highlighted fields
2. Highlight the appropriate input
3. Click the up arrow until this option is on top of the list

19/06/2017

Dear ENT

Re:
D.O.B.:
D.O.T.:

Results obtained from the assessment were as follows:

Otoscopy:
Right ear: Clear for testing
Left ear: Clear for testing

Pure tone audiometry:
Right ear: Pure tone Audiometry   results showed normal hearing thresholds   across the frequency range tested (250 Hz - 8 kHz).

Left ear: Pure tone Audiometry   results showed normal hearing thresholds   across the frequency range tested (250 Hz - 8 kHz).

Both ears: Pure tone Audiometry   results showed normal hearing thresholds   across the frequency range tested (250 Hz - 8 kHz).

Acoustic Immittance audiometry:
Right ear: Tympanometry results indicated normal compliance and normal middle ear pressure . Acoustic reflexes were present at normal levels to ipsilateral and contralateral stimulation .

Left ear: Tympanometry results indicated normal compliance and normal middle ear pressure . Acoustic reflexes were present at normal levels to ipsilateral and contralateral stimulation .

Both ears: Tympanometry results indicated normal compliance and normal middle ear pressure . Acoustic reflexes were present at normal levels to ipsilateral and contralateral stimulation . These results are consistent with normal middle ear function in both ears.

Transient Evoked Otoacoustic Emission (TEOAE):
TEOAE assessment is an objective test of hearing function up to the inner ear and general cochlear status.
Right ear: The results revealed strong emissions to be present across the spectrum (1-4 kHz). These results are consistent with normal cochlear and middle ear function up to the outer hair cells level.

Left ear: The results revealed strong emissions to be present across the spectrum (1-4 kHz). These results are consistent with normal cochlear and middle ear function up to the outer hair cells level.

Both ears: The results revealed strong emissions to be present across the spectrum (1-4 kHz). These results are consistent with normal cochlear and middle ear function up to the outer hair cells level.

Conclusions/Recommendations:

No further action – Return to ENT for consultation – Reassess hearing in 6-8 weeks

Yours sincerely,

Senior Audiologist   Student Audiologist/s

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9.0 Computer issues

Check whether the issue and solution are identified under Contingency plan / troubleshooting quickfix or Connection subheadings.

Contingency plan / troubleshooting quickfix

The first step in cases of computer issues should be to identify the component at fault and reset it. Depending on the problem, this may involve resetting a specific device or the computers, at either the TRC or Cairns end. Once the relevant components have been reset and reconnected, re-attempt the desired action. Computer programs should be closed before switching to another program, to prevent programs from crashing.

Other common computer issues:

- *Tympanometry results not appearing on results:*
  Try closing the PTA window, and opening Titan to print.

- *Titan goes into sleep mode, and is unresponsive.*
  The Titan will need to be reset from the TRC clinic within Noah.

- *Team Viewer software dropping out.*
  Exit and attempt to reconnect Team Viewer (see 5.6 Log in)

- *There is an echo from the computer equipment within the TRC clinic.*
  Click on 'Communicate' in TeamViewer window and untick 'Computer sound' option (see 4 - Logging on).

Computer issues should be attempted to be resolved as quickly as possible to allow the appointment to continue. In the event that computer issues prevent the successful outcome of an appointment, the patient will be offered a replacement appointment at another time (see *Technology* section of Service Agreement).

Connection

Connection problems should also be attempted to be resolved by resetting the affected computers and equipment. In cases of connection issues from the TRC end, check the display of the Matrix Monarch HD streaming application. A yellow light indicates a connection error. Reset the unit by unplugging the cable at the back right of the unit, and plugging it back in again.

Eduroam – Firewall

The UQ supplied laptop in Cairns runs on the eduroam network. If there are connectivity issues, please consult with the UQ IT department to check whether there

are any recent updates to the firewall which could be impacting on the connection quality

Using Cairns Hospital Computers to use EHAB when connections issues arise

The Queensland Health supplied computer in Cairns is now running on the EHAB network, as this seems to produce a more stable connection.

Equipment repair and replacement

The repair and replacement of equipment is the responsibility of the owner of the equipment. For repair and replacement of UQ equipment, please contact the UQ Audiology Clinic.

eHAB troubleshooting

- *There is no picture of the practitioner*
  Click on the 'camera icon' in the top right of the web browser.
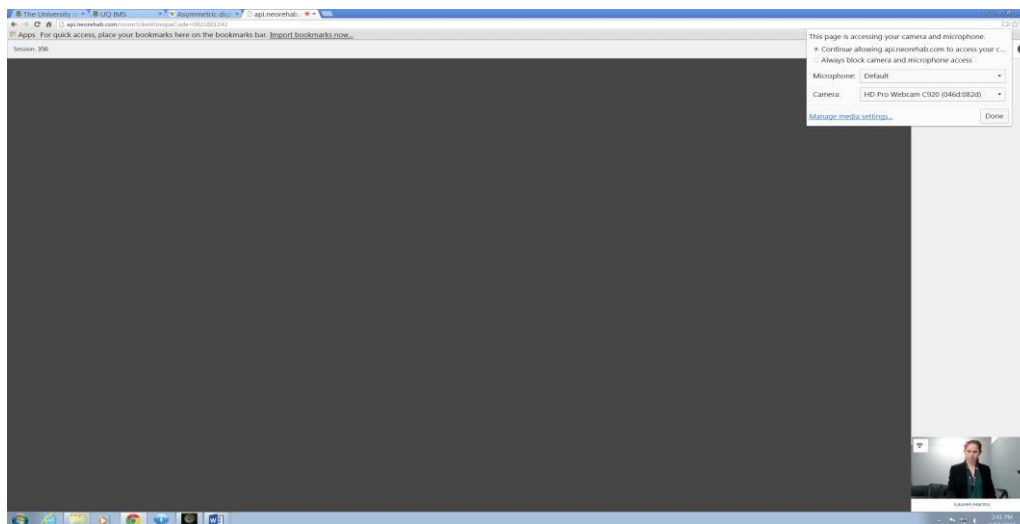
 Click on the 'Camera' down arrow & ensure Webcam Splitter is selected. Press Done.
  You will then need to refresh the screen (this will prompt you to 'allow' microphone & camera again.
  You may need to then select the 'white eye icon' in the bottom right toolbar and select appropriate source input (e.g. webcam vs document camera)

- *I'm in Studio 2 & 4 and there is no sound on the practitioner end*
  Ensure BOSE speakers have been turned on.

- *There is no sound on the client end.*
  Ask the client to check they have volume turned up. i.e. iPad volume control may have been accidentally turned down.

- *I am trying to stream to the outside PCs but Studio 1 & 3 won't connect.*

Streaming from Studio 1 & 3 will only show what is displayed on the main VCU (i.e. if the eHab session is on the PC only, live streaming won't connect). May need to pull power out and reconnect on the Matrox unit

- *There is a grey cloud*
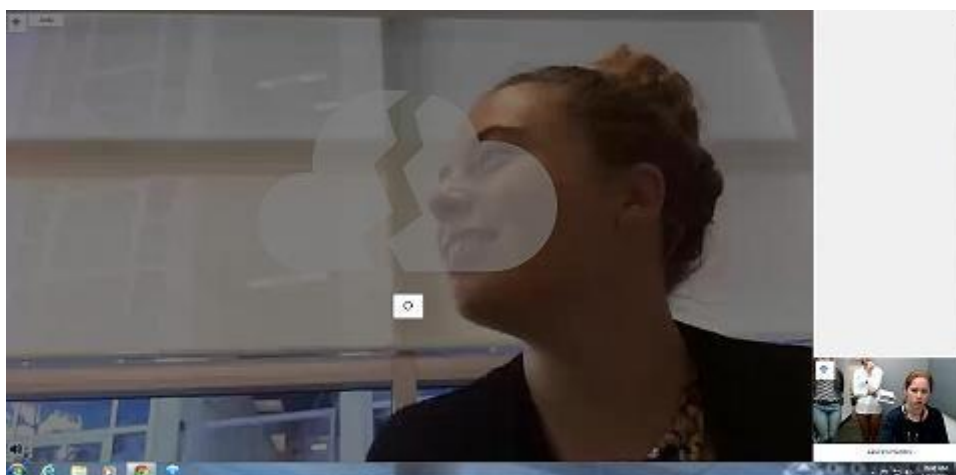
If you get a screen like this, the internet connection is poor (and this is what the client will see too)
Click the 'refresh all connections' button – this will resume the session (first button in top right toolbar)
If the above does not work, you may have to close the session and call the client again
Some connections will improve as the session continues (just persevere)

- *The audio and video are out of sync*
  Refresh the browser

- *Other video connection issues*
  Video connection issues can often be resolved by closing and reopening the browser

If the issue is not able to be resolved, call x56000 and report fault. If urgent (ie. There is a client waiting) state this immediately and ask for ITS to attend in person

Calibration

Equipment is calibrated yearly and this project is not expected to last longer than this one-year period. Therefore, regular calibration of equipment is not required.

10.0 References

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Role Description

Cairns and Hinterland Hospital and Health Service

Role details

Job ad reference	Insert job ad reference	**Classification**	OO3
Role title	Allied Health Assistant (Audiology)	**Salary**	Insert salary range
Status (temp/perm)	Temporary Part Time	**Closing date**	Insert closing date
Unit/Branch	Speech Pathology Department		
Division/Hospital and Health Service/Hospital	Cairns and Hinterland Hospital and Health Service	**Contact name**	
Location	Cairns Hospital	**Contact number**	

Queensland Health's vision

*By 2026 Queenslanders will be among the healthiest people in the world.*

Our values

The staff and patients at Cairns and Hinterland Hospital and Health Service have helped develop a set of shared values that guide our behaviours and decision making in our workplaces. These values underpin our daily work, the strategies of our Health Service and help deliver Queensland Health's vision.

At CHHHS, we demonstrate that we care about the challenges facing our patients and colleagues by taking time to walk in their shoes. Compassion is delivered with a warm hello, a smile, by genuinely listening and following through on concerns.

At CHHHS, we value accountability at all levels as it builds trust in our organisation, our people and our services. When we live up to our responsibilities, we earn respect from the people and communities we have made a commitment to.
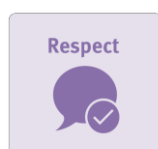
At CHHHS, we value a respectful approach to our work and care as it builds strong relationships and trust. We encourage you to treat others as you'd like to be treated.

At CHHHS, we rely on our integrity to guide us when the choice isn't an easy one to make. It ensures we are making decisions that are transparent, truthful and for the greater good of our patients, colleagues and communities.

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Your employer—Cairns and Hinterland Hospital and Health Service / Department of Health

The Cairns and Hinterland Hospital and Health Service (CHHHS) has the responsibility of providing public hospital and health services to a population of approximately 250,000 people. The primary catchment of the CHHHS covers an area of 142 900 square kilometres from Tully in the south, Cow Bay in the north and Croydon in the west. The outer western region of our Service encompasses extremely remote communities.

The CHHHS is committed to improving the health and wellbeing of all people in Far North Queensland by providing high quality acute healthcare services. Our staff are a part of the community we serve, and we strongly believe that health outcomes are enhanced by involving our community in the planning and evaluation of local health services.

Our Vision and Purpose

To provide world-class health services to improve the social, emotional and physical well being of people in Cairns and Hinterland and the North East Australian region through:

Holistic, innovative and responsive models of patient care

Caring, skilled and dedicated staff

Partnerships providing internationally recognised education and research

Equitable, integrated and sustainable services

Engage and understand our community's diverse needs

For more information on the strategic direction of Cairns and Hinterland Hospital and Health Service go to https://www.health.qld.gov.au/cairns_hinterland/docs/chhhs-strat-plan.pdf

This position is based at Cairns Hospital. The Speech Pathology Department employs 17.5 FTE Speech Pathologists, 1.5 FTE Allied Health Assistant, and 0.5 FTE Administrative Officer.

The Speech Pathology Department at Cairns Hospital provides services to inpatients and outpatients in clinical areas including medical and surgical wards, intensive care, rehabilitation, paediatrics, oncology, aged care and ENT. Videofluoroscopic Swallow Study Clinic, Fibreoptic Endoscopic Evaluation of Swallowing Clinic and Endoscopic Evaluation of Voice Clinic are conducted weekly.

Speech pathology services are available across the CHHHS at the following sites/facilities: Cairns Hospital, Gordonvale Hospital, Mareeba Hospital, Atherton Hospital, Herberton Hospital, Innisfail Hospital, Babinda Hospital, Tully Hospital and Mossman Multipurpose Health Service; Cairns Child, Youth and Family Team; Adult Community Health Service; Child and Youth Mental Health Service; Child Development Service; Transition Care Program; Commonwealth Home Support Program.

For further information visit the website: http://www.health.qld.gov.au/cairns_hinterland/

Your opportunity

Join an exciting collaborative between Cairns and Hinterland HHS and the University of Queensland conducting audiology services via tele-health.

This role contributes to patient care by providing clinical and non-clinical support to the tele-audiology service delegated under the direct or indirect supervision of a speech pathologist or audiologist. This position will liaise with nursing, medical and administration staff and may require scheduling of patients.

Your role

Fulfil the responsibilities of this role in accordance with QPS values as outlined above.

Follow defined service quality standards, occupational health and safety policies and procedures relating to the work being undertaken in order to ensure high quality, safe services and workplaces.

Support staff involved in the tele-audiology service including members of the Speech Pathology Department at Cairns Hospital and the Tele-Rehabilitation Clinic at the University of Queensland, in the provision of clinical services to patients within scope of practice guidelines.

Assist with assessment procedures and activities under the direction of an audiologist via telehealth.

Upkeep technological and clinical equipment and troubleshoot technical difficulties.

Maintain close communication with audiologists, speech pathologist leads, administration, ENT consultants and registrars, patients, families and nursing staff regarding patient care and progress.

Document in clinical records and input statistics according to organisational guidelines and legal requirements.

Actively contribute in team meetings and flow of information with increasing ownership within scope of practice under the guidance of the audiologists and relevant speech pathologists.

Participate in self-development and ensure ongoing education to meet professional competency and mandatory training requirements.

Contribute to the development and upkeep of workplace instructions, data collection documents and quality activities.

Undertake non- clinical tasks including maintenance and cleaning of equipment and clinical supplies, sourcing quotes for purchases, health, safety, and emergency equipment auditing, and some routine clerical and administrative duties.

Mandatory qualifications/Professional registration/Other requirements

While not mandatory, a relevant qualification (i.e. Certificate IV Allied Health Assistance or equivalent) or willingness to work towards a relevant qualification would be well regarded.

Hepatitis B Vaccination: Health Care Workers in Queensland Health whose occupation poses a potential risk of exposure to blood or body fluids must be immunised against Hepatitis B according to the National Health and Medical Research Council Australian Immunisation Handbook and the Queensland Health Infection Control Guidelines.

How you will be assessed?

You will be assessed on your ability to demonstrate the following key capabilities, knowledge and experience. Within the context of the responsibilities described above under 'Your role', the ideal applicant will be someone who can demonstrate the following:

Demonstrated ability to acquire and apply knowledge in allied health, such as knowledge of the healthcare system, computer literacy, medical terminology, general medical conditions and basic anatomy.

Demonstrated ability to communicate effectively and work collaboratively as part of a team with a good understanding of own scope of practice in a complex and demanding work environment.

Demonstrated ability to contribute to research or quality improvement activities, under the guidance of an allied health professional, with high level data entry and maintenance skills

Demonstrated high level organisational and time management skills.

Demonstrated ability to carry-out tasks, assessments, treatments and documentation as prescribed by an allied health professional

Your application

Please provide the following information to the panel to assess your suitability:

Your current CV or resume, including the names and contact details of two referees. Referees should have a thorough knowledge of your capabilities, work performance and conduct within the previous two years, and it is preferable to include your current/immediate/past supervisor

A short statement (maximum 1-2 pages) on how your experience, abilities and knowledge would enable you to achieve the key responsibilities and meet the key attributes.

How to apply

Queensland Health encourages applicants to apply on-line for our vacancies through www.smartjobs.qld.gov.au

To do this, access the 'apply online' facility on the Smart jobs and careers website.

Online applications have special requirements:

You need to create a 'My SmartJob' account before submitting your online application. Details are available through the Queensland Government Smart Jobs and Careers website at www.smartjobs.qld.gov.au;

You can 'save and submit later', allowing you to organise your attachments for submission at a later time, but before the closing date of applications;

By applying online you can track your application through the process, maintain your personal details through registration and withdraw your application if required.

Do not attach photographs, certificates, references or other large graphics to your application;

Any documents attached to smartjobs should be in Microsoft Word, or .jpg, .gif, .bmp, .png, .rtf, .txt, .doc or docx. Do not upload zipped files, pdf documents created through Microsoft Word 2007, tagged pdfs or protected documents.

Late applications cannot be submitted via the Smart jobs website, so please allow enough time before the closing date to submit your application. If approval has been granted by the Selection Panel for a late application to be considered, please contact the Recruitment Services team to arrange this.

If you experience any technical difficulties when accessing www.smartjobs.qld.gov.au please contact 13 QGOV (13 74 68).

Hand delivered applications will not be accepted.

All calls relating to the status of your application once the job has closed should be directed to the contact officer on the role description.

If you require any other assistance, please contact Recruitment Services on 07 4226 5124.

Additional information

Applications will remain current for 12 months.

Future vacancies of a temporary, full-time and part-time nature may also be filled through this recruitment process.

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a blue card, unless otherwise exempt.

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment.

All Queensland Health staff, who in the course of their duties formulate a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering significant harm in their home/community environment and may not have a parent able and willing to protect the child from harm. have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.

Some roles within Queensland Health are designated as 'Vaccination Preventable Disease (VPD) risk roles'. A VPD risk role is a role in which the incumbent may be exposed to the risk of acquisition and/or transmission of a VPD. If you are applying for a role that has been designated as a VPD risk role you must be able to provide evidence that you either have been vaccinated against the VPD's listed in the role description; or you are not susceptible to the VPD's listed in the role description.

You will be asked by the recruiting manager to supply this evidence if you are the preferred candidate for the role. Any job offer would be subject to the supply of evidence related to VPD in addition to other required employment screening. The majority of our frontline clinical roles require at a minimum vaccination against measles, mumps, rubella, varicella (chicken pox), pertussis (whooping cough) and Hepatitis B. The following tools will assist if you are required to provide evidence of VPD vaccination:

– VPD Evidence guide

– VPD evidence form – Doctor

– VPD evidence form – Self

Please head to our Vaccinations Homepage for more information on how to provide your evidence.

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at https://www.qld.gov.au/gov/system/files/documents/lobbyist-disclosure-policy.pdf?v=14543020